

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning 10/01/20, and ending 09/30/21**


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1600 CALHOUN STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>FORT WAYNE IN 46802-5254</b>	<b>D</b> Employer identification number <b>35-0975940</b> <b>E</b> Telephone number <b>260-456-3561</b> <b>G</b> Gross receipts \$ <b>1,538,116</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>J</b> Website: <b>SVDPSEFW.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1947</b> <b>M</b> State of legal domicile: <b>IN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO ALLEVIATE POVERTY BY OFFERING HOPE AS WELL AS HELP TO ALL.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>22</b>	
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>826</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>170,254</b>	<b>284,425</b>	
	9 Program service revenue (Part VIII, line 2g)	<b>1,156,458</b>	<b>1,249,508</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-4,707</b>	<b>4,183</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>84,357</b>	<b>0</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,406,362</b>	<b>1,538,116</b>	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>324,724</b>	<b>355,290</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>557</b>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>881,034</b>	<b>1,022,503</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,205,758</b>	<b>1,377,793</b>	
	19 Revenue less expenses. Subtract line 18 from line 12	<b>200,604</b>	<b>160,323</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>1,725,679</b>	<b>1,872,143</b>	
	21 Total liabilities (Part X, line 26)	<b>121,583</b>	<b>107,724</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>1,604,096</b>	<b>1,764,419</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:  <b>JACK DUNIFON</b> Type or print name and title	Date: <b>8/22/22</b>	<b>PRESIDENT</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>JON T. RONDOT, CPA</b> Preparer's signature: _____ Date: <b>08/12/22</b> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN <b>P00229028</b> Firm's name: <b>ATM &amp; COMPANY, CPAS</b> Firm's EIN: <b>05-0528051</b> Firm's address: <b>9422 LIMA RD FORT WAYNE, IN 46818</b> Phone no.: <b>260-490-2860</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO ALLEVIATE POVERTY BY OFFERING HOPE AS WELL AS HELP TO ALL.**

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

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

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

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

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

4a (Code: ) (Expenses \$ **525,526** including grants of \$ ) (Revenue \$ **498,990** )  
**SALE OF DONATED CLOTHING, FURNITURE AND HOUSEHOLD GOODS THROUGH OUR THRIFT STORE AT REDUCED PRICES OR AT NO COST TO PEOPLE IN NEED.**

4b (Code: ) (Expenses \$ **680,566** including grants of \$ ) (Revenue \$ **750,518** )  
**DISTRICT CONFERENCES - VOLUNTEER SERVICE GROUPS AT LOCAL PARISHES - RECEIVE SUPPORT FROM CHURCH COLLECTIONS TO SERVE THOSE IN NEED WITH FOOD, RENT, UTILITIES AND OTHER IMMEDIATE NEEDS. THE VOLUNTEER MEMBERS DO HOME VISITS TO ASSESS CLIENTS' NEEDS AND PROVIDE THEM WITH DIGNITY AND RESPECT THEY DESERVE.**

4c (Code: ) (Expenses \$ **557** including grants of \$ ) (Revenue \$ **35,071** )  
**FUNDRAISING FOR CAPITAL CAMPAIGN AND ALL PROGRAMS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ **59,135** including grants of \$ ) (Revenue \$ **33,025** )

4e Total program service expenses **1,265,784**

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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		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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a <b>22</b></span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <span style="float:right">See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</span>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note:</i> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	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? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>	<b>X</b>

**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 on 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**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	24	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	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.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b			
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?		X
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?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **IN**
- 18 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

**LARA SCHRECK 1600 S CALHOUN ST IN 46802 260-456-3561**  
**FORT WAYNE**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARA SCHRECK	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			55,000	0	0	
(2) DONNA BROOKE	2.00									
SECRETARY	0.00	X					0	0	0	
(3) DARREL DODANE	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) JACK DUNIFON	2.00									
PRESIDENT	0.00	X					0	0	0	
(5) FRANK ODU	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) VINCE WIRTNER	2.00									
TREASURER	0.00	X					0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	35,071				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	249,354				
	g Noncash contributions included in lines 1a-1f	1g \$					
	<b>h Total. Add lines 1a-1f</b>		<b>284,425</b>				
	<b>Program Service Revenue</b>	2a CONFERENCES	Business Code	750,518	750,518		
b THRIFT STORE			498,990	498,990			
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>			<b>1,249,508</b>				
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)		4,183			4,183
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 35,071 of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a	Business Code					
	b						
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>						
	<b>12 Total revenue. See instructions</b>		<b>1,538,116</b>	<b>1,249,508</b>	<b>0</b>	<b>4,183</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	55,000	40,000	15,000	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	253,070	209,058	44,012	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,973	7,973		
9 Other employee benefits	17,017	17,017		
10 Payroll taxes	22,230	18,019	4,211	
11 Fees for services (nonemployees):				
a Management				
b Legal	19,585	9,812	9,773	
c Accounting	5,539	2,600	2,939	
d 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 (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8,388	6,286	2,102	
13 Office expenses	1,728		1,171	557
14 Information technology				
15 Royalties				
16 Occupancy	54,899	44,472	10,427	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,687		15,687	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,675	46,675		
23 Insurance	8,329	8,329		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS	820,567	820,567		
b REPAIRS AND MAINTENANCE	35,061	28,931	6,130	
c BOOK DEPRECIATION	6,045	6,045		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,377,793	1,265,784	111,452	557
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	328,283	1	664,747
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	222,575	3	29,985
	4 Accounts receivable, net	40,472	4	5,744
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,639	8	1,525
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,373,081		
	b Less: accumulated depreciation	10b 692,571	723,818	10c 680,510
	11 Investments—publicly traded securities	75,880	11	86,668
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	333,012	15	402,964
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,725,679	16	1,872,143	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	121,583	17	107,724
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	121,583	26	107,724
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	1,604,096	27	1,361,455
	28 Net assets with donor restrictions		28	402,964
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	1,604,096	32	1,764,419
33 <b>Total liabilities and net assets/fund balances</b>	1,725,679	33	1,872,143	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,538,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,377,793
3	Revenue less expenses. Subtract line 2 from line 1	3	160,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,604,096
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,764,419

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  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
- b Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**FORT WAYNE SOCIETY OF ST. VINCENT  
DE PAUL INC.**

Employer identification number

**35-0975940**

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					284,425	284,425
<b>2</b> 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					1,249,508	1,249,508
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5					1,533,933	1,533,933
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,533,933

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6					1,533,933	1,533,933
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					4,183	4,183
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b					4,183	4,183
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					1,538,116	1,538,116
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.73 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	99.01 %

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	1 %

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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.)		



**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in line 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year
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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			

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

Area with horizontal dotted lines for supplemental information.

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

2020

Open to Public Inspection

Name of the organization

FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC.

Employer identification number

35-0975940

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
  - b** Scholarly research
  - c** Preservation for future generations
  - d** Loan or exchange program
  - e** Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		60,167		60,167
<b>b</b> Buildings .....		992,573	502,807	489,766
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>549,933</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>DISTRICT CONFERENCES</b>	<b>402,964</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>402,964</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII







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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**FORT WAYNE SOCIETY OF ST. VINCENT  
DE PAUL INC.**

Employer identification number

**35-0975940**

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FUNDRAISING</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	35,071		35,071
	2	Less: Contributions	35,071		35,071
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  Yes  No

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_  Yes  No

b If "No," explain: \_\_\_\_\_

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

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



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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **FORT WAYNE SOCIETY OF ST. VINCENT  
DE PAUL INC.**

Employer identification number  
**35-0975940**

**AMENDED RETURN EXPLANATION**

TO ADD PRIOR YEAR INFORMATION. TO UPDATE BOARD MEMBERS AND OTHER  
INFORMATION EXCEPT FOR THE CURRENT YEAR SUPPORT AND EXPENDITURES.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

OPERATION OF FREE TRANSPORTATION SERVICE "THE CARE VAN" TO PROVIDE PASSAGE  
FOR OLDER ADULTS AND THOSE WITH DISABILITIES TO MEDICAL APPOINTMENTS. THIS  
PROGRAM IS PRIMARILY FUNDED BY GRANTS FROM FOUNDATIONS AND INDIVIDUAL  
DONATIONS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE ORGANIZATION IS PROVIDED A DRAFT COPY OF FORM 990 BEFORE THE FORM'S DUE  
DATE. KEY PEOPLE AT THE ORGANIZATION PERFORM A REVIEW OF THE DRAFT COPY.  
CHANGES, IF NEEDED, ARE MADE BEFORE THE OUTSIDE CPA SIGNS AND DELIVERS A  
SIGNED FINAL COPY FOR FILING WITH THE IRS.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

COMPENSATION TO KEY OFFICIALS IS REVIEWED WHEN NEEDED BY THE BOARD.

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

COMPENSATION FOR OFFICERS IS REVIEWED BY THE ENTIRE BOARD WHEN NEEDED.

THIS YEAR, , ONLY \$55,000 OF WAGES WAS PAID TO ONE MEMBER OF MANAGEMENT.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING

Name of the organization

Employer identification number

**FORT WAYNE SOCIETY OF ST. VINCENT**

**35-0975940**

**IN THE OFFICES OF THE ORGANIZATION AFTER REASONABLE ADVANCE NOTICE HAS BEEN  
MADE. THE FORM 990 IS AVAILABLE THROUGH THE IRS AND IS EVENTUALLY  
PUBLISHED ONLINE BY NOT-FOR-PROFIT WATCHDOG ORGANIZATIONS.**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return **FORT WAYNE SOCIETY OF ST. VINCENT  
DE PAUL INC.**

Identifying number  
**35-0975940**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	45,651

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	1,024
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	46,675
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

Form **4562** (2020)

35-0975940

## Federal Asset Report

FYE: 9/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
114	LED LIGHTS	2/27/20	2,500			X	2,500	15	HY S/L	0	167
115	LED LIGHTS	4/13/20	500			X	500	15	HY S/L	0	33
116	LED LIGHTS	2/27/20	375			X	375	15	HY S/L	0	25
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142			X	1,142	5	HY 200DB	0	457
118	LIFT HOSE ON FORK TRUCK	9/30/20	856			X	856	5	HY 200DB	0	342
			<u>5,373</u>				<u>5,373</u>			<u>0</u>	<u>1,024</u>
<b>Other Depreciation:</b>											
1	LAND	5/01/46	13,167				13,167	0	-- Land	0	0
2	LAND	9/01/01	47,000				47,000	0	-- Land	0	0
4	TRUCK	6/15/03	16,716				16,716	5	MO S/L	16,716	0
7	STORE EQUIPMENT	2/04/09	4,724				4,724	5	MO S/L	4,724	0
8	STORE EQUIPMENT 2	2/04/09	10,717				10,717	5	MO S/L	10,717	0
9	STORE FURNITURE	2/04/09	21,942				21,942	5	MO S/L	21,942	0
10	ELEVATOR	6/15/05	39,572				39,572	10	MO S/L	39,572	0
11	ELEVATOR 2	6/15/06	35,500				35,500	10	MO S/L	35,500	0
12	NEW ADDITIONS	3/15/12	655				655	5	MO S/L	655	0
13	2013 TELEPHONE SYS	5/01/13	4,205				4,205	5	MO S/L	4,205	0
14	R&C FENCE	5/22/13	5,750				5,750	5	MO S/L	5,750	0
18	BLDG NEW ADDITION	9/15/01	169,500				169,500	33	MO S/L	95,871	5,136
19	ORIGINAL BUILDING	5/01/46	205,751				205,751	40	MO S/L	205,751	0
20	ORIGINAL BUILDING IMP	5/01/46	15,630				15,630	40	MO S/L	15,630	0
21	WAREHOUSE	5/01/46	59,808				59,808	40	MO S/L	59,808	0
22	2013 ADDITIONS	3/30/13	539				539	40	MO S/L	101	14
23	HVAC 3 UNITS	9/11/13	20,000				20,000	25	MO S/L	4,442	800
24	HVAC 3 UNITS	1/10/14	40,145				40,145	25	MO S/L	8,581	1,606
25	SIGN	8/15/14	21,768				21,768	10	MO S/L	12,856	2,176
26	SNOW BLOWER	1/10/14	1,919				1,919	5	MO S/L	1,919	0
28	Lights - Garage, W/H	6/19/15	7,181				7,181	10	MO S/L	3,351	718
29	Computer	10/02/14	525				525	5	MO S/L	525	0
30	Store inventory racks	10/07/14	700				700	5	MO S/L	700	0
31	Security system	12/03/14	3,000				3,000	10	MO S/L	1,750	300
32	Electronic Sign	12/22/14	7,257				7,257	10	MO S/L	4,173	725
33	Safe	1/28/15	980				980	10	MO S/L	564	98
34	Display cases	4/22/15	600				600	5	MO S/L	600	0
35	6 Spinning cases	5/12/15	570				570	5	MO S/L	570	0
36	3 Glass cases	5/12/15	450				450	5	MO S/L	450	0
37	2 Record racks	5/12/15	220				220	5	MO S/L	220	0
38	2 Cube units	5/18/15	75				75	5	MO S/L	75	0
39	1 Rolling unt	5/15/15	100				100	5	MO S/L	100	0
40	4 Gray cubes	5/15/15	250				250	5	MO S/L	250	0
41	3 Record Racks	5/18/15	75				75	5	MO S/L	75	0
42	1 Glass Tower	5/18/15	200				200	5	MO S/L	200	0
43	2 Book cases	5/18/15	100				100	5	MO S/L	100	0
44	Wood/Glass display	5/19/15	50				50	5	MO S/L	50	0
45	3 Record Racks	8/17/15	150				150	5	MO S/L	150	0
46	Oak Display Case	8/17/15	500				500	5	MO S/L	500	0
47	2 Display Cases	8/20/15	475				475	5	MO S/L	475	0
48	10 Wire/Canvas Carts	7/24/15	990				990	5	MO S/L	990	0
49	1 Display Case	7/29/15	550				550	5	MO S/L	550	0
50	Truck 2013 GMC	3/19/15	20,136				20,136	5	MO S/L	20,136	0
52	2 I-Pads @ 1,079.99	12/30/15	2,160				2,160	5	MO S/L	2,052	108
56	Website	12/11/13	3,397				3,397	5	MO S/L	3,397	0
57	Undercoat 2013 GMC	10/26/15	710				710	5	MO S/L	698	12
58	Truck Wrap Sign 2004 Chevy	11/27/15	1,510				1,510	5	MO S/L	1,460	50
59	Replacement Engine	1/14/16	5,010				5,010	5	MO S/L	4,760	250
60	Pop Machine	11/03/15	505				505	5	MO S/L	497	8
61	3 Folding Dump Tables	11/09/15	420				420	5	MO S/L	413	7
62	Chairs, Stools, Carts	11/11/15	1,260				1,260	5	MO S/L	1,239	21
63	2 Display Cases	12/06/15	585				585	5	MO S/L	566	19
64	Credit Card Reader	12/15/15	380				380	5	MO S/L	367	13
65	Wood Shop Air Filter	12/17/15	345				345	5	MO S/L	328	17
66	Cash Register	12/23/15	289				289	5	MO S/L	275	14
67	21 Glass Tables	12/29/15	2,110				2,110	5	MO S/L	2,005	105
68	Lockers	1/04/16	350				350	5	MO S/L	333	17
69	Warehouse Thermostat	1/14/16	224				224	5	MO S/L	213	11
70	Lumber of Shelving	1/29/16	403				403	5	MO S/L	376	27



35-0975940

## Federal Asset Report

FYE: 9/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
71	Gas Heater for Warehouse	2/01/16	2,403				2,403	5	MO S/L	2,243	160
72	Cash Register	3/07/16	307				307	5	MO S/L	281	26
73	48H-60L Racks	8/30/16	303				303	5	MO S/L	247	56
74	Display Shelving	9/26/16	816				816	5	MO S/L	653	163
76	Warehouse Lights	10/16/15	1,870				1,870	10	MO S/L	919	187
77	Building Lights	10/30/15	1,597				1,597	10	MO S/L	785	160
78	Shelves Building	11/30/15	278				278	10	MO S/L	134	28
79	Shelves Building	12/14/15	326				326	10	MO S/L	158	32
80	Shelves Building	1/04/16	407				407	10	MO S/L	193	41
81	Shelves Building	2/23/16	535				535	10	MO S/L	245	54
82	Office LED lights	4/13/16	1,717				1,717	10	MO S/L	773	171
83	Ladder to Roof Hatch	4/21/16	1,433				1,433	20	MO S/L	316	72
84	Roof 2016	8/11/16	60,720				60,720	20	MO S/L	12,397	3,036
85	HVAC Replace Blower	8/29/16	734				734	10	MO S/L	300	73
86	HVAC Modify Supply	8/29/16	939				939	10	MO S/L	383	94
87	HVAC Exhaust Fans	8/29/16	2,018				2,018	10	MO S/L	824	202
88	Moved Gas Supply	9/26/16	1,724				1,724	10	MO S/L	690	172
89	Relocate Furnace Flues	9/26/16	725				725	10	MO S/L	290	73
90	Reset 4 Rooftop HVACs	9/23/16	1,570				1,570	10	MO S/L	628	157
91	Re-Install Electric to Roof	9/26/16	2,004				2,004	10	MO S/L	802	200
92	Security Camera System	9/30/16	4,750				4,750	5	MO S/L	3,800	950
93	Intercom to Warehouse and Garage	5/04/17	1,390				1,390	5	MO S/L	950	278
94	Woodshop Air Compressor	8/06/17	496				496	5	MO S/L	314	100
95	Roof 2016 2nd Payment	12/01/16	41,504				41,504	20	MO S/L	7,955	2,075
96	Grand St Bldg 3 LED Flood Lights	2/02/17	535				535	10	MO S/L	196	54
97	Warehouse Electric Outlets	6/05/17	515				515	10	MO S/L	172	51
98	Website	3/06/17	1,500				1,500	5	MO S/L	1,075	300
102	Warehouse Woodshop Exhaust Fan	10/18/17	2,587				2,587	10	MO S/L	776	259
103	Warehouse 3 ceiling fans & outlts	10/24/17	3,348				3,348	10	MO S/L	1,004	335
104	Warehouse 100 amp Elect Panel	10/24/17	648				648	10	MO S/L	194	65
105	Store Dressing Rms & Mary Alcove	12/01/17	1,798				1,798	10	MO S/L	495	179
106	Building Facade Phase 1	3/01/18	303,923				303,923	30	MO S/L	26,171	10,131
107	Fork Lift - So. Bend SVDP	1/24/18	2,878				2,878	5	MO S/L	1,583	576
108	Bailer - So. Bend SVDP	1/24/18	3,506				3,506	10	MO S/L	964	351
109	Care Van 2012 Ford E-350	12/30/17	22,430				22,430	5	MO S/L	12,337	4,486
110	L-A Electrical Lighting	12/28/18	2,415				2,415	7	MO S/L	604	345
111	Jack Laurie Commercial Flooring	2/06/19	21,562				21,562	7	MO S/L	5,134	3,080
112	Flooring bldg mnt fund	8/08/19	4,785				4,785	7	MO S/L	798	683
113	Care Van DC	9/30/19	26,106				26,106	7	MO S/L	3,729	3,730
119	20a Eaton SP Breaker	4/05/21	38				38	5	MO S/L	0	4
120	Lift Gate 2004 Box Truck	3/03/21	1,800				1,800	5	MO S/L	0	210
	<b>Total Other Depreciation</b>		<u>1,330,740</u>				<u>1,330,740</u>			<u>691,785</u>	<u>45,651</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,330,740</u>				<u>1,330,740</u>			<u>691,785</u>	<u>45,651</u>
	<b>Grand Totals</b>		1,336,113				1,336,113			691,785	46,675
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>1,336,113</u>				<u>1,336,113</u>			<u>691,785</u>	<u>46,675</u>

35-0975940

**IN Asset Report**

FYE: 9/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
<b>Prior MACRS:</b>								
114	LED LIGHTS	2/27/20	2,500	2,500	0	250	167	-83
115	LED LIGHTS	4/13/20	500	500	0	50	33	-17
116	LED LIGHTS	2/27/20	375	375	0	38	25	-13
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142	1,142	0	457	457	0
118	LIFT HOSE ON FORK TRUCK	9/30/20	856	856	0	342	342	0
			<u>5,373</u>	<u>5,373</u>	<u>0</u>	<u>1,137</u>	<u>1,024</u>	<u>-113</u>
<b>Other Depreciation:</b>								
1	LAND	5/01/46	13,167	13,167	0	0	0	0
2	LAND	9/01/01	47,000	47,000	0	0	0	0
4	TRUCK	6/15/03	16,716	16,716	16,716	0	0	0
7	STORE EQUIPMENT	2/04/09	4,724	4,724	4,724	0	0	0
8	STORE EQUIPMENT 2	2/04/09	10,717	10,717	10,717	0	0	0
9	STORE FURNITURE	2/04/09	21,942	21,942	21,942	0	0	0
10	ELEVATOR	6/15/05	39,572	39,572	39,572	0	0	0
11	ELEVATOR 2	6/15/06	35,500	35,500	35,500	0	0	0
12	NEW ADDITIONS	3/15/12	655	655	655	0	0	0
13	2013 TELEPHONE SYS	5/01/13	4,205	4,205	4,205	0	0	0
14	R&C FENCE	5/22/13	5,750	5,750	5,750	0	0	0
18	BLDG NEW ADDITION	9/15/01	169,500	169,500	98,019	5,136	5,136	0
19	ORIGINAL BUILDING	5/01/46	205,751	205,751	205,751	0	0	0
20	ORIGINAL BUILDING IMP	5/01/46	15,630	15,630	15,630	0	0	0
21	WAREHOUSE	5/01/46	59,808	59,808	59,808	0	0	0
22	2013 ADDITIONS	3/30/13	539	539	101	14	14	0
23	HVAC 3 UNITS	9/11/13	20,000	20,000	5,667	800	800	0
24	HVAC 3 UNITS	1/10/14	40,145	40,145	10,839	1,606	1,606	0
25	SIGN	8/15/14	21,768	21,768	13,424	2,176	2,176	0
26	SNOW BLOWER	1/10/14	1,919	1,919	1,919	0	0	0
28	Lights - Garage, W/H	6/19/15	7,181	7,181	3,770	718	718	0
29	Computer	10/02/14	525	525	525	0	0	0
30	Store inventory racks	10/07/14	700	700	700	0	0	0
31	Security system	12/03/14	3,000	3,000	1,750	300	300	0
32	Electronic Sign	12/22/14	7,257	7,257	4,173	725	725	0
33	Safe	1/28/15	980	980	555	98	98	0
34	Display cases	4/22/15	600	600	600	0	0	0
35	6 Spinning cases	5/12/15	570	570	570	0	0	0
36	3 Glass cases	5/12/15	450	450	450	0	0	0
37	2 Record racks	5/12/15	220	220	220	0	0	0
38	2 Cube units	5/18/15	75	75	75	0	0	0
39	1 Rolling unt	5/15/15	100	100	100	0	0	0
40	4 Gray cubes	5/15/15	250	250	250	0	0	0
41	3 Record Racks	5/18/15	75	75	75	0	0	0
42	1 Glass Tower	5/18/15	200	200	200	0	0	0
43	2 Book cases	5/18/15	100	100	100	0	0	0
44	Wood/Glass display	5/19/15	50	50	50	0	0	0
45	3 Record Racks	8/17/15	150	150	150	0	0	0
46	Oak Display Case	8/17/15	500	500	500	0	0	0
47	2 Display Cases	8/20/15	475	475	475	0	0	0
48	10 Wire/Canvas Carts	7/24/15	990	990	990	0	0	0
49	1 Display Case	7/29/15	550	550	550	0	0	0
50	Truck 2013 GMC	3/19/15	20,136	20,136	20,136	0	0	0
52	2 I-Pads @ 1,079.99	12/30/15	2,160	2,160	2,052	108	108	0
56	Website	12/11/13	3,397	3,397	3,397	0	0	0
57	Undercoat 2013 GMC	10/26/15	710	710	698	12	12	0
58	Truck Wrap Sign 2004 Chevy	11/27/15	1,510	1,510	1,460	50	50	0
59	Replacement Engine	1/14/16	5,010	5,010	4,760	250	250	0
60	Pop Machine	11/03/15	505	505	497	8	8	0
61	3 Folding Dump Tables	11/09/15	420	420	413	7	7	0
62	Chairs, Stools, Carts	11/11/15	1,260	1,260	1,239	21	21	0
63	2 Display Cases	12/06/15	585	585	566	19	19	0
64	Credit Card Reader	12/15/15	380	380	367	13	13	0
65	Wood Shop Air Filter	12/17/15	345	345	328	17	17	0
66	Cash Register	12/23/15	289	289	275	14	14	0
67	21 Glass Tables	12/29/15	2,110	2,110	2,005	105	105	0
68	Lockers	1/04/16	350	350	333	17	17	0
69	Warehouse Thermostat	1/14/16	224	224	213	11	11	0
70	Lumber of Shelving	1/29/16	403	403	376	27	27	0

35-0975940

**IN Asset Report**

FYE: 9/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
71	Gas Heater for Warehouse	2/01/16	2,403	2,403	2,243	160	160	0
72	Cash Register	3/07/16	307	307	281	26	26	0
73	48H-60L Racks	8/30/16	303	303	247	56	56	0
74	Display Shelving	9/26/16	816	816	653	163	163	0
76	Warehouse Lights	10/16/15	1,870	1,870	919	187	187	0
77	Building Lights	10/30/15	1,597	1,597	785	160	160	0
78	Shelves Building	11/30/15	278	278	134	28	28	0
79	Shelves Building	12/14/15	326	326	158	32	32	0
80	Shelves Building	1/04/16	407	407	193	41	41	0
81	Shelves Building	2/23/16	535	535	245	54	54	0
82	Office LED lights	4/13/16	1,717	1,717	773	171	171	0
83	Ladder to Roof Hatch	4/21/16	1,433	1,433	316	72	72	0
84	Roof 2016	8/11/16	60,720	60,720	12,650	3,036	3,036	0
85	HVAC Replace Blower	8/29/16	734	734	300	73	73	0
86	HVAC Modify Supply	8/29/16	939	939	383	94	94	0
87	HVAC Exhaust Fans	8/29/16	2,018	2,018	824	202	202	0
88	Moved Gas Supply	9/26/16	1,724	1,724	690	172	172	0
89	Relocate Furnace Flues	9/26/16	725	725	290	73	73	0
90	Reset 4 Rooftop HVACs	9/23/16	1,570	1,570	628	157	157	0
91	Re-Install Electric to Roof	9/26/16	2,004	2,004	802	200	200	0
92	Security Camera System	9/30/16	4,750	4,750	3,800	950	950	0
93	Intercom to Warehouse and Garage	5/04/17	1,390	1,390	950	278	278	0
94	Woodshop Air Compressor	8/06/17	496	496	314	100	100	0
95	Roof 2016 2nd Payment	12/01/16	41,504	41,504	7,955	2,075	2,075	0
96	Grand St Bldg 3 LED Flood Lights	2/02/17	535	535	196	54	54	0
97	Warehouse Electric Outlets	6/05/17	515	515	172	51	51	0
98	Website	3/06/17	1,500	1,500	1,075	300	300	0
102	Warehouse Woodshop Exhaust Fan	10/18/17	2,587	2,587	755	258	259	1
103	Warehouse 3 ceiling fans & outlts	10/24/17	3,348	3,348	977	334	335	1
104	Warehouse 100 amp Elect Panel	10/24/17	648	648	189	65	65	0
105	Store Dressing Rms & Mary Alcove	12/01/17	1,798	1,798	509	180	179	-1
106	Building Facade Phase 1	3/01/18	303,923	303,923	26,171	10,131	10,131	0
107	Fork Lift - So. Bend SVDP	1/24/18	2,878	2,878	1,535	576	576	0
108	Bailer - So. Bend SVDP	1/24/18	3,506	3,506	935	351	351	0
109	Care Van 2012 Ford E-350	12/30/17	22,430	22,430	12,337	4,486	4,486	0
110	L-A Electrical Lighting	12/28/18	2,415	2,415	604	345	345	0
111	Jack Laurie Commercial Flooring	2/06/19	21,562	21,562	5,134	3,080	3,080	0
112	Flooring bldg mnt fund	8/08/19	4,785	4,785	798	683	683	0
113	Care Van DC	9/30/19	26,106	26,106	3,729	3,730	3,730	0
119	20a Eaton SP Breaker	4/05/21	38	38	0	4	4	0
120	Lift Gate 2004 Box Truck	3/03/21	1,800	1,800	0	210	210	0
<b>Total Other Depreciation</b>			<u>1,330,740</u>	<u>1,330,740</u>	<u>698,531</u>	<u>45,650</u>	<u>45,651</u>	<u>1</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,330,740</u>	<u>1,330,740</u>	<u>698,531</u>	<u>45,650</u>	<u>45,651</u>	<u>1</u>
<b>Grand Totals</b>			1,336,113	1,336,113	698,531	46,787	46,675	-112
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,336,113</u>	<u>1,336,113</u>	<u>698,531</u>	<u>46,787</u>	<u>46,675</u>	<u>-112</u>

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
52	2 I-Pads @ 1,079.99	12/30/15	2,160			X	1,080	5	HY 200DB	2,098	62
57	Undercoat 2013 GMC	10/26/15	710			X	355	3	HY 200DB	710	0
58	Truck Wrap Sign 2004 Chevy	11/27/15	1,510			X	755	3	HY 200DB	1,510	0
59	Replacement Engine	1/14/16	5,010			X	2,505	3	HY 200DB	5,010	0
114	LED LIGHTS	2/27/20	2,500			X	0	15	HY S/L	2,500	0
115	LED LIGHTS	4/13/20	500			X	0	15	HY S/L	500	0
116	LED LIGHTS	2/27/20	375			X	0	15	HY S/L	375	0
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142			X	0	5	HY 200DB	1,142	0
118	LIFT HOSE ON FORK TRUCK	9/30/20	856			X	0	5	HY 200DB	856	0
			<u>14,763</u>				<u>4,695</u>			<u>14,701</u>	<u>62</u>

**Other Depreciation:**

1	LAND	5/01/46	0				0	0	HY	0	0
2	LAND	9/01/01	0				0	0	HY	0	0
4	TRUCK	6/15/03	0				0	0	HY	0	0
7	STORE EQUIPMENT	2/04/09	0				0	0	HY	0	0
8	STORE EQUIPMENT 2	2/04/09	0				0	0	HY	0	0
9	STORE FURNITURE	2/04/09	0				0	0	HY	0	0
10	ELEVATOR	6/15/05	0				0	0	HY	0	0
11	ELEVATOR 2	6/15/06	0				0	0	HY	0	0
12	NEW ADDITIONS	3/15/12	0				0	0	HY	0	0
13	2013 TELEPHONE SYS	5/01/13	0				0	0	HY	0	0
14	R&C FENCE	5/22/13	0				0	0	HY	0	0
18	BLDG NEW ADDITION	9/15/01	0				0	0	HY	0	0
19	ORIGINAL BUILDING	5/01/46	0				0	0	HY	0	0
20	ORIGINAL BUILDING IMP	5/01/46	0				0	0	HY	0	0
21	WAREHOUSE	5/01/46	0				0	0	HY	0	0
22	2013 ADDITIONS	3/30/13	0				0	0	HY	0	0
23	HVAC 3 UNITS	9/11/13	0				0	0	HY	0	0
24	HVAC 3 UNITS	1/10/14	0				0	0	HY	0	0
25	SIGN	8/15/14	0				0	0	HY	0	0
26	SNOW BLOWER	1/10/14	0				0	0	HY	0	0
28	Lights - Garage, W/H	6/19/15	7,181				7,181	10	MO S/L	3,830	718
29	Computer	10/02/14	0				0	0	HY	0	0
30	Store inventory racks	10/07/14	0				0	0	HY	0	0
31	Security system	12/03/14	0				0	0	HY	0	0
32	Electronic Sign	12/22/14	0				0	0	HY	0	0
33	Safe	1/28/15	0				0	0	HY	0	0
34	Display cases	4/22/15	0				0	0	HY	0	0
35	6 Spinning cases	5/12/15	0				0	0	HY	0	0
36	3 Glass cases	5/12/15	0				0	0	HY	0	0
37	2 Record racks	5/12/15	0				0	0	HY	0	0
38	2 Cube units	5/18/15	0				0	0	HY	0	0
39	1 Rolling unt	5/15/15	0				0	0	HY	0	0
40	4 Gray cubes	5/15/15	0				0	0	HY	0	0
41	3 Record Racks	5/18/15	0				0	0	HY	0	0
42	1 Glass Tower	5/18/15	0				0	0	HY	0	0
43	2 Book cases	5/18/15	0				0	0	HY	0	0
44	Wood/Glass display	5/19/15	0				0	0	HY	0	0
45	3 Record Racks	8/17/15	0				0	0	HY	0	0
46	Oak Display Case	8/17/15	0				0	0	HY	0	0
47	2 Display Cases	8/20/15	0				0	0	HY	0	0
48	10 Wire/Canvas Carts	7/24/15	0				0	0	HY	0	0
49	1 Display Case	7/29/15	0				0	0	HY	0	0
50	Truck 2013 GMC	3/19/15	0				0	0	HY	0	0
56	Website	12/11/13	3,397				3,397	5	MO S/L	3,397	0
60	Pop Machine	11/03/15	0				0	0	HY	0	0
61	3 Folding Dump Tables	11/09/15	0				0	0	HY	0	0
62	Chairs, Stools, Carts	11/11/15	0				0	0	HY	0	0
63	2 Display Cases	12/06/15	0				0	0	HY	0	0
64	Credit Card Reader	12/15/15	0				0	0	HY	0	0
65	Wood Shop Air Filter	12/17/15	0				0	0	HY	0	0
66	Cash Register	12/23/15	0				0	0	HY	0	0
67	21 Glass Tables	12/29/15	0				0	0	HY	0	0
68	Lockers	1/04/16	0				0	0	HY	0	0
69	Warehouse Thermostat	1/14/16	0				0	0	HY	0	0
70	Lumber of Shelving	1/29/16	0				0	0	HY	0	0

35-0975940

**AMT Asset Report**

FYE: 9/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
71	Gas Heater for Warehouse	2/01/16	0			0	0 HY	0	0
72	Cash Register	3/07/16	0			0	0 HY	0	0
73	48H-60L Racks	8/30/16	0			0	0 HY	0	0
74	Display Shelving	9/26/16	0			0	0 HY	0	0
76	Warehouse Lights	10/16/15	0			0	0 HY	0	0
77	Building Lights	10/30/15	0			0	0 HY	0	0
78	Shelves Building	11/30/15	0			0	0 HY	0	0
79	Shelves Building	12/14/15	0			0	0 HY	0	0
80	Shelves Building	1/04/16	0			0	0 HY	0	0
81	Shelves Building	2/23/16	0			0	0 HY	0	0
82	Office LED lights	4/13/16	0			0	0 HY	0	0
83	Ladder to Roof Hatch	4/21/16	0			0	20 MO S/L	0	0
84	Roof 2016	8/11/16	0			0	40 MO S/L	0	0
85	HVAC Replace Blower	8/29/16	0			0	0 HY	0	0
86	HVAC Modify Supply	8/29/16	0			0	0 HY	0	0
87	HVAC Exhaust Fans	8/29/16	0			0	0 HY	0	0
88	Moved Gas Supply	9/26/16	0			0	0 HY	0	0
89	Relocate Furnace Flues	9/26/16	0			0	0 HY	0	0
90	Reset 4 Rooftop HVACs	9/23/16	0			0	0 HY	0	0
91	Re-Install Electric to Roof	9/26/16	0			0	0 HY	0	0
92	Security Camera System	9/30/16	0			0	0 HY	0	0
93	Intercom to Warehouse and Garage	5/04/17	0			0	0 HY	0	0
94	Woodshop Air Compressor	8/06/17	0			0	0 HY	0	0
95	Roof 2016 2nd Payment	12/01/16	0			0	0 HY	0	0
96	Grand St Bldg 3 LED Flood Lights	2/02/17	0			0	0 HY	0	0
97	Warehouse Electric Outlets	6/05/17	0			0	0 HY	0	0
98	Website	3/06/17	0			0	0 HY	0	0
102	Warehouse Woodshop Exhaust Fan	10/18/17	0			0	0 HY	0	0
103	Warehouse 3 ceiling fans & outlts	10/24/17	0			0	0 HY	0	0
104	Warehouse 100 amp Elect Panel	10/24/17	0			0	0 HY	0	0
105	Store Dressing Rms & Mary Alcove	12/01/17	0			0	0 HY	0	0
106	Building Facade Phase 1	3/01/18	0			0	0 HY	0	0
107	Fork Lift - So. Bend SVDP	1/24/18	0			0	0 HY	0	0
108	Bailer - So. Bend SVDP	1/24/18	0			0	0 HY	0	0
109	Care Van 2012 Ford E-350	12/30/17	0			0	0 HY	0	0
110	L-A Electrical Lighting	12/28/18	2,415			2,415	7 MO S/L	604	345
111	Jack Laurie Commercial Flooring	2/06/19	21,562			21,562	7 MO S/L	5,134	3,080
112	Flooring bldg mnt fund	8/08/19	4,785			4,785	7 MO S/L	798	683
113	Care Van DC	9/30/19	26,106			26,106	7 MO S/L	3,729	3,730
119	20a Eaton SP Breaker	4/05/21	0			0	0 HY	0	0
120	Lift Gate 2004 Box Truck	3/03/21	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<b>65,446</b>			<b>65,446</b>		<b>17,492</b>	<b>8,556</b>
<b>Total ACRS and Other Depreciation</b>			<b>65,446</b>			<b>65,446</b>		<b>17,492</b>	<b>8,556</b>
<b>Grand Totals</b>			<b>80,209</b>			<b>70,141</b>		<b>32,193</b>	<b>8,618</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>80,209</b>			<b>70,141</b>		<b>32,193</b>	<b>8,618</b>

**Bonus Depreciation Report**

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
114	LED LIGHTS	2/27/20	2,500		0	0	0	2,500
115	LED LIGHTS	4/13/20	500		0	0	0	500
116	LED LIGHTS	2/27/20	375		0	0	0	375
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142		0	0	0	1,142
118	LIFT HOSE ON FORK TRUCK	9/30/20	856		0	0	0	856
<b>Grand Total</b>			<u>5,373</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>5,373</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	114	LED LIGHTS	167	0	167
Page 1	1	115	LED LIGHTS	33	0	33
Page 1	1	116	LED LIGHTS	25	0	25
Page 1	1	117	HYDRAULIC LINES ON FORK TRUCK	457	0	457
Page 1	1	118	LIFT HOSE ON FORK TRUCK	342	0	342
				<u>1,024</u>	<u>0</u>	<u>1,024</u>

35-0975940

**Future Depreciation Report** **FYE: 9/30/22**

FYE: 9/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
114	LED LIGHTS	2/27/20	2,500	155	0
115	LED LIGHTS	4/13/20	500	31	0
116	LED LIGHTS	2/27/20	375	23	0
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142	274	0
118	LIFT HOSE ON FORK TRUCK	9/30/20	856	206	0
			<u>5,373</u>	<u>689</u>	<u>0</u>

**Other Depreciation:**

1	LAND	5/01/46	13,167	0	0
2	LAND	9/01/01	47,000	0	0
4	TRUCK	6/15/03	16,716	0	0
7	STORE EQUIPMENT	2/04/09	4,724	0	0
8	STORE EQUIPMENT 2	2/04/09	10,717	0	0
9	STORE FURNITURE	2/04/09	21,942	0	0
10	ELEVATOR	6/15/05	39,572	0	0
11	ELEVATOR 2	6/15/06	35,500	0	0
12	NEW ADDITIONS	3/15/12	655	0	0
13	2013 TELEPHONE SYS	5/01/13	4,205	0	0
14	R&C FENCE	5/22/13	5,750	0	0
18	BLDG NEW ADDITION	9/15/01	169,500	5,136	0
19	ORIGINAL BUILDING	5/01/46	205,751	0	0
20	ORIGINAL BUILDING IMP	5/01/46	15,630	0	0
21	WAREHOUSE	5/01/46	59,808	0	0
22	2013 ADDITIONS	3/30/13	539	13	0
23	HVAC 3 UNITS	9/11/13	20,000	800	0
24	HVAC 3 UNITS	1/10/14	40,145	1,606	0
25	SIGN	8/15/14	21,768	2,177	0
26	SNOW BLOWER	1/10/14	1,919	0	0
28	Lights - Garage, W/H	6/19/15	7,181	718	718
29	Computer	10/02/14	525	0	0
30	Store inventory racks	10/07/14	700	0	0
31	Security system	12/03/14	3,000	300	0
32	Electronic Sign	12/22/14	7,257	726	0
33	Safe	1/28/15	980	98	0
34	Display cases	4/22/15	600	0	0
35	6 Spinning cases	5/12/15	570	0	0
36	3 Glass cases	5/12/15	450	0	0
37	2 Record racks	5/12/15	220	0	0
38	2 Cube units	5/18/15	75	0	0
39	1 Rolling unt	5/15/15	100	0	0
40	4 Gray cubes	5/15/15	250	0	0
41	3 Record Racks	5/18/15	75	0	0
42	1 Glass Tower	5/18/15	200	0	0
43	2 Book cases	5/18/15	100	0	0
44	Wood/Glass display	5/19/15	50	0	0
45	3 Record Racks	8/17/15	150	0	0
46	Oak Display Case	8/17/15	500	0	0
47	2 Display Cases	8/20/15	475	0	0
48	10 Wire/Canvas Carts	7/24/15	990	0	0
49	1 Display Case	7/29/15	550	0	0
50	Truck 2013 GMC	3/19/15	20,136	0	0
52	2 I-Pads @ 1,079.99	12/30/15	2,160	0	0
56	Website	12/11/13	3,397	0	0
57	Undercoat 2013 GMC	10/26/15	710	0	0
58	Truck Wrap Sign 2004 Chevy	11/27/15	1,510	0	0
59	Replacement Engine	1/14/16	5,010	0	0
60	Pop Machine	11/03/15	505	0	0
61	3 Folding Dump Tables	11/09/15	420	0	0
62	Chairs, Stools, Carts	11/11/15	1,260	0	0
63	2 Display Cases	12/06/15	585	0	0
64	Credit Card Reader	12/15/15	380	0	0
65	Wood Shop Air Filter	12/17/15	345	0	0
66	Cash Register	12/23/15	289	0	0
67	21 Glass Tables	12/29/15	2,110	0	0



35-0975940

**Future Depreciation Report****FYE: 9/30/22**

FYE: 9/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
68	Lockers	1/04/16	350	0	0
69	Warehouse Thermostat	1/14/16	224	0	0
70	Lumber of Shelving	1/29/16	403	0	0
71	Gas Heater for Warehouse	2/01/16	2,403	0	0
72	Cash Register	3/07/16	307	0	0
73	48H-60L Racks	8/30/16	303	0	0
74	Display Shelving	9/26/16	816	0	0
76	Warehouse Lights	10/16/15	1,870	187	0
77	Building Lights	10/30/15	1,597	160	0
78	Shelves Building	11/30/15	278	28	0
79	Shelves Building	12/14/15	326	33	0
80	Shelves Building	1/04/16	407	41	0
81	Shelves Building	2/23/16	535	53	0
82	Office LED lights	4/13/16	1,717	172	0
83	Ladder to Roof Hatch	4/21/16	1,433	72	0
84	Roof 2016	8/11/16	60,720	3,036	0
85	HVAC Replace Blower	8/29/16	734	74	0
86	HVAC Modify Supply	8/29/16	939	94	0
87	HVAC Exhaust Fans	8/29/16	2,018	201	0
88	Moved Gas Supply	9/26/16	1,724	172	0
89	Relocate Furnace Flues	9/26/16	725	72	0
90	Reset 4 Rooftop HVACs	9/23/16	1,570	157	0
91	Re-Install Electric to Roof	9/26/16	2,004	200	0
92	Security Camera System	9/30/16	4,750	0	0
93	Intercom to Warehouse and Garage	5/04/17	1,390	162	0
94	Woodshop Air Compressor	8/06/17	496	82	0
95	Roof 2016 2nd Payment	12/01/16	41,504	2,075	0
96	Grand St Bldg 3 LED Flood Lights	2/02/17	535	53	0
97	Warehouse Electric Outlets	6/05/17	515	52	0
98	Website	3/06/17	1,500	125	0
102	Warehouse Woodshop Exhaust Fan	10/18/17	2,587	258	0
103	Warehouse 3 ceiling fans & outlts	10/24/17	3,348	335	0
104	Warehouse 100 amp Elect Panel	10/24/17	648	65	0
105	Store Dressing Rms & Mary Alcove	12/01/17	1,798	180	0
106	Building Facade Phase 1	3/01/18	303,923	10,131	0
107	Fork Lift - So. Bend SVDP	1/24/18	2,878	575	0
108	Bailer - So. Bend SVDP	1/24/18	3,506	350	0
109	Care Van 2012 Ford E-350	12/30/17	22,430	4,486	0
110	L-A Electrical Lighting	12/28/18	2,415	345	345
111	Jack Laurie Commercial Flooring	2/06/19	21,562	3,080	3,080
112	Flooring bldg mnt fund	8/08/19	4,785	684	684
113	Care Van DC	9/30/19	26,106	3,729	3,729
119	20a Eaton SP Breaker	4/05/21	38	7	0
120	Lift Gate 2004 Box Truck	3/03/21	1,800	360	0
<b>Total Other Depreciation</b>			<b>1,330,740</b>	<b>43,460</b>	<b>8,556</b>
<b>Total ACRS and Other Depreciation</b>			<b>1,330,740</b>	<b>43,460</b>	<b>8,556</b>
<b>Grand Totals</b>			<b>1,336,113</b>	<b>44,149</b>	<b>8,556</b>

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

Form **8879-EO**

For calendar year 2020, or fiscal year beginning 10/01, 2020, and ending 9/30, 2021

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax **FORT WAYNE SOCIETY OF ST. VINCENT  
DE PAUL INC.**

Taxpayer identification number  
**35-0975940**

Name and title of officer or person subject to tax **JACK DUNIFON  
PRESIDENT**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>1,538,116</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize ATM & COMPANY, CPAS to enter my PIN 75940 as my signature  
ERO firm name Enter five numbers, but  
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ **08/12/22**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35623428051**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ **08/12/22**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

### Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **10/01/20** , and ending **09/30/21**

**FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC.**      **35-0975940**

**Net Asset / Fund Balance at Beginning of Year** 1,604,096

**Revenue**

Contributions	<u>284,425</u>	
Program service revenue	<u>1,249,508</u>	
Investment income	<u>4,183</u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>1,538,116</u>

**Expenses**

Program services	<u>1,265,784</u>	
Management and general	<u>111,452</u>	
Fundraising	<u>557</u>	
<b>Total expenses</b>		<u>1,377,793</u>

**Excess / (deficit)** 160,323

Changes           

**Net Asset / Fund Balance at End of Year** 1,764,419

**Reconciliation of Revenue**

Total revenue per financial statements	<u>1,538,116</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>1,538,116</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>1,377,793</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>1,377,793</u>

**Balance Sheet**

	Beginning	Ending	
Assets	<u>1,725,679</u>	<u>1,872,143</u>	
Liabilities	<u>121,583</u>	<u>107,724</u>	
Net assets	<u>1,604,096</u>	<u>1,764,419</u>	<u>160,323</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 08/15/22  
 Failure to file penalty \_\_\_\_\_

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IN</u>
<b>Prior MACRS:</b>				
114	LED LIGHTS	2/27/20	2,500	225
115	LED LIGHTS	4/13/20	500	45
116	LED LIGHTS	2/27/20	375	33
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142	274
118	LIFT HOSE ON FORK TRUCK	9/30/20	856	206
			<u>5,373</u>	<u>783</u>

**Other Depreciation:**

1	LAND	5/01/46	13,167	0
2	LAND	9/01/01	47,000	0
4	TRUCK	6/15/03	16,716	0
7	STORE EQUIPMENT	2/04/09	4,724	0
8	STORE EQUIPMENT 2	2/04/09	10,717	0
9	STORE FURNITURE	2/04/09	21,942	0
10	ELEVATOR	6/15/05	39,572	0
11	ELEVATOR 2	6/15/06	35,500	0
12	NEW ADDITIONS	3/15/12	655	0
13	2013 TELEPHONE SYS	5/01/13	4,205	0
14	R&C FENCE	5/22/13	5,750	0
18	BLDG NEW ADDITION	9/15/01	169,500	5,137
19	ORIGINAL BUILDING	5/01/46	205,751	0
20	ORIGINAL BUILDING IMP	5/01/46	15,630	0
21	WAREHOUSE	5/01/46	59,808	0
22	2013 ADDITIONS	3/30/13	539	13
23	HVAC 3 UNITS	9/11/13	20,000	800
24	HVAC 3 UNITS	1/10/14	40,145	1,606
25	SIGN	8/15/14	21,768	2,177
26	SNOW BLOWER	1/10/14	1,919	0
28	Lights - Garage, W/H	6/19/15	7,181	718
29	Computer	10/02/14	525	0
30	Store inventory racks	10/07/14	700	0
31	Security system	12/03/14	3,000	300
32	Electronic Sign	12/22/14	7,257	726
33	Safe	1/28/15	980	98
34	Display cases	4/22/15	600	0
35	6 Spinning cases	5/12/15	570	0
36	3 Glass cases	5/12/15	450	0
37	2 Record racks	5/12/15	220	0
38	2 Cube units	5/18/15	75	0
39	1 Rolling unt	5/15/15	100	0
40	4 Gray cubes	5/15/15	250	0
41	3 Record Racks	5/18/15	75	0
42	1 Glass Tower	5/18/15	200	0
43	2 Book cases	5/18/15	100	0
44	Wood/Glass display	5/19/15	50	0
45	3 Record Racks	8/17/15	150	0
46	Oak Display Case	8/17/15	500	0
47	2 Display Cases	8/20/15	475	0
48	10 Wire/Canvas Carts	7/24/15	990	0
49	1 Display Case	7/29/15	550	0
50	Truck 2013 GMC	3/19/15	20,136	0
52	2 I-Pads @ 1,079.99	12/30/15	2,160	0
56	Website	12/11/13	3,397	0
57	Undercoat 2013 GMC	10/26/15	710	0
58	Truck Wrap Sign 2004 Chevy	11/27/15	1,510	0
59	Replacement Engine	1/14/16	5,010	0
60	Pop Machine	11/03/15	505	0
61	3 Folding Dump Tables	11/09/15	420	0
62	Chairs, Stools, Carts	11/11/15	1,260	0
63	2 Display Cases	12/06/15	585	0
64	Credit Card Reader	12/15/15	380	0
65	Wood Shop Air Filter	12/17/15	345	0
66	Cash Register	12/23/15	289	0
67	21 Glass Tables	12/29/15	2,110	0

Asset	Description	Date In Service	Cost	IN
68	Lockers	1/04/16	350	0
69	Warehouse Thermostat	1/14/16	224	0
70	Lumber of Shelving	1/29/16	403	0
71	Gas Heater for Warehouse	2/01/16	2,403	0
72	Cash Register	3/07/16	307	0
73	48H-60L Racks	8/30/16	303	0
74	Display Shelving	9/26/16	816	0
76	Warehouse Lights	10/16/15	1,870	187
77	Building Lights	10/30/15	1,597	160
78	Shelves Building	11/30/15	278	28
79	Shelves Building	12/14/15	326	33
80	Shelves Building	1/04/16	407	41
81	Shelves Building	2/23/16	535	53
82	Office LED lights	4/13/16	1,717	172
83	Ladder to Roof Hatch	4/21/16	1,433	72
84	Roof 2016	8/11/16	60,720	3,036
85	HVAC Replace Blower	8/29/16	734	74
86	HVAC Modify Supply	8/29/16	939	94
87	HVAC Exhaust Fans	8/29/16	2,018	201
88	Moved Gas Supply	9/26/16	1,724	172
89	Relocate Furnace Flues	9/26/16	725	72
90	Reset 4 Rooftop HVACs	9/23/16	1,570	157
91	Re-Install Electric to Roof	9/26/16	2,004	200
92	Security Camera System	9/30/16	4,750	0
93	Intercom to Warehouse and Garage	5/04/17	1,390	162
94	Woodshop Air Compressor	8/06/17	496	82
95	Roof 2016 2nd Payment	12/01/16	41,504	2,075
96	Grand St Bldg 3 LED Flood Lights	2/02/17	535	53
97	Warehouse Electric Outlets	6/05/17	515	52
98	Website	3/06/17	1,500	125
102	Warehouse Woodshop Exhaust Fan	10/18/17	2,587	259
103	Warehouse 3 ceiling fans & outlts	10/24/17	3,348	335
104	Warehouse 100 amp Elect Panel	10/24/17	648	65
105	Store Dressing Rms & Mary Alcove	12/01/17	1,798	180
106	Building Facade Phase 1	3/01/18	303,923	10,131
107	Fork Lift - So. Bend SVDP	1/24/18	2,878	575
108	Bailer - So. Bend SVDP	1/24/18	3,506	350
109	Care Van 2012 Ford E-350	12/30/17	22,430	4,486
110	L-A Electrical Lighting	12/28/18	2,415	345
111	Jack Laurie Commercial Flooring	2/06/19	21,562	3,080
112	Flooring bldg mnt fund	8/08/19	4,785	684
113	Care Van DC	9/30/19	26,106	3,729
119	20a Eaton SP Breaker	4/05/21	38	7
120	Lift Gate 2004 Box Truck	3/03/21	1,800	360
	<b>Total Other Depreciation</b>		<u>1,330,740</u>	<u>43,462</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,330,740</u>	<u>43,462</u>
	<b>Grand Totals</b>		<u>1,336,113</u>	<u>44,245</u>

<b>Form 990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning <b>10/01/20</b> , ending <b>09/30/21</b>		

Name **FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC.** Taxpayer Identification Number **35-0975940**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	170,254	284,425	114,171
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,156,458	1,249,508	93,050
	5. Investment income	-4,455	4,183	8,638
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-252		252
	8. Net income or (loss) from fundraising events	84,357		-84,357
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,406,362</b>	<b>1,538,116</b>	<b>131,754</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		55,000	55,000
	16. Salaries, other compensation, and employee benefits	324,724	300,290	-24,434
	17. Professional fundraising fees			
	18. Other professional fees	675,915	25,124	-650,791
	19. Occupancy, rent, utilities, and maintenance		54,899	54,899
	20. Depreciation and Depletion		46,675	46,675
	21. Other expenses	205,119	895,805	690,686
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,205,758</b>	<b>1,377,793</b>	<b>172,035</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>200,604</b>	<b>160,323</b>	<b>-40,281</b>
<b>Other Information</b>	24. Total exempt revenue	1,406,362	1,538,116	131,754
	25. Total unrelated revenue			
	26. Total excludable revenue	1,151,751	1,253,691	101,940
	27. Total assets	1,725,679	1,872,143	146,464
	28. Total liabilities	121,583	107,724	-13,859
	29. Retained earnings	1,604,096	1,764,419	160,323
	30. Number of voting members of governing body	10	24	
	31. Number of independent voting members of governing body	7	24	
	32. Number of employees	22	22	
	33. Number of volunteers	842	826	

**Form 990** **Tax Return History** **2020**

Name **FORT WAYNE SOCIETY OF ST. VINCENT** Employer Identification Number  
**35-0975940**  
**DE PAUL INC.**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	162,607	175,798	99,895	170,254	284,425	
Membership dues						
Program service revenue	1,099,871	1,102,492	1,108,719	1,156,458	1,249,508	
Capital gain or loss	15,658	-14,319		-252		
Investment income		6,550	650	-4,455	4,183	
Fundraising revenue (income/loss)	28,638	103,308	243,678	84,357		
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>	<b>1,306,774</b>	<b>1,373,829</b>	<b>1,452,942</b>	<b>1,406,362</b>	<b>1,538,116</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					55,000	
Other compensation	314,892	330,379	316,632	324,724	300,290	
Professional fees					25,124	
Occupancy costs	629,562	721,992	662,754	675,915	54,899	
Depreciation and depletion	41,421	40,502	27,270		46,675	
Other expenses	189,254	166,951	155,278	205,119	895,805	
<b>Total expenses</b>	<b>1,175,129</b>	<b>1,259,824</b>	<b>1,161,934</b>	<b>1,205,758</b>	<b>1,377,793</b>	
<b>Excess or (Deficit)</b>	<b>131,645</b>	<b>114,005</b>	<b>291,008</b>	<b>200,604</b>	<b>160,323</b>	
Total exempt revenue	1,306,774	1,373,829	1,452,942	1,406,362	1,538,116	
Total unrelated revenue						
Total excludable revenue	1,115,529	1,094,723	1,109,369	1,151,751	1,253,691	
Total Assets	1,053,699	1,139,352	1,444,826	1,725,679	1,872,143	
Total Liabilities	65,909	36,418	41,586	121,583	107,724	
Net Fund Balances	987,790	1,102,934	1,403,240	1,604,096	1,764,419	

**Federal Statements**

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 1,869		30		X	
TOTAL	<u>\$ 1,869</u>					



**Federal Statements**

**Schedule A, Part III, Line 1(e)**

Description	Amount
CONTRIBUTIONS AND GRANTS	\$ 249,354
FUNDRAISING	
CASH CONTRIBUTION	35,071
TOTAL	<u>\$ 284,425</u>

**Schedule A, Part III, Line 2(e)**

Description	Amount
THRIFT STORE	\$ 498,990
CONFERENCES	750,518
FUNDRAISING	
TOTAL	<u>\$ 1,249,508</u>

**Schedule A, Part III, Line 3(e)**

Description	Amount
CARE-VAN	\$
TOTAL	<u>\$ 0</u>

**Schedule A, Part III, Line 10a(e)**

Description	Amount
DIVIDENDS	\$ 1,869
GAINS ON INVESTMENT	2,314
TOTAL	<u>\$ 4,183</u>