Form **990**

For the 2018 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

2019

D Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

В

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

, 2018, and ending

Open to Public Inspection

	A	ddress change		UL SOCIETY OF MII	LWAUKEE	39-	08064	06
	N	ame change	9601 W. SILVER S			E Telepho	ne numbe	er
	In	itial return	MILWAUKEE, WI 53	225-3301		(41	4) 46	2-7837
	Fir	nal return/terminated				·		
	Aı	mended return				G Gross r	eceipts \$	6,081,260.
	A	pplication pending	F Name and address of principa	officer: PENELOPE KRA	FC7VV	H(a) Is this a group retur		
	ш.	,, ,	SAME AS C ABOVE	LENGTOLE VV	IT CZ I K	H(b) Are all subordinates If "No," attach a list	included?	
$\overline{\Gamma}$	Tax-	exempt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4	947(a)(1) or 527	If "No," attach a list	. (see instr	ructions) — — —
J			W.SVDPMILW.ORG	, (σειτ ποι)		H(c) Group exemption no	umher ►	
K		n of organization:	X Corporation Trust	Association Other ►	L Year of formation			gal domicile: WI
Pa		Summar		Association	L rear or formation	on: 1317 III C	rate of leg	gar dornierie. WI
ı a	1	Briefly descri	be the organization's miss	ion or most significant activ	vities THF MTSST	ON OF THE ST	VIN	CENT DE PAIII.
_	-		OF MILWAUKEE IS				· _ v _ 11v	CENT DE TAOE
Governance		DOCIDII	OI HILMHORDE IO	IO DELIMINATE TOVE	INTI TIND HONOD	···		
'nal								
vel	2	Check this bo	ox ► if the organization	n discontinued its operatio	ns or disposed of mo	re than 25% of its	net ass	ets.
G	3		oting members of the gover					12
s	4		dependent voting members				4	12
itie	5		r of individuals employed in				5	116
Activities &	6		r of volunteers (estimate if				6	2,500
Ā			ed business revenue from				7a	0.
_	D	Net unrelated	d business taxable income	from Form 990-1, line 38.		1	7b	0.
		Contributions	and grants (Dart VIII line	16)		Prior Year	150	Current Year
Revenue	8 9		s and grants (Part VIII, line vice revenue (Part VIII, line				150.	3,797,849.
	10		ncome (Part VIII, column (A				71	109,333.
Rev	11		ie (Part VIII, column (A), lir					845,083.
	12		e – add lines 8 through 11					4,752,265.
	13		imilar amounts paid (Part					900,000.
	14		I to or for members (Part I)			,-	.07.	300,000.
	15		er compensation, employed	• • • • • • • • • • • • • • • • • • • •			163	1,702,185.
es	16 -		fundraising fees (Part IX, o				,03.	1,702,103.
ens	10a		•					
Expenses	b		sing expenses (Part IX, col		115.			
-	17		ses (Part IX, column (A), li					1,703,617.
	18		es. Add lines 13-17 (must					4,305,802.
	19	Revenue less	s expenses. Subtract line 1	8 from line 12		140,2	225.	446,463.
Assets or						Beginning of Currer		End of Year
set:	20		(Part X, line 16)			-,, -		8,163,381.
t As	21		es (Part X, line 26)			2,001,0		2,535,746.
Net			r fund balances. Subtract li	ne 21 from line 20		5,181,1	.72.	5,627,635.
Pa	rt II	Signatur	e Block					
Unde	er penal	Ities of perjury, I de	eclare that I have examined this retu arer (other than officer) is based on	urn, including accompanying schedu	les and statements, and to t	he best of my knowledge	and belief	, it is true, correct, and
COITI	Jicto. D	I.	The (other than officer) is based on	an information of which preparer ha	s any knowledge.			
		Signatu	ure of officer			Date		
Sig	jn							
He	re		ELOPE KRAFCZYK r print name and title			PRESIDENT		
		31		Dranavaria ajanatura	Data	1		TIN
			oreparer's name	Preparer's signature	Date	Check	」 "	
Pai			MESSING			self-employ	ed P	01872384
Pre	epar	.1	TITE HOLIHA				_	
US	e Or	ily Firm's addre	000 21 11220			Firm's EIN		0919055
			MILWAUKEE, W			Phone no.	(414)	
May	/ the	IRS discuss th	nis return with the preparer	shown above? (see instru	ctions)			X Yes No

Par	[III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	fly describe the organization's mission:		·· Ш
•	-	E MISSION OF THE ST. VINCENT DE PAUL SOCIETY OF MILWAUKEE IS TO ELIMINATE	POVERT	Ϋ́
		O HUNGER.	<u> </u>	
	11111			
2	Did the	he organization undertake any significant program services during the year which were not listed on the prior		
			res X	No
_		es," describe these new services on Schedule O.		
3			Yes X	No
4		es," describe these changes on Schedule O.	مرم مرد مردا	
4	Section	cribe the organization's program service accomplishments for each of its three largest program services, as measurec iion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expens	ses.
	and re	revenue, if any, for each program service reported.	·	
4 a	(Code)
		RIFT STORES: THROUGH DONATED MERCHANDISE FROM THE COMMUNITY AT LARGE, THE		
		RIFT STORES, LOCATED AT 2320 W. LINCOLN AVENUE IN MILWAUKEE, AND 4476 S. 1		īC
		REET IN GREENFIELD, BENEFIT THOSE IN NEED BY FULFILLING CERTIFICATES FOR C W BEDS AND HOUSEHOLD MERCHANDISE, WHICH ARE ISSUED BY VOLUNTEERS DURING TH		<u>ر با ا</u>
		IGHBORS HELPING NEIGHBORS HOME VISITATIONS; AND BY PROVIDING LOW COST MERC		- – – –
		BUDGET-CONSCIOUS AND IOW-INCOME SHODDEDS	111111111111111111111111111111111111111	
	<u> </u>			
4 b	(Code)
		NCENTIAN SERVICES: NEIGHBORS HELPING NEIGHBORS: THROUGH HOME VISITATIONS		<u> </u>
		<u>) VOLUNTEERS ESTABLISH ONE-ON-ONE SUPPORTIVE RELATIONSHIPS WITH INDIVIDUAL</u> MILIES WHO NEED BASIC NECESSITIES SUCH AS FOOD, CLOTHING, NEW BEDS AND FUF		,
		O WHO BENEFIT BY THE COMPANIONSHIP, CARE AND COMPASSION EXTENDED BY THE VO		
		DLUNTEERS IN THIS PROGRAM ALSO OPERATE FOOD PANTRIES, AND VISIT THE SICK,		<u></u>
		DERLY AND THE IMPRISONED.		
	(Ol -	VErmanner C. Od.C. 400 instability weath of C.		
4 c	(Code		. mr.ro)
		AL PROGRAM: THE MILWAUKEE COUNCIL OF SVDP OPERATES A FREE MEAL PROGRAM AT TES, FIVE NIGHTS PER WEEK ON THE NORTH SIDE, AT 2600 N. 2ND STREET, AND SI		יייכ
		R WEEK ON THE SOUTH SIDE AT 931 W. MADISON STREET. EACH OF THE SITES SERV		113
		TWEEN 150 AND 200 HOT, NUTRITIOUS MEALS ON NIGHTS OF OPERATION. IN ADDITIONAL CONTRACTOR OF THE STREET OF THE STRE		STS.
		THE SOUTH SIDE MEAL PROGRAM CAN ALSO ACCESS HOT SHOWERS AND CLEAN CLOTHIN		
		TH SITES, GUESTS CAN OBTAIN WARM WINTER OUTERWEAR, AND JOIN THE FUN OF VAF		
		CIAL ACTIVITIES.		
اء ا/	Othor	er program services (Describe in Schedule O.)		
4 a		penses \$ including grants of \$) (Revenue \$	`	
4 e		I program service expenses > 3,988,106.	,	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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	5		Х
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? <i>If 'Yes,' complete Schedule D, Part II</i>	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? <i>If 'Yes,' complete Schedule D, Part V.</i>	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	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
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.	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			X
20a	Complete Schedule G, Part III	19 20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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		Х
	domostic government on that it, conditing by, line it. In the complete confedure i, i and i and ii	41		

`			Yes	No
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	Х	
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a 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		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
25 a	a 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		Х
I	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 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Tt 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		Yes	· L
1 -	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	INO
	a Enter the number reported in Box 3 of Form 1036. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA	TEEA0104L 08/03/18	Form	990	(2018)

Form 990 (2018) ST VINCENT DE PAUL SOCIETY OF MILWAUKEE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 116		•	
k	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a	a 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 account)?	4a		Χ
Ł	n 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 (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Χ
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Χ
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	/1		Λ
	as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		Х
		14a 14b		Λ
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If 'Yes,' complete Form 4720, Schedule O.			

462-7837

Form 990 (2018) ST VINCENT DE PAUL SOCIETY OF MILWAUKEE 39-0806406 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 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. **b** Enter the number of voting members included in line 1a, above, who are independent ... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?.... SEE .SCHEDULE .Q...... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .. SEE. SCHEDULE . O 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a Χ X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15 b X 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?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Upon request Own website X Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

MILWAUKEE WI 53225

SILVER SPRING DR

MICHELLE MARTIN 9601 W.

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and Title	(B) Average hours	thar	one l both	box, an o	unles fficer truste		on	(D) Reportable compensation from the organization	(E) Reportable compensation from	Estimated
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PENELOPE KRAFCZYK	2									_
PRESIDENT	0	Χ		Χ				0.	0.	0.
(2) TIMOTHY TARPEY	1									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(3) ROSA HERNANDEZ	1									
DIRECTOR	0	Χ		Χ				0.	0.	0.
(4) RON_BRAIER	2									
TREASURER	0	Χ		Χ				0.	0.	0.
(5) ROSEMARY STORTS	_ 1							_	_	
DIRECTOR	0	Χ						0.	0.	0.
_(6) MARK_THOMAS	_ 1							_	_	_
DIRECTOR	0	Χ						0.	0.	0.
	1							•		
DIRECTOR	0	X						0.	0.	0.
(8) ELIZABETH BURKE	1	.,						•	•	
SECRETARY	0	X		X				0.	0.	0.
(9) MICHAEL PETERSEN	1	37						0	0	0
DIRECTOR	0	Χ						0.	0.	0.
<u>(10)</u> E. MICHAEL MC CANN DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(11) ROSALIE DURANTE	1	Λ						0.	0.	0.
DIRECTOR	1 -	Х						0.	0.	0.
(12) JOHN SCHMITZ	1	Λ						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(13) DEBORAH DUSKEY	40	21						0.	0.	<u> </u>
EXECUTIVE DIR.	$-\frac{10}{0}$	1		Χ				79,576.	0.	10,567.
(14) MICHELLE MARTIN	40		\Box					, . ,	· ·	20,001.
DIR. OF FINANCE	0	1		Χ				69,263.	0.	19,768.

Average part of the compensation from the organization is 1st fact of the organization and related organization and relat	Part VII Section A. Officers, Directors, Tru	(B)	ney		•		es,	and	a riignest Corr	ipensated Empi	oyees	S (conti	nuea)
Name and title Power Pow		(B)	, ,		(D)	(E)		(F)					
(15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		hours	box, unless person is both an			, ,	Е		i				
(19) (29) (29) (21) (29) (29) (20) (21) (30) (4 Total (add lines 1b and 1c). (5 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or frustee, key employee, or highest compensated employee on line 1a* // "Yes.' complete Schedule J for such individual. (5 Did any person listed on line 1a receive or accrue compensation from any unrelated organizations greater than \$150,000? if "Yes.' complete Schedule J for such individual. 1 Complete this table for your five highest compensation from any unrelated organization or individual for sover services rendered to the organization? If "Yes.' complete Schedule J for such individual. 2 Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for sover the organization or the organization of the calcadar year ending with or within the organization for such generation and calculations for your five highest compensation from the organization or the organization of the calcadar year ending with or within the organizations tay year.	Name and the	week						compensation from	compensation from related organizations	amo con	unt of ot	her	
(15) (16) (17) (18) (20) (22) (23) (24) (25) 1 b Sub-total (add lines 1b and 1c) 2 Total from continuation sheets to Part VIII, Section A (add lines 1b and 1c) 3 Total (add lines 1b and 1c) 3 Total (add lines 1b and 1c) 4 Total (add lines 1b and 1c) 5 Total (add lines 1b and 1c) 6 Total (add lines 1b and 1c) 7 Total (add lines 1b and 1c) 8 Total (add lines 1b and 1c) 9 Total (add lines 1b and 1c) 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization add		hours	r divi	ng ita)ffic	ey e	lighe: mplo	orm	(W-2/1099-MISC)	(W-2/1099-MISC)	org	ganizatio	
(19) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total (add lines 1b and 1c)		related organiza	dual ector	tions	74	mplc	st co yee	er					
(19) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total (add lines 1b and 1c)		below	trust	ng fi)yee	mper						
(19) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total (add lines 1b and 1c)			ee	stee			nsate						
(16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total. Contaction sheets to Part VII, Section A 0. 0. 30, 335. c Total from continuation sheets to Part VII, Section A 10 148, 839. 0. 30, 335. 2 Total number of individual sincluding but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1a; if Yes, 'complete Schedule J for such individual. 4 For any individual listed on line 1a; is the sum of reportable compensation and other compensated employee on line 1a; if Yes, 'complete Schedule J for such individual. 4 For any individual listed on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person. 8 Section B. Independent Contractors Complete Stitute for your five highest compensated independent contractors that received more than \$100,000 of complete Schedule J for within the organizations tax year.	(15)						G.						
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total continuation sheets to Part VII, Section A	713)												
(18) (20) (21) (22) (23) (24) (25) 1 b Sub-total (24) (25) 1 to Total from continuation sheets to Part VII, Section A (25) 1 to Total from continuation sheets to Part VII, Section A (26) 1 to Total from continuation sheets to Part VII, Section A (27) 1 to Total from continuation sheets to Part VII, Section A (28) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person. 5 X 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.	(16)												
(18) (20) (21) (22) (23) (24) (25) 1 b Sub-total (24) (25) 1 to Total from continuation sheets to Part VII, Section A (25) 1 to Total from continuation sheets to Part VII, Section A (26) 1 to Total from continuation sheets to Part VII, Section A (27) 1 to Total from continuation sheets to Part VII, Section A (28) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person. 5 X 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.	(17)												
(29) (22) (23) (24) (25) 1 b Sub-total	<u> </u>												
(29) (22) (23) (24) (25) 1 b Sub-total	(18)												
(20) (22) (23) (24) (25) 1 b Sub-total													
(22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(19)</u>		•										
(22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(20)												
(22) (23) (24) (25) 1b Sub-total. c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X 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.			-										
(23) (24) (25) 1 b Sub-total. 1 to Total from continuation sheets to Part VII, Section A 1 to Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization or line 1a? If 'Yes,' complete Schedule J for such individual. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X 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.	(21)		-										
(23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 Exection 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.	(22)												
(25) 1 b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1a? If 'Yes,' complete Schedule J for such individual. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X 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.			-										
1 b Sub-total 148,839 0 30,335	(23)		-										
1 b Sub-total 148,839 0 30,335	(24)												
1 b Sub-total.			•										
c Total from continuation sheets to Part VII, Section A	(25)												
c Total from continuation sheets to Part VII, Section A	1 h Sub-total							•	1/18 839	0		30 3	335
d Total (add lines 1b and 1c). 148,839. 0. 30,335. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								•				30,	-
from the organization \(\) \(0.			335.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X 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.	` "	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X 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.	from the organization 0											Voc	No
on line 1a? If 'Yes,' complète Schedule J for such individual	3 Did the organization list any former officer direct	tor or tru	ctaa	kov	, am	nlov	100	or h	ighest compensati	ted employee		162	NO
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X 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.	on line 1a? If 'Yes,' complete Schedule J for such	h individu	al						·····		3		Х
such individual	4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
for services rendered to the organization? If 'Yes,' complete Schedule J for such person											4		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.	5 Did any person listed on line 1a receive or accrue	e comper	satio	n fr	om Jule	any I fo	unre	late	d organization or	individual	5		Y
	Section B. Independent Contractors												71
	1 Complete this table for your five highest compensation from the organization. Report compensation	sated indesation for	epend the ca	dent alen	t coi dar	ntrad vear	ctors endii	tha ng v	t received more the treceived more the tree to the tree tree to the tree tree tree tree tree tree tree	han \$100,000 of qanization's tax vear.			
	(A) Name and business addr					,			(B)		(C)	
Name and business address Description of services Compensation	Name and business addr	ess							Description of	of services	Compe	ensatio	on
2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of independent contractors (including b	ut not lim	itad t	n the	neo I	ictor	l aho	V6) .	who received more	than			
\$100,000 of compensation from the organization \(\int \) 0	,		icu il	J UIC	JJC I	اعادد		ve)	milo received HIOLE	Cian			

		Check if Schedule O contains a response or note to an	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
ਤੌਂ ਨੂੰ	h	Total. Add lines 1a-1f	3,797,849.			
		Business Code	07.5.70.25.			
듵	2 a					
<u>&</u>	b					
<u>8</u>	6					
ž	ا					
လွ	a					
Program Service Revenue	е					
b		All other program service revenue				
Ĕ	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest and				
	_	other similar amounts)	109,333.			109,333.
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
		Rental income or (loss) 86, 932.				
		Net rental income or (loss)	06 022			06 022
		(i) Securities (ii) Other	86,932.			86,932.
	7 a	Gross amount from sales of				
		assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss) ▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
æ		See Part IV, line 18 a 4,832.				
	h	Less: direct expenses				
돛		Net income or (loss) from fundraising events	2 067			2 067
O.		Gross income from gaming activities. See Part IV, line 19	2,867.			2,867.
		Less: direct expenses b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances a 2,053,340.				
		Less: cost of goods sold b 1,327,030.				
	С	Net income or (loss) from sales of inventory	726,310.			726,310.
		Miscellaneous Revenue Business Code				
	11 a	MISCELLANEOUS 541900	28,974.	28,974.		
	b					
	С					
		All other revenue				
	е	Total. Add lines 11a-11d	28,974.			
	12	Total revenue. See instructions ▶	4,752,265.	28,974.	0.	925,442.

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).

Do i 6b, i	Check if Schedule O contains a renot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		37,100.000	general	3,100,000
2	Grants and other assistance to domestic individuals. See Part IV, line 22	900,000.	900,000.		
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				
5	Compensation of current officers, directors, trustees, and key employees	184,916.	153,343.	31,573.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,195,074.	1,040,297.	154,777.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,753.	6,165.	3,588.	
9	Other employee benefits	172,490.	111,955.	60,535.	
-	Payroll taxes	139,952.	123,779.	16,173.	
	Fees for services (non-employees):	137, 332.	123,113.	10,175.	
	ı Management	19,800.	19,317.	483.	
	Legal	13,000.	13,317.	403.	
	: Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	58,942.	37,784.	21,158.	
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	63,051.	62,760.	291.	
13		89,318.	82,372.	6,942.	4.
	· -	03,310.	02,512.	0,542.	7.
15	Royalties.				
16	Occupancy	226,618.	223,288.	3,330.	
17	Travel	16,535.	15,366.	1,070.	99.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.,	2,222	, , , , , ,	
19	Conferences, conventions, and meetings	10,146.	5,642.	4,504.	
20	Interest	80,286.	80,286.	·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	254,876.	254,195.	681.	
23	Insurance	44,644.	43,098.	1,546.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SVDP_CONFERENCE_EXPENSE	661,972.	661,972.		
b	REPAIRS AND MAINTENANCE	69,488.	60,580.	8,908.	
C	MISCELLANEOUS	42,198.	41,551.	647.	
C	PROGRAM SUPPLIES	35,624.	35,624.		
e	All other expenses	30,119.	28,732.	1,375.	12.
25	Total functional expenses. Add lines 1 through 24e	4,305,802.	3,988,106.	317,581.	115.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			439,954.	1	485,879.
	2	Savings and temporary cash investments		14,393.	2	155,779.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	2,988.	4	31,998.		
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		<u> </u>	226,372.	8	220,944.
As	9	Prepaid expenses and deferred charges			51,284.	9	40,326.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	6,570,621.	01/2011		10,020.
		Less: accumulated depreciation.		2,959,053.	3,831,729.	10 c	3,611,568.
	11	Investments – publicly traded securities			3,063,628.	11	3,172,972.
	12	Investments – other securities. See Part IV, line 11.			3,003,020.	12	5,112,912.
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	415,454.	15	443,915.		
	16	Total assets. Add lines 1 through 15 (must equal line			8,045,802.	16	8,163,381.
	17	Accounts payable and accrued expenses	34)		130,588.	17	201,849.
	18	Grants payable			130,300.	18	201,047.
	19	Deferred revenue	6,953.	19	70,000.		
	20	Tax-exempt bond liabilities	0,300.	20	, 0, 000.		
S	21	Escrow or custodial account liability. Complete Part I'		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqual	ified persons.		22	
	23	Secured mortgages and notes payable to unrelated th	ird partie	es	2,261,703.	23	1,778,917.
	24	Unsecured notes and loans payable to unrelated third		<u> </u>	,,	24	,,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela plete Pa	ted third parties, rt X of Schedule D.	465,386.	25	484,980.
	26	Total liabilities. Add lines 17 through 25			2,864,630.	26	2,535,746.
ses		Organizations that follow SFAS 117 (ASC 958), check hellines 27 through 29, and lines 33 and 34.	re ►	X and complete			
ä	27	Unrestricted net assets			5,029,690.	27	5,469,793.
32	28	Temporarily restricted net assets			107,330.	28	157,842.
필	29	Permanently restricted net assets		<u></u>	44,152.	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds		30			
8	31	Paid-in or capital surplus, or land, building, or equipm		31			
As	32	Retained earnings, endowment, accumulated income,				32	
et	33	Total net assets or fund balances		<u>-</u>	5,181,172.	33	5,627,635.
Z	34	Total liabilities and net assets/fund balances	8,045,802.	34	8,163,381.		

Pa	rt 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	4,7	52,2	265.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			302.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			163. L72.			
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						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10								
_	column (B))	10	5,6	27,6	535.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				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?								
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
1	b Were the organization's financial statements audited by an independent accountant?		. 2b	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa							
	basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	a 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?		За		Х			
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
3AA				990	(2018)			

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

Open to Public

Inspection

Name of the organization Employer identification number 39-0806406 ST VINCENT DE PAUL SOCIETY OF MILWAUKEE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 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. **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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support			·	•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	2,293,974.	2,659,523.	1,512,722.	2,356,438.	2,897,849.	11,720,506.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,293,974.	2,659,523.	1,512,722.	2,356,438.	2,897,849.	11,720,506.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						11,720,506.
Sec	tion B. Total Support						,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,293,974.	2,659,523.	1,512,722.	2,356,438.	2,897,849.	11,720,506.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	175,465.	125,867.	128,521.	197,634.	210,079.	837,566.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		.,	.,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	3,331.	25,463.	35,732.	31,351.	33,806.	129,683.
11	Total support. Add lines 7 through 10						12,687,755.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	3,235,731.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by lir	ne 11, column (f))	D	14	92.38 %
15	Public support percentage from	2017 Schedule A,	Part II, line 14				92.70%
16a	33-1/3% support test—2018. If t and stop here. The organization	the organization d qualifies as a pul	id not check the b	ox on line 13, an	d line 14 is 33-1/3	3% or more, checl	this box X
b	33-1/3% support test—2017. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	est—2017. If the or meets the 'facts-a d-circumstances'	rganization did no and-circumstance test. The organiza	t check a box on s' test, check this ation qualifies as	line 13, 16a, 16b, box and stop he a publicly support	, or 17a, and line re. Explain in Parted organization.	15 is 10% t VI how the►
18	Private foundation. If the organi	ization did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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			,			
Calend	dar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	l					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						•
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)) ► □
	tion C. Computation of Pul					1	
	Public support percentage for 20	•	•		•		%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-	***		06
18	Investment income percentage f						0/0
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check 33.1/3% support tests— 2017. If t	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization.	
b	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				_

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

			Yes	No
1	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.	1		
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			
2-	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
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 .	9b		
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 .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	1 0 b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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 instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	edule A (Form and or ano-EZ) 2019 ST ATMCFINE DE LAOF 20CTFLA OF			106406 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	ist on No ons mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current 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):	t		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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 Part VI):			
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		
Sec	ction 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	6		

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

10 Line 8 amount divided by line 9 amount

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
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 responsive (provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2018		2017	 2016	 2015		2014
SPECIAL EVENTS OTHER REVENUE	\$ 4,832. 28,974. 33,806.	\$ \$	25,219. 6,132. 31,351.	\$ 24,152. 11,580. 35,732.	\$ 18,389. 7,074. 25,463.	<u>\$</u> \$	3,331. 3,331.

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.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization

	ST VINCENT DE PAUL SOCIETY	OF MILWAUKEE			39-0806406	
Pai	र। Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds	or Acc		
	Complete if the organization answ	vered 'Yes' on Form 990), Part IV, line 6.			
		(a) Donor advised	funds	(b) F	unds and other acco	ounts
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 don are the organization's property, subject to the					No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor adviso	r, or for any other pur	pose cor	nferring	No
Pai	t II Conservation Easements.					<u> </u>
	Complete if the organization answ					
1	Purpose(s) of conservation easements held by	- ·				
	Preservation of land for public use (e.g., re	ecreation or education)			lly important land ar	ea
	Protection of natural habitat		Preservation of a	certified	historic structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation cor	itribution in the form of	a conser	vation easement on the	ne
					Held at the End of th	e Tax Year
i	a Total number of conservation easements			2a		
ı	b Total acreage restricted by conservation easer	nents		2 b		
(c Number of conservation easements on a certif	ied historic structure included	l in (a)	2 c		
•	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, a	and not on a historic	2 d		
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished,	or terminated by the o	rganizatio	on during the	
4	Number of states where property subject to conser	rvation easement is located >				
5	Does the organization have a written policy requand enforcement of the conservation easemen	garding the periodic monitorints it holds?	ng, inspection, handlir	ng of vio	lations, Yes	No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations	s, and enforcing conser	vation ea	sements during the ye	ear
7	Amount of expenses incurred in monitoring, insper ▶ \$	cting, handling of violations, an	d enforcing conservatio	n easem	ents during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section	n 170(h)	(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its o the organization's financial	revenue and expense s statements that desc	tatement ribes the	, and balance sheet, a organization's acco	and unting for
Dar	conservation easements. ↑ III Organizations Maintaining Collection	ctions of Art Historical	Troacuros or Ot	hor Sir	nilar Accotc	
Pai	Complete if the organization answ	vered 'Yes' on Form 990), Part IV, line 8.	iler Sii	illiai Assets.	
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	on, or research in furthe	stateme erance of	nt and balance shee public service, provid	et works of e,
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, c	r research in furtherand	ce of pub	lic service, provide the	orks of art, e
	(i) Revenue included on Form 990, Part VIII,					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, h amounts required to be reported under SFAS 1	116 (ASC 958) relating to the	se items:			
	a Revenue included on Form 990, Part VIII, line				. —	
- 1	h Assets included in Form 990 Part X				⊳\$	

Part III Organizations Mainta	illing Collections	o or Art, mistori	cai ireasures, or	Other Similar ASS	ers (co	ııııııu	eu)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following that ar	e a significant use of its	collection	1	
a Public exhibition		d Loan or	exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations	Ш					
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how they fu	orther the organization's	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	as part of the org	anization's collection?)	Yes		No
Part IV Escrow and Custodia line 9, or reported an				swered 'Yes' on Fo	rm 990	, Par	t IV,
1 a Is the organization an agent, trus	stee, custodian or oth	ner intermediary fo	r contributions or othe	er assets not included			
on Form 990, Part X?b If 'Yes,' explain the arrangement					Yes	L	No
b it fes, explain the arrangement	III Part Alli allu coli	ibiete the following	lable.		Amount		
c Beginning balance					Amount		
d Additions during the year							
e Distributions during the year							
f Ending balance				1f			
2a Did the organization include an a	mount on Form 990,	Part X, line 21, fo	r escrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explana	ion has been provide	d on Part XIII		· · · · [j
Part V Endowment Funds. C							
1 - Danimaina of way balance	(a) Current year	(b) Prior year	(c) Two years back			our years	
1 a Beginning of year balance b Contributions	44,152.	44,15	2. 44,152	2. 44,152.	+	44,	152.
b Continuations							
c Net investment earnings, gains, and losses							806.
d Grants or scholarships					1		
e Other expenditures for facilities and programs				0.			806.
f Administrative expenses							
g End of year balance	44,152.	44,15	2. 44,152	2. 44,152.		44,	152.
2 Provide the estimated percentage	-	end balance (line	1g, column (a)) held	as:			
a Board designated or quasi-endowm		<u> </u>					
b Permanent endowment ►	~%						
c Temporarily restricted endowmer		<u> </u>					
The percentages on lines 2a, 2b, ar	nd 2c should equal 100	0%.					
3 a Are there endowment funds not in t	he possession of the o	organization that are	held and administered	for the		V	N.
organization by: (i) unrelated organizations					3a(i)	Yes	No X
(ii) related organizations					3a(ii)		X
b If 'Yes' on line 3a(ii), are the rela					3b		
4 Describe in Part XIII the intended	-	•			0.0		<u> </u>
Part VI Land, Buildings, and							
Complete if the organi		'Yes' on Form	990, Part IV, line	11a. See Form 99	0, Part	X, lir	ne 10.
Description of property	(a) Cos (ir	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	look va	lue
1 a Land			152,800.			152	,800.
b Buildings			5,897,711.	2,574,973.	3,		,738.
c Leasehold improvements							
d Equipment			386,370.	259,944.			,426.
e Other			133,740.	124,136.			,604.
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X, co	umn (B), line 10c.)				,568.
BAA				Sched	ule D (Fo	rm 990) 2018

Schedule D (Form 990) 2018

Part VII Investments – Other Securities.		N/A	00 David V Jima 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	l 'Yes' on Form 990	0, Part IV, line 11c. See Form 99	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	l 'Yes' on Form 991	0 Part IV line 11d See Form 9	90 Part X line 15
	scription		(b) Book value
(1) ANNUITY			399,763.
(2) CERTIFICATE OF DEPOSIT			44,152.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	R) line 15)	-	443,915.
Part X Other Liabilities.	<i>3) IIIIC 13.).</i>		443,713.
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) DEFERRED COMP-ANNUITY	399,76		
(3) DEFERRED COMP-PAYABLE	85,21	<u> 17.</u>	
(4)			
(5)		<u> </u>	
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ► 484,98	30.	
2 Control for an extension to Deat VIII and Control for the		Consider the form of the form of the constant	r tur f

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,852,265.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	3,852,265.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) SEE PART XIII 4b 900,000.		
c Add lines 4a and 4b	4 c	900,000.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,752,265.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,405,802.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	3,405,802.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) SEE PART XIII 4b 900,000.		
c Add lines 4a and 4b.	4 c	900,000.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	4,305,802.

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

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED TAX RETURNS AND THOSE EXPECTED TO BE TAKEN IN FUTURE TAX RETURNS. AS OF SEPTEMBER 30, 2019, THE ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT

ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT

Schedule D (Form 990) 2018

BAA

Part XIII | Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

YEAR.

SCHEDULE D, PART XI, LINE 4B	
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/	S

IN KIND DONATIONS \$ 900,000.

SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

IN-KIND EXPENSE \$ 900,000.

TOTAL \$ 900,000.

BAA TEEA3305L 10/10/18 **Schedule D (Form 990) 2018**

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization ST VINCENT	DE PAUL SOCIETY	Y OF MILWAUKE	Œ			39-080640	
Part I General Information o							
 Does the organization maintain rec the selection criteria used to aw 	cords to substantiate the ar ard the grants or assistar	nount of the grants or	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV the organizatio	n's procedures for monitori	ng the use of grant fu	inds in the United States.		SEE PA	ART IV	
Part II Grants and Other Ass Form 990, Part IV, line							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>(1)</u>	. – –						
(2)	·						
(3)	· – –						
(4)	. – –						
(5)							
(6)	. – –						
(7)	. – –						
(8)	. – –						
2 Enter total number of section 503 Enter total number of other orga		-					

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

the state of the s						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1 SPECIFIC ASSISTANCE #1	7,372			BOOK	FURNITURE, CLOTHING, HOUSEHOLD ITEMS	
2 SPECIFIC ASSISTANCE #2	29,091			воок	FOOD, CLOTHING, FURNITURE	
3						
4						
5						
6						
7						

Part IV | **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

SPECIFIC ASSISTANCE #1: SPECIFIC ASSISTANCE DIRECT THROUGH STORES - THE STORE RECORDS A DISCOUNT OF 50% ON ALL MERCHANDISE, EXCEPT NEW BEDS, THAT ARE DISTRIBUTED THROUGH THE NEIGHBORS HELPING NEIGHBORS PROGRAM.

SPECIFIC ASSISTANCE #2: SPECIFIC ASSISTANCE DIRECT THROUGH VINCENTIAN SERVICES CONFERENCES REPORT IN-KIND GOODS GIVEN ON THEIR ANNUAL REPORT SUBMITTED TO SVDP'S
OFFICE. CONFERENCES KEEP RECORDS OF WHAT WERE DISTRIBUTED.

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST VINCENT DE PAUL SOCIETY OF MILWAUKEE

Part I Types of Property

Employer identification number
39-0806406

		4.5	415				
		(a) Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of deterr contribution	mining n amounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art – Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		1,935,036.	50% RE	ETAIL	
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 by the organization d						
	organization completed Form 8283, Part IV, Done	e Acknowled	dgement		29		
						Yes	s No
30a	During the year, did the organization receive by contri	bution any pr	roperty reported in Part I	, lines 1 through 28, that			
	it must hold for at least three years from the date	of the initial	I contribution, and whice	ch isn't required to be u			
	for exempt purposes for the entire holding period?	?				30 a	X
	If 'Yes,' describe the arrangement in Part II.						
31	Does the organization have a gift acceptance police	cy that requi	ires the review of any r	nonstandard contribution	ns?	31	X
32a	Does the organization hire or use third parties or noncash contributions?	•	· •			32 a	X
b	If 'Yes,' describe in Part II.						
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	hich column (a) is chec	ked,		

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

Schedule M (Form 990) 2018

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.

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST VINCENT DE PAUL SOCIETY OF MILWAUKEE

Employer identification number 39-0806406

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE MEMBERSHIP OF THE ORGANIZATION IS COMPRISED OF THE PRESIDENTS OF EACH ST.

VINCENT DE PAUL CONFERENCE ATTACHED TO THE DISTRICT COUNCIL OF THE ST. VINCENT DE

PAUL SOCIETY OF MILWAUKEE.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE PRESIDENT IS ELECTED BY A SECRET VOTE OF THE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE GOVERNMENT AND POWER OF THE DISTRICT COUNCIL SHALL BE VESTED IN ITS PRESIDENT WHO SHALL VOTE ONLY TO BREAK A TIE VOTE OF CONFERENCE PRESIDENTS WHO CONSTITUTE THE DISTRICT COUNCIL. THEIR GOVERNANCE RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- 1.ELECTING THE DISTRICT COUNCIL PRESIDENT;
- 2.APPROVING THE ORGANIZATIONAL STRUCTURE, INCLUDING OFFICERS AND MEMBERSHIP OF THE BOARD OF DIRECTORS AND ANY AUXILIARY BOARDS;
- 3.REVIEWING THE ANNUAL BUDGET AS PRESENTED BY THE BOARD AND PREPARED BY THE TREASURER.
- 4.APPROVING POLICIES OR STANDING OPERATING PROCEDURES THAT MAY BE
 ESTABLISHED BY THE DISTRICT COUNCIL TO ALLOW THE BOARD AND/OR OFFICERS TO EXCEED
 BUDGETED EXPENDITURES OR NON-BUDGETED FINANCIAL COMMITMENTS UP TO SUCH DOLLAR LIMITS
 AS ARE FROM TIME TO TIME APPROVED BY THE BOARD OF DIRECTORS;
- 5. RECOMMENDING DISSOLUTION OR THE SALE OF ALL THE CORPORATION'S ASSETS;
- 6.RECOMMENDING TO THE (ARCH) DIOCESAN COUNCIL (IN ACCORDANCE WITH THE APPROVED NATIONAL PROCEDURES) AMENDMENTS TO THE RULE OF THE SOCIETY AND THE NATIONAL COUNCIL'S GOVERNANCE POLICIES.
- 7.APPROVING REPORTS AND RECOMMENDATIONS OF THE BOARD OF DIRECTORS, AND/OR AUXILIARY BOARD(S);
- 8.APPROVING PRESIDENTIAL APPOINTMENTS, IF APPLICABLE;

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS (CC

- 9.APPROVING POLICIES AS REQUIRED BY THE RULE, ARTICLES OF INCORPORATION,
 BYLAWS OR FEDERAL OR STATE LAWS; AND ADDRESSING OTHER ISSUES AS REQUESTED BY THE
 PRESIDENT;
- 10.REVIEWING AND EVALUATING THE LEADERSHIP, MISSION AND PLANNING OF THE DISTRICT COUNCIL.

OTHER RESPONSIBILITIES

- 1.TO REVIEW AND APPROVE ALL REAL ESTATE SALES, LEASES, MORTGAGES, AND PURCHASES THAT HAVE FIRST BEEN APPROVED BY THE BOARD
- 2.TO APPROVE ALL CONTRACTS AND THE BORROWING OF MONIES THAT EXCEED SUCH DOLLAR AMOUNT AS HAS BEEN ESTABLISHED BY A RESOLUTION OF THE BOARD.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF THE FORM 990 IS DISTRIBUTED VIA EMAIL TO FINANCE COMMITTEE MEMBERS FOR APPROVAL BEFORE FILING. A DRAFT OF THE FORM 990 IS ALSO DISTRIBUTED VIA EMAIL OR US MAIL TO BOARD MEMBERS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE CONFLICT OF INTEREST STATEMENT IS DISTRIBUTED TO THE BOARD OF DIRECTORS, FINANCE COMMITTEE MEMBERS AND KEY STAFF ON AN ANNUAL BASIS. THE RECIPIENTS ARE REQUIRED TO SIGN THE STATEMENTS WHICH ARE KEPT ON FILE AT THE COUNCIL OFFICE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE SALARIES OF ALL EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR, OF THE SOCIETY ARE
REVIEWED BI-ANNUALLY USING MARKET TOOLS ON THE INTERNET. A SPREADSHEET IS PREPARED
SHOWING THE CURRENT WAGE SCALES OF EMPLOYEES AND THE "COMMUNITY" SCALES AS INDICATED
IN THE SURVEY. THE BOARD PRESIDENT ESTABLISHES A PERSONNEL AD HOC COMMITTEE TO
REVIEW THE DATA AND TO MAKE RECOMMENDATIONS TO THE BOARD FOR MODIFICATION OF
SCALES.THE BOARD PRESIDENT REVIEWS AND DETERMINES ANY ADJUSTMENTS TO THE EXECUTIVE

Name of the organization	Employer identification number
ST VINCENT DE PAUL SOCIETY OF MILWAUKEE	39-0806406

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON DIRECTORS SALARY ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE DOCUMENTS CAN BE OBSERVED ON SITE OR MAILED TO THE REQUESTOR. THE YEAR END FINANCIAL STATEMENT IS PUBLISHED IN AN ANNUAL REPORT WHICH IS ON THE ORGANIZATIONS WEBSITE.