Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2021
Open to Public Inspection

For the 2021 calendar year, or tax year beginning 10/01/21 , and ending 09/30/22FORT WAYNE SOCIETY OF ST. VINCENT Check if applicable: C Name of organization D Employer identification number Address change DE PAUL INC. Doing business as Name change 35-0975940 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 CALHOUN STREET Initial return 260-456-3561 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated FORT WAYNE IN 46802-5254 G Gross receipts\$ 2,418,817 Amended return Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? JACK DUNIFON 8115 WESTFIELD TRATT. H(b) Are all subordinates included? COLUMBIA CITY IN 46725 If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 527 SVDPSFW.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 1947 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ALLEVIATE POVERTY BY OFFERING HOPE AS WELL AS HELP TO ALL. Governance 2 Check this box ▶ 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) ංජ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 21 5 6 Total number of volunteers (estimate if necessary) 878 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 284,425 1,033,861 9 Program service revenue (Part VIII, line 2g) 1,249,508 1,322,278 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,183 62,678 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 1,538,116 2,418,817 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 355,290 354,927 16a Professional fundraising fees (Part IX, column (A), line 11e) 31,422 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,347 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,022,503 1,189,416 1,377,793 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,575,765 19 Revenue less expenses. Subtract line 18 from line 12 160,323 843,052 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,872,143 2,632,505 21 Total liabilities (Part X, line 26) 107,724 25,034 22 Net assets or fund balances. Subtract line 21 from line 20 764,419 2,607,471 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. Sign Signature of officer Here LARA SCHRECK EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Paid JON T. RONDOT, CPA 06/30/23 self-employed P00229028 Preparer ATM & COMPANY Firm's name 05-0528051 Firm's EIN **Use Only** 9422 LIMA RD FORT WAYNE, IN 46818 260-490-2860 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III Statement of Program Service Accomplishments	Page 2
Tallotton of Frogram ocivice Accomplishing	
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:	X
TO ALLEVIATE POVERTY BY OFFERING HOPE AS WELL AS HELP TO ALL.	
TOTALL DI 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	
nation Forms 000 000 F70	□,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
continue?	Yes X No
If "Yes," describe these changes on Schedule O.	Tes A No
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 \$ 501,273 including grants of \$) (Revenue \$	523,177)
SALE OF DONATED CLOTHING, FURNITURE AND HOUSEHOLD GOODS THROUGH	OUR THRIFT
SIONE AT REDUCED PRICES OR AT NO COST TO DEODIE IN MEED	
•	
DISTRICT CONFERENCES - VOLUNTEER SERVICE GROUPS AT LOCAL PARISH RECEIVE SUPPORT FROM CHURCH COLLECTIONS TO SERVE THOSE IN NEED RENT, UTILITIES AND OTHER IMMEDIATE NEEDS. THE VOLUNTEER MEMBER VISITS TO ASSESS CLIENTS' NEEDS AND PROVIDE THEM WITH DIGNITY ATTHEY DESERVE.	WITH FOOD,
4c (Code:) (Expenses \$ 90,297 including grants of \$) (Revenue \$ FUNDRAISING FOR CAPITAL CAMPAIGN AND ALL PROGRAMS.	897,720)
·	
£	
·	
· · · · · · · · · · · · · · · · · · ·	
4d Other program services (Describe on Schedule O.)	
	10
(Expenses \$ including grants of \$) (Revenue \$ 198,8 4e Total program service expenses ▶ 1,452,582	13)
1, 102, JUL	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 X 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 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 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 9 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 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 11b 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 11c 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 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

X

Checklist of Required Schedules (continued) Yes No 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 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 26 X 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 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 28 Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N. Part II X 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X 38 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Forn	990 (2021) FORT WAYNE SOCIETY OF ST. VINCENT 35-0975	940			F	Page 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			500000	No
2a	Transmittal of wage and rax					
h	Statements, filed for the calendar year ending with or within the year covered by this return	2a	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		. 2b		X
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	IS.				
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
Tu	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over,			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	al accou	ınt)?	4a		X
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accoun	its (FBAR).			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
C	II Tes to line 5a of 5b, did the organization file Form 8886-T2			-		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
	organization solicit any contributions that were not toy deductible as about the solicit any contributions that were not toy deductible as about the solicit any contributions that were not toy deductible as a bout the solicit any contributions that were not toy deductible as a bout the solicit any contributions that were not toy deductible as a bout the solicit any contributions that were not toy deductible as a bout to the solicit and the so					v
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or		6a		X
	gifts were not tax deductible?			e L		
7	Organizations that may receive deductible contributions under section 170(c).		***************************************	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	shoor				
	and services provided to the payor?			7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f	- "	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			. 8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			. 9a		
В	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b		
a	Section 501(c)(7) organizations. Enter:	1				
b	Initiation fees and capital contributions included on Part VIII, line 12	10a				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
a	Green income from the ball	المدا				
b	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources	11a				
	against amounts due as used for the second	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		No. of Lot,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		. 124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
a	Is the organization licensed to issue qualified health plans in more than any other			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			. 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation o	r			20-01
	excess parachute payment(s) during the year?			. 15	-	X
	If "Yes," see instructions and file Form 4720, Schedule N.			1.55		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	. 16		X
7	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			. 17		
	If "Yes," complete Form 6069.			The same of the sa	199	

Section	C.	Disclosure	
000011	•		

Sec	ction 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 X Upon request Other (explain on Schedule O) 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.

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

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? .

LARA SCHRECK FORT WAYNE

1600 S CALHOUN ST

IN 46802

260-456-3561

F055 06/30/2023 11:05 AM			_			_				
Part VII Compensation	NE SOCIE	TY	0	F	ST	. 1	VIN	ICENT 35-0975	5940	Page 7
Independent C	or Officers, L	Jire	ctor	s,	Irus	stee	s, I	Key Employees, High	est Compensated E	mployees, and
		0 50	one							
Section A. Officers. Directors	Trustoes Koy	Emn	spc	JIISE	OF	note	e to	any line in this Part VI		<u> </u>
1a Complete this table for all personganization's tax year.	ons required to b	e list	ed. F	Repo	ort co	mpe	nsati	Compensated Employees ion for the calendar year end	ling with or within the	
 List all of the organization's compensation. Enter -0- in columns 	(D), (E), and (F) II N	o co	mpe	nsat	ion w	vas p	oaid.		
 List all of the organization's of the classification is five control who received reportable compensation and the organization is of the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization in the organization is of the organization in the organization i	urrent highest co	mpe	nsate	ed e	mpla	VAAC	(oth	er than an officer director t	winten on herr smulerist	
 List all of the organization's t \$100,000 of reportable compensa 	ormer officers, k	ey e aniza	mplo	yees	any	relat	ted o	rganizations		
 List all of the organization's forganization, more than \$10,000 or See the instructions for the order in 	former directors freportable comp which to list the	or to ensa	ruste ation ons	from abov	that n the ve.	recei orga	ved, aniza	in the capacity as a former of ation and any related organize	ations.	
Check this box if neither the or	ganization nor ar	ny re	lated	org	aniza	ation	com	pensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week	bo	x, unl	Pos check ess pe	erson	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DONNA BROOKE	2.00									
SECRETARY	0.00	x						o	0	0
(2) DARREL DODANE	2.00									0
DIRECTOR	0.00	x						٥		0

	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	c	(F) ited amou	
×		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fr organ	pensation om the ization ar organizat	nd
											ės:		

c ·	Subtotal Fotal from continuation shee Fotal (add lines 1b and 1c)	ets to Part VII, S	ecti	on A	١			A A A					
2	Total number of individuals (in reportable compensation from	cluding but not li	mite	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of			
3 [Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	rmer officer, dire	ector	r, tru J for	suc	h ind	dividu	al .				Ye	s No
5	organization and related organ Individual Did any person listed on line	nizations greater	than rue	\$15 com	50,00 pens	00? /	f "Ye.	s," o n ai	complete Schedule J for such	ch individual		4	х
	or services rendered to the or n B. Independent Contractor		es,"	com	plete	Sci	hedul	e J	for such person			5	X
1 (Complete this table for your fix compensation from the organization	ve highest compo zation. Report co	ensa	ited i	inder ion f	pend for th	lent c	cont	dar year ending with or with	in the organization's tax y	ear.	(C	
	Name and	(A) business address							Descript	(B) on of services		Compen	sation
2	Total number of independent	contractors (inclu	dina	but	not	limite	ed to	tho	se listed above) who				
	received more than \$100,000									0		Form Q	90 (2021

1 6	irt V			f Revenue edule O cont	ains a	respons	e or note	to any line in this	s Part VIII		
		2						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts its	1a	Federated cam	paigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es		1b	- 100					
S, C	С	Fundraising eve	ents		1c						
3ift	d	Related organiz	ations		1d						
s, (е	Government grants (d			1e						
ion r S	f	All other contributions,			- 22						
but	a	and similar amounts n Noncash contributions			1f	1,0	33,861				
d	٦	lines 1a-1f			1g	\$					
9 E	h	Total. Add lines	1a-1f	<u> </u>				1,033,861			
							Business Code				
e	2a	DISTRICT C	ONFE	RENCES				799,101	799,101		
Program Service Revenue	b	THRIFT STO	RE					523,177	523,177		
n S	С										
Rev	d						() Files				
P.	е										
		All other program									
-		Total. Add lines						1,322,278			
	3	Investment inco			ls, inter	est, and					
		other similar am						1,794			1,794
	4	Income from inv					🏲	60,884			60,884
	5	Royalties		(i) Real	······		Control of the second			-	
	6a	Gross rents	6a	(I) Real		(II) PE	rsonal				
	b	Less: rental expenses	6b								
		Rental inc. or (loss)	6c								
	d	Net rental incom		loce)							
	7a	Gross amount from	01 (1	(i) Securities		(i) (Other				
		sales of assets other than inventory	7a	(i) Coolinios		(11)	70161				
<u>e</u>	b	Less: cost or other	14								
Other Revenue		basis and sales exps.	7b								
Se l	С	Gain or (loss)	7c								
-F	d	Net gain or (loss	3)								
盲	8a	Gross income from	fundra	ising events							
		(not including \$					50 70 1				
		of contributions rep									
		1c). See Part IV, lir			8a						
	b	Less: direct exp	enses		8b						
		Net income or (I			events						
	9a	Gross income fr									
		activities. See P			9a						
		Less: direct exp			9b						nic mic
		Net income or (I			vities						
	10a	Gross sales of i		STORY CONTRACTOR							
		returns and allow			10a						
		Less: cost of go			10b						
_	С	Net income or (I	uss) fr	om sales of inve	entory .		Business Code				
snc	11a					- 1	Juan 1655 C006				trace and the same of the same
nec	b	* * * * * * * * * * * * * * * * * * * *									
ella	c	* * * * * * * * * * * * * * * * * * * *									
Miscellaneous Revenue	d	All other revenue									
-	е	Total. Add lines									
_	12							2,418,817	1,322,278	0	62,678

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, (A) Total expenses (B) Program service (C) (D) Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 310,838 247,644 63,194 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,874 6,874 Other employee benefits 10,776 10,776 Payroll taxes 26,439 21,669 4,770 Fees for services (nonemployees): a Management b Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 31,422 31,422 Investment management fees f g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 19,615 11,051 8,564 Advertising and promotion 12 11,995 4,342 3,368 4,285 13 Office expenses 1,344 704 640 Information technology 14 Royalties 15 Occupancy 16 48,051 44,464 3,587 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,649 2,649 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 45,079 45,079 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.) COGS 1,025,317 1,025,317 REPAIRS AND MAINTENANCE 27,037 27,037 C d All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,575,765 1,452,582 86,836 36,347 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 ▶ following SOP 98-2 (ASC 958-720)

Part	Check if Schedule O contains a response or no	ote to any line	e in this Part X							
				(A) Beginning of year		(B) End of year				
1	The state of the s		664,747	1	877,07					
2	Savings and temporary cash investments				2					
3	riodges and grants receivable, fiel		29,985	3	679,87					
4	recounts receivable, flet		- Control of the Cont	5,744	4	6,84				
5	Loans and other receivables from any current or form	rector,								
	trustee, key employee, creator or founder, substantia	I contributor,	or 35%							
	controlled entity or family member of any of these pe	rsons	L		5					
6	discontinuo in out of the disqualified to	efined								
Set 7	under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6					
Assets	Notes and loans receivable, net		THE STATE OF THE S		7					
8	inventories for sale of use	1,525	8	3,875						
9	riopala expenses and deletted charges		9							
10a	Land, buildings, and equipment: cost or other									
١.	basis. Complete Part VI of Schedule D	10a	1,405,157							
l b	Less: accumulated depreciation	10b	737 652	680,510	10c	667,505				
11	Investments—publicly traded securities		86,668	11	56,278					
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 Fait IV, line 11			402,964	15	341,053				
16	Total dosets. Add lines I through 15 (must equal line	1,872,143	16	2,632,505						
17	Accounts payable and accrued expenses	107,724	17	25,034						
18	Grants payable		18							
19	Doloned Teverine		19							
20	rax-exempt bond nabilities				20					
21	Lacrow or custodial account liability. Complete Part IV	of Schedule	D		21					
22	Loans and other payables to any current or former of	icer, director,	Ne.							
22	trustee, key employee, creator or founder, substantial	contributor,	or 35%							
3 22	controlled entity or family member of any of these per	sons			22					
24	Secured mortgages and notes payable to unrelated the	ird parties			23					
24	Unsecured notes and loans payable to unrelated third	parties			24					
25	Other liabilities (including federal income tax, payables	to related th	nird							
	parties, and other liabilities not included on lines 17-24 of Schedule D									
26	***************************************			105 501	25					
20	Total liabilities. Add lines 17 through 25			107,724	26	25,034				
	Organizations that follow FASB ASC 958, check he and complete lines 27, 28, 32, and 33.	ere 🕨 🔼								
27	Net assets without donor rostrictions			1 261 455		1 405 455				
28	Net assets without donor restrictions		1,361,455	27	1,425,177					
	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, c	··	402,964	28	1,182,294					
	and complete lines 29 through 33.									
29	Capital stock or trust principal, or current funds									
30	Paid-in or capital surplus or load building as a surplus			30						
31	Retained earnings endowment assumulated in	id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds								
27 28 29 30 31 32				1 764 410	31	0 607 474				
33	Total liabilities and net assets/fund balances			1,764,419	32	2,607,471				
100	Total liabilities and het assets/fund balances			1,872,143	33	2,632,505				

100000000000000000000000000000000000000	1 990 (2021) FORT WAYNE SOCIETY OF ST. VINCENT 35-0975940			Page 12
Pa	art XI Reconciliation of Net Assets			
126	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	2,418	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,575	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,764	1,419
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	2,607	7,471
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			And the second s	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?		2b	X
	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?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on		***	
	Schedule O.		1200	
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?		3a	
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		3b	
				990 (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990) 2021

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC.

Employer identification number 35-0975940

P	art I	Rea	son for Public Charit	Ctatus (All			35-09	75940
			at a private foundation because	y Status. (All organization	ns must	complete	this part.) See instruct	ions.
1		A church o	onvention of churches	use it is: (For lines 1 through 1	2, check or	nly one box.)	
2	H	A school de	ecribed in coefficient 4704.V4	ssociation of churches describe	ed in secti	on 170(b)(1)(A)(i).	
3	Н	A hospital o	or a connerative beauty)(A)(ii). (Attach Schedule E (F	orm 990).)			
4	Н	A medical r	occoreb esseriestic	vice organization described in	section 1	70(b)(1)(A)(i	ii).	
	ш	city and etc	esearch organization operate	ed in conjunction with a hospit	al describe	d in section	n 170(b)(1)(A)(iii). Enter the	hospital's name,
5		only, and old						
•		section 17	O(b)(4)(A)(iii) (O-mail in B)	of a college or university own	ed or opera	ated by a go	overnmental unit described in	
6		Section 17	v(b)(1)(A)(IV). (Complete Pa	rt II.)				
7	Н	An organiza	tion that normally receives	governmental unit described in	section	170(b)(1)(A)	(v).	
	ш	described in	section 170(b)(1)(A)(vi).	substantial part of its support	from a go	vernmental	unit or from the general publ	ic
8		A communit	v trust described in section	170(b)(1)(A)(vi). (Complete P	and III V			
9	П	An agricultu	ral research organization de	escribed in section 170(b)(1)(A	art II.)	And to cont		
		or university university:	or a non-land-grant college	of agriculture (see instructions). Enter the	name, city	nction with a land-grant colle , and state of the college or	ege
10	X		tion that normally receives (1) more than 33 1/3% of its su				
		receipts iron	activities related to its exel	mpt functions, subject to certai	n exception	e' and (2)	no more than 221/20/ of ite	OSS
		Support IIOII	gross investment income a	and unrelated business taxable	income (le	see eaction	511 tax) from hugingages	
		acquired by	the organization after June ,	30, 1975. See section 509(a)((Complete)	ete Part III.		
11	Н	An organizat	tion organized and operated	exclusively to test for public s	afety. See	section 50	9(a)(4).	
12		An organizat	ion organized and operated	exclusively for the benefit of, t	o perform t	the functions	s of, or to carry out the purpo	oses of
		one of more	publicly supported organiza	tions described in section 509	2(a)(1) or s	ection 509	2)/2) See section 500/2)/2)	Chook
	а	Type I. A	A supporting organization on	escribes the type of supporting	organizatio	n and com	olete lines 12e, 12f, and 12g	
	-	the supp	orted organization(s) the no	perated, supervised, or controllower to regularly appoint or elec	ed by its s	upported or	ganization(s), typically by giv	ing
	65	supportin	ng organization. You must o	complete Part IV, Sections A	and R	y or the aire	ectors or trustees of the	
	b	Type II.	A supporting organization su	upervised or controlled in conn	ection with	ite eunnort	ad organization(a) by baring	
		CONTROLO	management of the suppo	rting organization vested in the	same per	sons that c	ontrol or manage the suppor	l had
	,	organizai	ion(s). You must complete	Part IV, Sections A and C.				
	c [Type III	functionally integrated. A	supporting organization operate	ed in conn	ection with,	and functionally integrated w	vith,
	d [_ no ouppe	rica organization(s) (see in	structions). You must complet	te Part IV,	Sections A	, D, and E.	
	ս լ	that is no	non-runctionally integrated Th	d. A supporting organization of	perated in	connection	with its supported organization	on(s)
		requireme	ent (see instructions) You	e organization generally must must complete Part IV, Section	satisty a d	Stribution re	equirement and an attentiven	ess
	e	Check th	is box if the organization rec	ceived a written determination f	rom the IR	S that it is	Type I Type II Type III	
		iuncuona	ily integrated, or Type III no	on-functionally integrated suppl	orting orga	nization.	Type I, Type II, Type III	
	f	Enter the nur	mber of supported organizat	ions				31306 201629
Zeorgio	g	Provide the f	ollowing information about t	he supported organization(s).				
(i)		of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	orga	nization		(described on lines 1–10	40000	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)					res	No		
B)								
C)								
35								
D)								
26								
E)								
80								
late								

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

P	art II Support Schedule for O (Complete only if you ched Part III. If the organization	cked the box o	n line 5, 7, or 8	of Part I or if t	he organization	failed to q	A)(vi) ualify	under
Sec	tion A. Public Support	ialis to quality	under the test	s listed below,	please complet	e Fait III.)		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	-	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2011	(8) 2010	(6) 2010	(u) 2020	(6) 2021		(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							=
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		4					
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				The trade of the last		1979	
	tion B. Total Support						-	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
7	Amounts from line 4		1	- 1				
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)	.,,				12	
13	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourth	h, or fifth tax year	as a section 501(c)(3)		
	organization, check this box and stop here	e						▶ 「
Sec	tion C. Computation of Public Su	ipport Percen	itage					
14	Public support percentage for 2021 (line 6,	column (f) divide	d by line 11, colum	nn (f))			14	%
15	Public support percentage from 2020 Sche	edule A, Part II, lin	ie 14				15	%
16a	33 1/3% support test—2021. If the organi	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		_
	box and stop here. The organization quali	fies as a publicly	supported organiza	ation				▶ L
b	33 1/3% support test—2020. If the organi	ization did not che	ck a box on line 13	3 or 16a, and line	15 is 33 1/3% or m	ore, check		
	this box and stop here. The organization	qualifies as a pub	licly supported orga	anization				▶ L
17a	10%-facts-and-circumstances test—202	1. If the organizat	ion did not check a	box on line 13, 10	6a, or 16b, and line	14 is		
	10% or more, and if the organization meet							
	Part VI how the organization meets the fa organization							
b	10%-facts-and-circumstances test—202	O. If the organizat	ion did not check a	box on line 13, 1	6a, 16b, or 17a, ar	d line		
	15 is 10% or more, and if the organization in Part VI how the organization meets the			and the second	The second secon			
	organization							▶ [
18	Private foundation. If the organization dic instructions	I not check a box	on line 13, 16a, 16	ib, 17a, or 17b, ch	eck this box and so	ee		▶ [

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	10000	no tooto notou ,	olon, please s	ompioto i art iii)		
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				284,425	1,033,861	1,318,286
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1,249,508	1,322,278	2,571,786
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				1,533,933	2,356,139	3,890,072
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						3,890,072
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6				1,533,933	2,356,139	3,890,072
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.70			4,183	1,794	5,977
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		200				
С	Add lines 10a and 10b				4,183	1,794	5,977
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					59,884	59,884
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)				1 520 116	2 417 917	3,955,933
14	and 12.) First 5 years. If the Form 990 is for the organization.	ganization's first	second third fourt	h or fifth tay year	1,538,116	2,417,817	3,955,955
17	organization, check this box and stop here					50	▶ □
Sec	tion C. Computation of Public Su		tage			***************************************	
15	Public support percentage for 2021 (line 8,			mn (f))		15	98.34 %
16	Public support percentage from 2020 Sche						99.73%
_	tion D. Computation of Investmen	nt Income Pe	rcentage				
17	Investment income percentage for 2021 (lin			3, column (f))		17	%
	Investment income percentage from 2020 S					4.0	1%
19a	33 1/3% support tests—2021. If the organ			e 14, and line 15 is	more than 33 1/3%	, and line	F-2
	17 is not more than 33 1/3%, check this bo						> X
b	33 1/3% support tests—2020. If the organ	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more than	33 1/3%, and	₂₅
	line 18 is not more than 33 1/3%, check thi	s box and stop h	ere. The organiza	tion qualifies as a	publicly supported o	rganization	
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruction	ns	

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
3	4c		
	5a		
	Eh	ENIG	
	5b 5c		
	50		
	6		
	7		
- [8		
1	9a		
	9b		
	9с		
	40		-
-	10a		
	10b		
Sche	dule A	(Form 99	0) 2021

Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)	10		Page
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	realist of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	112	1	
04	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Secti	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
0000	on o. Type if Supporting Organizations			
1	Were a majority of the organization's diseases as tweeters as tweeters as tweeters		Yes	No
155	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).			
Secti	on D. All Type III Supporting Organizations	1		
	on Evylar Type in Supporting Organizations			The state of
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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).	2		
3	By reason of the relationship described on 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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ructions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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			
1000	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
pare.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1944	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

100000000000000000000000000000000000000	ule A (Form 990) 2021 FORT WAYNE SOCIETY OF ST. V	INCE	NT 35-0975	940 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	janizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 19	970 (explain in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organizations must	st comple	ete Sections A through E	
Sec	tion A - Adjusted Net Income	(3	(A) Prior Year	(B) Current Year
_	N. J. C.		(A) Thor Tear	(optional)
1	Supra	1		
2	and an analysis of the second	2		
3	g. to morning (each morning)	3		
4	and the state of t	4		
5		5		
6	The state of the s		The state of the s	
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
6	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated		supporting organization	
351	(see instructions).	. , po	Suppositing organization	

Schedule A (Form 990) 2021 FORT WAYNE SOCIETY OF ST. VINCENT 35-0975940 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Amount for 2021 Pre-2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 **c** From 2018 d From 2019. e From 2020 . f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021 .

Schedule A (Form 990) 2021

Schedule A (Fo		FORT	WAYNE	SOCIETY	OF ST.	VINCENT	35-0975940	Page 8
Part VI	B, lines 1 and 2	t IV, Section A, 2; Part IV, Secti rt V, line 1; Part	lines 1, 2, on C, line t V, Sectio	, 3b, 3c, 4b, 1; Part IV, 3 on B, line 1e;	4c, 5a, 6, 9 Section D, li Part V. Se	etion D. lines 5.	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines 6, and 8; and Part V, nstructions.)	17b; Part Section
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC. 35-0975940 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ______ Yes No 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. 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. b 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 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2021 FORT WAY	NE SOCIETY	OF	ST.	VINC	ENT	35-09759	940		Page 2
Pa	art III Organizations Maintaining	q Collections of	Art. I	Histori	ical Trea	asures	or Other Sim	ilar Acco	s (continue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	s, check	k any o	f the follow	ving that r	make significant u	se of its	is (continue	uj
а	Public exhibition	dП	l oon o	r ovebe						
b					inge progra					
c		e 🗀	Other .							
4		collections and suntain	L 41							
ARTIC .	Provide a description of the organization's o XIII.	collections and explain	now ti	ney turti	ner the or	ganization	's exempt purpose	e in Part		
5	During the year, did the organization solicit	or receive donations	of art h	nietorica	l treasures	or other	olmilor			
	assets to be sold to raise funds rather than	to be maintained as i	part of	the orga	anization's	collection	?		Yes	No
Pa	art IV Escrow and Custodial Ai	rangements.								NO
	Complete if the organization 990, Part X, line 21.	n answered "Yes"	on F	orm 99	90, Part	IV, line	9, or reported	an amoun	t on Form	
1a	Is the organization an agent, trustee, custoo	lian or other intermed	iary for	contribu	utions or o	other acco	te not			
	included on Form 990, Part X? If "Yes." explain the arrangement in Part XII		,	oon and	audilo di c	Julio1 0330	to not		Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table:					L les	☐ NO
			9	table:					Amount	
С	Beginning balance							10	Amount	
d	Additions during the year							1c		
е	Distributions during the year				• • • • • • • • • • • • • • • • • • • •			1d		
f	Ending balance							1e		
2a	Ending balance	orm 990 Part Y line	21 for					1f		
b	If "Yes," explain the arrangement in Part XIII	Check here if the ox	olonati	on has	boon prov	idad ac D	nt liability?		Yes	No
Pa	ert V Endowment Funds.	. Official field if the ex	planau	on nas	been prov	idea on P	art XIII			
	Complete if the organization	answered "Ves"	on Fo	orm QC	n Part	IV line	10			
	- In the organization	(a) Current year) Prior yea		(c) Two yes		had	(1) =	
1a	Beginning of year balance	(a) curent your	- (0) Filor yea	ai	(c) Two yes	ars back (d) II	ree years back	(e) Four yea	rs back
b	Contributions				-					
_	Net investment earnings, gains, and					4				
4	Grants or coholombine									
	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
1	Administrative expenses									
g	End of year balance		-							
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, colun	nn (a)) he	ld as:				
a	Board designated or quasi-endowment	%								
	Permanent endowment ▶ %									
C	Term endowment ▶ %									
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	tion tha	t are he	eld and ad	ministered	for the		_	
	organization by:								Yes	No No
	(i) Unrelated organizations								3a(i)	
	(ii) Neidled Organizations								3a(ii)	
b	in res on line sa(ii), are the related organiz	ations listed as requir	ea on s	scneaul	e R?				3b	
	Describe in Part XIII the intended uses of the	e organization's endo	wment	funds.	10000000					- 10
Pa	rt VI Land, Buildings, and Equ									
_	Complete if the organization	answered "Yes"	on Fo	rm 99	0, Part I	V, line 1	1a. See Form	990, Part	X, line 10.	
	Description of property	(a) Cost or other ba	asis	(b)	Cost or other	basis	(c) Accumulate	ed	(d) Book value	
Y8/5		(investment)			(other)		depreciation			
1a	Land					,167				,167
b	Buildings				1,024	,649	405	,295	619	354
C	Leasehold improvements									
d	Equipment							,716		716
е	Other						360	,668	-360	
otal.	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X colu	mn (B).	line 10c.)				302	137

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

1100	edule D (Form 990) 2021 FORT WAYNE SOCIETY OF ST.		35-09759		Page 4
Pa	Reconciliation of Revenue per Audited Financial Stat			Return.	
1	Complete if the organization answered "Yes" on Form 99 Total revenue, gains, and other support per audited financial statements			1	2,418,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,410,017
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			. 2e	0 410 017
3	Subtract line 2e from line 1			. 3	2,418,817
	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b	40		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,418,817
Pa	art XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses pe		
0.00	Complete if the organization answered "Yes" on Form 99	0, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			. 1	1,575,765
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 2 1			
a	Donated services and use of facilities	2a 2b			
c	Prior year adjustments Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,575,765
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b					
	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b				1 575 765
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				1,575,765
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.			. 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	art IV, lines 1b and	l 2b; Part V, line 4	. 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and	I 2b; Part V, line 4	; Part X, line	Э
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	I 2b; Part V, line 4	; Part X, line	Э
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	Э
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b and	1 2b; Part V, line 4 Il information.	; Part X, line	9

Schedule D Part XIII	(Form 990) 2021 Supplemen	FORT WAY! tal Information	NE SOCIETY	OF ST.	VINCENT	35-0975940	Page 5
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization FORT WAYNE SOCIETY DE PAUL INC.	OF ST.	VINCEN'	r	Employer identificat 35-09759	
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required			ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through	any of the following	ng activities.	Check all that apply.		
a Mail solicitations	e Solicitation	n of non-gov	ernment grants		
b Internet and email solicitations		n of governm	SAN SILUNG SOMEONE SERVICES		
c Phone solicitations		indraising ev	- 12-2		
	g Special it	inuraising ev	ents		
d In-person solicitations		l ('ll'	Constant to the	_	
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individual y in connection wit	th profession	al fundraising services?	35,	Yes X No
b If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.		ant to agreer			-
and the second s		(iii) Did fund- raiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
* A. S. 1000-2		contributions?		col. (i)	
		Yes No			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					
3 List all states in which the organization is registered or registration or licensing.	r licensed to solicit	contributions	s or has been notified it	t is exempt from	
C3.144.140.1411.1411.1411.1411.1411.1411.					

	Fart II Fundraising Ev	FORT WAYNE SOCIETY vents. Complete if the organ	nization answered "Vec" on	Form 000 Dort IV line	Page 2
	αιαίτ φτο,000 οι	fundraising event contributions	ons and gross income on F	Form 990-EZ, lines 1 and	d 6b. List events with
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Revenue		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Rev					
_	2 Less: Contributions 3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
seuses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Δį	8 Entertainment				
	9 Other direct expenses				
	11 Net income summary. Sub	Add lines 4 through 9 in column (d	i)		
P	art in Gaming. Comp	lete if the organization answ	vered "Yes" on Form 990, F	Part IV, line 19, or reporte	ed more than
ē	\$15,000 on For	m 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue		(e) Dingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Direct Exp	3 Noncash prizes				
Ö	4 Rent/facility costs				
	5 Other direct expenses 6 Volunteer labor	Yes %	Yes %	Yes %	
		Add lines 2 through 5 in column (d)			
		ary. Subtract line 7 from line 1, colu			7
a	is the organization licensed to t	organization conducts gaming acticonduct gaming activities in each of	of these states?		Yes No
0a b	Were any of the organization's If "Yes," explain:	gaming licenses revoked, suspend	ded, or terminated during the tax	year?	Yes No

Sche	edule G (Form 990) 2021 FORT WAYNE SOCIETY OF ST. VINCENT 35-0975940	Page 3
11		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address •	
15a		☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	<u> </u>
C	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	*******
	Gaming manager compensation ▶ \$	*
	Description of services provided ▶	*******
	Director/officer Employee Independent contractor	
47	Mandalan, distributions	
а	untain the state service Research	☐ Yes ☐ No
	***************************************	🗀 1es 🗀 110
D		
-	spent in the organization's own exempt activities during the tax year > \$	and (v): and
11 Does the organization conduct gaming activities with nonmembers? Is to the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administratic charitatiole gaming? Israeliated the percentage of gaming activity conducted in: Isae I		ormation.
10,000		
5000000		

	Sc	hedule G (Form 990) 2021

SCHEDULE O (Form 990)

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.

2021 Attach to Form 990 or Form 990-EZ. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

DONATIONS.

► Go to www.irs.gov/Form990 for the latest information. FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC

Employer identification number 35-0975940

OMB No. 1545-0047

Inspection

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

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 KEY PEOPLE AT THE ORGANIZATION PERFORM A REVIEW OF TEH 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 \$59,354 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 IN THE OFFICES OF THE ORGANIZATION AFTER REASONABLE ADVANCE NOTICE HAS BEEN THE FORM 990 IS AVAILABLE THROUGH THE IRS AND IS EVENTUALLY PUBLISHED ONLINE BY NOT-FOR-PROFIT WATCHDOG ORGANIZATIONS.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

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

FORT WAYNE SOCIETY OF ST. VINCENT

Identifying number 35-0975940

DE PAUL INC. Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,050,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,620,000 3 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) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 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 2022. 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.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 43,093 Other depreciation (including ACRS). 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 17 1,422 17 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 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method (g) Depreciation deduction placed in (e) Convention period only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. MM Residential rental 27.5 yrs. S/L property MM 27.5 yrs. S/L 04/27/22 34 2,890 Nonresidential real 39 yrs. MM property 530 01/14/22 29,186 39.0 MM Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. SI 30-year MM S/L C 30 yrs. MM d 40-year S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 45,079 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

FYE: 9/30/2022

F055 Fort Wayne Society of St. Vincent 35-0975940 Federal Asset Report Form 990, Page 1

Asse	t Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Non- 121 122	Residential Real Property: Workshop Electrical UPGr Bathroom Remodel	4/27/22 1/14/22 _	2,890 29,186 32,076		2,890 29,186 32,076	39 MM S/L	0 0	34 530 564
114	LED LIGHTS LED LIGHTS	2/27/20 4/13/20 2/27/20 7/23/20 9/30/20 3/03/21 3/03/21	2,500 500 375 1,142 856 1,800 37 7,210	X X X X X X	2,333 467 350 685 514 1,800 33 6,182	15 HY S/L 15 HY S/L 5 HY 200DB 5 HY 200DB 5 HY 200DB	167 33 25 457 342 0 4 1,028	155 31 23 274 206 720 13
1 2 4 4 7 7 8 9 10 11 12 13 14 18 19 20 21 22 23 24 25 26 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 52 56 57 58 59 60	LAND LAND TRUCK STORE EQUIPMENT STORE EQUIPMENT 2 STORE FURNITURE ELEVATOR ELEVATOR ELEVATOR 2 NEW ADDITIONS 2013 TELEPHONE SYS R&C FENCE BLDG NEW ADDITION ORIGINAL BUILDING ORIGINAL BUILDING ORIGINAL BUILDING ORIGINAL BUILDING SIGNAL BUILDING ORIGINAL BUILDING ORIGINAL BUILDING ORIGINAL BUILDING WAREHOUSE 2013 ADDITIONS HVAC 3 UNITS HVAC 3 UNITS SIGN SNOW BLOWER Lights - Garage, W/H Computer Store inventory racks Security system Electronic Sign Safe Display cases 6 Spinning cases 3 Glass cases 2 Record racks 2 Cube units 1 Rolling unt 4 Gray cubes 3 Record Racks 1 Glass Tower 2 Book cases Wood/Glass display 3 Record Racks 0ak Display Case 2 Display Case 10 Wire/Canvas Carts 1 Display Case Truck 2013 GMC 2 1-Pads @ 1,079.99 Website Undercoat 2013 GMC Truck Wrap Sign 2004 Chevy Replacement Engine Pop Machine 3 Folding Dump Tables	5/01/46 9/01/01 6/15/03 2/04/09 2/04/09 2/04/09 6/15/05 6/15/05 6/15/06 3/15/12 5/01/13 5/22/13 9/15/01 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 1/01/13 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/15 5/12/15 5/12/15 5/12/15 5/12/15 5/12/15 5/12/15 5/15/15 5/15/15 5/15/15 5/18/15 5/1	13,167 47,000 16,716 4,724 10,717 21,942 39,572 35,500 655 4,205 5,750 169,500 205,751 15,630 59,808 539 20,000 40,145 21,768 1,919 7,181 525 700 3,000 7,257 980 600 570 450 220 75 100 250 75 200 100 50 150 500 475 990 550 20,136 2,160 2,747 710 1,510 5,010 505 420		59,808 539 20,000 40,145 21,768 1,919 7,181 525 700 3,000 7,257	10 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 6 MO S/L 40 MO S/L 25 MO S/L 25 MO S/L	0 0 16,716 4,724 10,717 21,942 39,572 35,500 655 4,205 5,750 101,007 205,751 15,630 59,808 115 5,242 10,187 15,032 1,919 4,069 525 700 2,050 4,898 662 600 570 450 220 75 100 250 100 100 150 150 150 150 150 150 150 1	0 0 0 0 0 0 0 0 0 0 0 0 5,136 0 0 0 1,606 2,177 0 718 0 0 0 0 0 726 98 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

F055 Fort Wayne Society of St. Vincent 35-0975940 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
62	Chairs, Stools, Carts	11/11/15	1,260			1,260	5	MO S/L	1,260	0
63	2 Display Cases	12/06/15	585			585	5	MO S/L	585	0
64	Credit Card Reader	12/15/15	380			380	5	MO S/L	380	0
65	Wood Shop Air Filter	12/17/15	345			345	5	MO S/L	345	Õ
66	Cash Register	12/23/15	289			289	5	MO S/L	289	0
67	21 Glass Tables	12/29/15	2,110			2,110	5	MO S/L	2,110	0
68	Lockers	1/04/16	350			350	5	MO S/L	350	0
69	Warehouse Thermostat	1/14/16	224			224	5	MO S/L	224	0
70	Lumber of Shelving	1/29/16	403			403	5	MO S/L	403	0
71	Gas Heater for Warehouse	2/01/16	2,403			2,403	5	MO S/L	2,403	0
72	Cash Register	3/07/16	307			307	5	MO S/L	307	0
73	48H-60L Racks	8/30/16	303			303	5	MO S/L	303	0
74	Display Shelving	9/26/16	816			816	5		816	0
76	Warehouse Lights	10/16/15	1,870			1,870	10	MO S/L	1,106	187
77	Building Lights	10/30/15	1,597			1,597		MO S/L	945	160
78	Shelves Building	11/30/15	278			278		MO S/L	162	28
79	Shelves Building	12/14/15	326			326		MO S/L	190	33
80	Shelves Building	1/04/16	407			407	10		234	41
81	Shelves Building	2/23/16	535			535		MO S/L	299	53
82	Office LED lights	4/13/16	1,717			1,717		MO S/L	944	172
83	Ladder to Roof Hatch	4/21/16	1,433			1,433	70.77	MO S/L	388	72
84	Roof 2016	8/11/16	60,720			60,720		MO S/L	15,433	3,036
85	HVAC Replace Blower	8/29/16	734			734		MO S/L	373	74
86	HVAC Modify Supply	8/29/16	939			939		MO S/L	477	94
87	HVAC Exhaust Fans	8/29/16	2,018			2,018		MO S/L	1,026	201
88	Moved Gas Supply	9/26/16	1,724			1,724		MO S/L	862	172
89	Relocate Furnace Flues	9/26/16	725			725		MO S/L	363	72
90	Reset 4 Rooftop HVACs	9/23/16	1,570			1,570		MO S/L	785	157
91	Re-Install Electric to Roof	9/26/16	2,004			2,004		MO S/L	1,002	200
92	Security Camera System	9/30/16	4,750			4,750	2 97985.5	MO S/L	4,750	0
93		5/04/17				1,390		MO S/L	1,228	162
94	Intercom to Warehouse and Garage		1,390 496			496		MO S/L	414	82
95	Woodshop Air Compressor	8/06/17				41,504		MO S/L	10,030	2,075
96	Roof 2016 2nd Payment	12/01/16	41,504			535		MO S/L	250	53
97	Grand St Bldg 3 LED Flood Lights	2/02/17	535			515		MO S/L	223	52
0.72333	Warehouse Electric Outlets	6/05/17	515						1,375	125
98	Website	3/06/17	1,500			1,500		MO S/L		258
102	Warehouse Woodshop Exhaust Fan	10/18/17	2,587			2,587		MO S/L	1,035	335
103	Warehouse 3 ceiling fans & outlts	10/24/17	3,348			3,348			1,339	
104	Warehouse 100 amp Elect Panel	10/24/17	648			648		MO S/L	259	65
105	Store Dressing Rms & Mary Alcove	12/01/17	1,798			1,798		MO S/L	674	180
106	Building Facade Phase 1	3/01/18	303,923			303,923		MO S/L	36,302	10,131
107	Fork Lift - So. Bend SVDP	1/24/18	2,878			2,878		MO S/L	2,159	575
108	Bailer - So. Bend SVDP	1/24/18	3,506			3,506		MO S/L	1,315 16,823	350 4,486
109	Care Van 2012 Ford E-350	12/30/17	22,430			22,430		MO S/L		
110	L-A Electrical Lighting	12/28/18	10,805			10,805	7		949	345
111	Jack Laurie Commercial Flooring	2/06/19	21,562			21,562		MO S/L MO S/L	8,214 1,481	3,080 684
112	Flooring bldg mnt fund	8/08/19	4,785			4,785				3,729
113	Care Van DC	9/30/19	26,106			26,106	. /	MO S/L	7,459	
	Total Other Depreciation		1,336,642			1,336,642			736,572	43,093
	Total ACRS and Other Depr	reciation	1,336,642			1,336,642			736,572	43,093
	Grand Totals		1,375,928			1,374,900			737,600	45,079
	Less: Dispositions and Trans	fers	0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		1,375,928			1,374,900			737,600	45,079
									1	

FYE: 9/30/2022

F055 Fort Wayne Society of St. Vincent
IN Asset Report Form 990, Page 1

Asse	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN		
Non-	Non-Residential Real Property:									
121	Workshop Electrical UPGr	4/27/22	2,890	2,890	0	34	34	0		
122	Bathroom Remodel	1/14/22	29,186	29,186	0	530	530	ŏ		
		_	32,076	32,076	0	564	564	0		
Drio	MACDS.									
114		2/27/20	2,500	2,500	250	225	155	-70		
115 116		4/13/20	500	500	50	45	31	-70 -14		
117	HYDRAULIC LINES ON FORK TRUCK	2/27/20 7/23/20	375 1,142	375 1,142	38 457	33 274	23 274	-10 0		
118 119	LIFT HOSE ON FORK TRUCK	9/30/20 3/03/21	856	856	342	206	206	0		
120	20a Eaton SP Breaker	3/03/21	1,800 37	1,800 37	0 4	720 13	720 13	0		
			7,210	7,210	1,141	1,516	1,422	-94		
Other	r Depreciation: LAND	5/01/46	12 167	12.167	0			120		
2	LAND	9/01/01	13,167 47,000	13,167 47,000	0	0	0	0		
4 7	TRUCK STORE EQUIPMENT	6/15/03 2/04/09	16,716 4,724	16,716	16,716	0	0	0		
8	STORE EQUIPMENT 2	2/04/09	10,717	4,724 10,717	4,724 10,717	0	0	0		
9 10		2/04/09 6/15/05	21,942 39,572	21,942	21,942	0	0	0		
11	ELEVATOR 2	6/15/06	35,500	39,572 35,500	39,572 35,500	0	0	0		
12 13	NEW ADDITIONS 2013 TELEPHONE SYS	3/15/12 5/01/13	655	655	655	0	0	0		
14	R&C FENCE	5/22/13	4,205 5,750	4,205 5,750	4,205 5,750	0	0	0		
18 19	BLDG NEW ADDITION ORIGINAL BUILDING	9/15/01 5/01/46	169,500	169,500	103,155	5,137	5,136	-1		
20	ORIGINAL BUILDING IMP	5/01/46	205,751 15,630	205,751 15,630	205,751 15,630	0	0	0		
21 22	WAREHOUSE 2013 ADDITIONS	5/01/46 3/30/13	59,808 539	59,808 539	59,808	0	0	0		
23	HVAC 3 UNITS	9/11/13	20,000	20,000	115 6,467	13 800	13 800	0		
24 25	HVAC 3 UNITS SIGN	1/10/14 8/15/14	40,145 21,768	40,145 21,768	12,445 15,600	1,606	1,606	0		
26	SNOW BLOWER	1/10/14	1,919	1,919	1,919	2,177 0	2,177 0	0		
28 29	Lights - Garage, W/H Computer	6/19/15 10/02/14	7,181 525	7,181 525	4,488 525	718	718	0		
30	Store inventory racks	10/07/14	700	700	700	0	0	0		
31 32	Security system Electronic Sign	12/03/14 12/22/14	3,000 7,257	3,000 7,257	2,050 4,898	300 726	300 726	0		
33 34	Safe	1/28/15	980	980	653	98	98	0		
	Display cases 6 Spinning cases	4/22/15 5/12/15	600 570	600 570	600 570	0	0	0		
36 37	3 Glass cases 2 Record racks	5/12/15	450	450	450	0	0	0		
38	2 Cube units	5/12/15 5/18/15	220 75	220 75	220 75	0	0	0		
39 40	1 Rolling unt	5/15/15	100	100	100	0	0	0		
41	4 Gray cubes 3 Record Racks	5/15/15 5/18/15	250 75	250 75	250 75	0	0	0		
42 43	1 Glass Tower 2 Book cases	5/18/15	200	200	200	0	0	0		
44	Wood/Glass display	5/18/15 5/19/15	100 50	100 50	100 50	0	0	0		
45 46	3 Record Racks Oak Display Case	8/17/15	150	150	150	0	0	0		
47	2 Display Cases	8/17/15 8/20/15	500 475	500 475	500 475	0	0	0		
48 49	10 Wire/Canvas Carts 1 Display Case	7/24/15	990	990	990	0	0	0		
50	Truck 2013 GMC	7/29/15 3/19/15	550 20,136	550 20,136	550 20,136	0	0	0		
52 56	2 I-Pads @ 1,079.99 Website	12/30/15	2,160	2,160	2,160	0	0	0		
57	- <u>202</u> 0000000000000000000000000000000000	12/11/13 10/26/15	2,747 710	2,747 710	2,747 710	0	0	0		
58 59	Truck Wrap Sign 2004 Chevy	11/27/15	1,510	1,510	1,510	0	0	0		
60	Replacement Engine Pop Machine	1/14/16 11/03/15	5,010 505	5,010 505	5,010 505	0	0	0		
61		11/09/15	420	420	420	0	Õ	ő		

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Date **Basis** IN Federal Difference Asset Description for Depr In Service Cost Prior Current Current Fed - IN Chairs, Stools, Carts 11/11/15 1,260 1,260 1,260 63 2 Display Cases 12/06/15 585 585 585 0 0 0 380 Credit Card Reader 12/15/15 380 380 0 0 0 Wood Shop Air Filter 12/17/15 345 345 345 0 0 Cash Register 66 12/23/15 289 289 289 0 0 0 67 21 Glass Tables 12/29/15 2,110 2,110 2,110 0 0 0 68 Lockers 1/04/16 350 0 350 350 0 Warehouse Thermostat 1/14/16 224 224 224 0 0 0 70 Lumber of Shelving 1/29/16 403 403 403 0 0 0 Gas Heater for Warehouse 2/01/16 2,403 2,403 2,403 0 0 0 72 Cash Register 3/07/16 307 307 307 0 0 0 73 48H-60L Racks 8/30/16 303 303 303 0 0 0 74 Display Shelving 9/26/16 816 816 816 0 0 0 Warehouse Lights 10/16/15 1,870 1,870 187 187 1,106 0 Building Lights Shelves Building 77 10/30/15 1,597 1,597 945 160 160 0 78 11/30/15 278 278 162 28 28 0 79 Shelves Building 12/14/15 326 33 326 190 33 0 Shelves Building 1/04/16 407 407 234 41 41 0 Shelves Building 81 2/23/16 535 535 299 53 53 0 1,717 Office LED lights 4/13/16 1.717 944 172 172 0 83 Ladder to Roof Hatch 4/21/16 1,433 388 1,433 72 72 0 84 Roof 2016 8/11/16 60,720 60,720 15,686 3,036 3,036 0 HVAC Replace Blower HVAC Modify Supply HVAC Exhaust Fans 85 8/29/16 734 734 373 74 74 0 86 8/29/16 939 939 94 94 477 0 8/29/16 2,018 2,018 1,026 201 201 0 88 Moved Gas Supply 9/26/16 1,724 1,724 862 172 172 0 89 Relocate Furnace Flues 9/26/16 725 725 0 363 72 72 Reset 4 Rooftop HVACs 1,570 9/23/16 1,570 785 157 157 0 91 Re-Install Electric to Roof 9/26/16 2,004 2,004 1,002 200 200 0 92 Security Camera System 9/30/16 4,750 4,750 4,750 0 0 0 Intercom to Warehouse and Garage 5/04/17 1,390 1,390 1,228 162 162 0 94 Woodshop Air Compressor 8/06/17 496 496 414 0 95 Roof 2016 2nd Payment 12/01/16 41,504 41,504 10,030 0 2,075 2,075 Grand St Bldg 3 LED Flood Lights 53 52 2/02/17 250 53 52 535 535 0 Warehouse Electric Outlets 223 515 6/05/17 515 0 Website 98 3/06/17 1,500 1,500 1,375 125 125 0 102 Warehouse Woodshop Exhaust Fan 10/18/17 2,587 2,587 1,013 259 258 -1 103 Warehouse 3 ceiling fans & outlts 10/24/17 3,348 3,348 335 0 1,311 335 Warehouse 100 amp Elect Panel 104 10/24/17 648 648 254 65 65 0 105 Store Dressing Rms & Mary Alcove 12/01/17 1,798 1,798 689 180 0 180 Building Facade Phase 1 Fork Lift - So. Bend SVDP 106 303,923 303,923 36,302 10,131 0 3/01/18 10,131 107 1/24/18 2,878 2,878 2,111 575 575 0 108 Bailer - So. Bend SVDP 1/24/18 3,506 3,506 1,286 0 350 350 109 Care Van 2012 Ford E-350 4,486 0 12/30/17 22,430 22,430 16,823 4,486 L-A Electrical Lighting 110 10,805 12/28/18 10.805 949 0 345 345 Jack Laurie Commercial Flooring 111 2/06/19 21,562 21,562 8,214 3,080 3,080 0 112 Flooring bldg mnt fund 8/08/19 4,785 4,785 0 1,481 684 684 113 Care Van DC 9/30/19 26,106 26,106 7,459 3,729 3,729 0 **Total Other Depreciation** 1,336,642 1,336,642 743,317 43,095 43,093 -2 Total ACRS and Other Depreciation 1,336,642 1,336,642 743,317 43,095 43,093 -2 **Grand Totals** 45,079 -96 1.375,928 1,375,928 744,458 45,175 Less: Dispositions 0 Less: Start-up/Org Expense 0 1,375,928 45,175 -96 **Net Grand Totals** 1,375,928 744,458 45,079

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AMT Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Non-Residential Real Property: 121 Workshop Electrical UPGr 122 Bathroom Remodel	4/27/22 1/14/22	2,890 29,186 32,076		2,890 29,186 32,076	39 MM S/L 39 MM S/L	0 0	34 530 564
Prior MACRS: 52 2 I-Pads @ 1,079.99 57 Undercoat 2013 GMC 58 Truck Wrap Sign 2004 Chevy 59 Replacement Engine 114 LED LIGHTS 115 LED LIGHTS 116 LED LIGHTS 117 HYDRAULIC LINES ON FORK TRUCK 118 LIFT HOSE ON FORK TRUCK 119 LIFT GATE for '04 Box Truck 120 20a Eaton SP Breaker	12/30/15 10/26/15 11/27/15 1/14/16 2/27/20 4/13/20 2/27/20 7/23/20 9/30/20 3/03/21	2,160 710 1,510 5,010 2,500 375 1,142 856 1,800 37	X X X X X X X X X	1,080 355 755 2,505 0 0 0 0 1,800 33 6,528	15 HY S/L 15 HY S/L 5 HY 200DB	2,160 710 1,510 5,010 2,500 500 375 1,142 856 0 4 14,767	0 0 0 0 0 0 0 0 0 720 13
Other Depreciation: 1 LAND 2 LAND 4 TRUCK 7 STORE EQUIPMENT 8 STORE EQUIPMENT 2 9 STORE FURNITURE 10 ELEVATOR 11 ELEVATOR 2 12 NEW ADDITIONS 13 2013 TELEPHONE SYS 14 R&C FENCE 18 BLDG NEW ADDITION 19 ORIGINAL BUILDING 20 ORIGINAL BUILDING IMP 21 WAREHOUSE 22 2013 ADDITIONS 23 HVAC 3 UNITS 24 HVAC 3 UNITS 25 SIGN 26 SNOW BLOWER 28 Lights - Garage, W/H 29 Computer 30 Store inventory racks 31 Security system 32 Electronic Sign 33 Safe 34 Display cases 35 6 Spinning cases 36 3 Glass cases 37 2 Record racks 38 2 Cube units 39 1 Rolling unt 40 4 Gray cubes 41 3 Record Racks 42 1 Glass Tower 43 2 Book cases 44 Wood/Glass display 45 3 Record Racks 46 Oak Display Case 47 2 Display Case 48 10 Wire/Canvas Carts 49 1 Display Case 50 Truck 2013 GMC 56 Website 60 Pop Machine 61 3 Folding Dump Tables	5/01/46 9/01/01 6/15/03 2/04/09 2/04/09 2/04/09 6/15/05 6/15/06 3/15/12 5/01/13 5/22/13 9/15/01 5/01/46 5/10/15 10/02/14 10/02/14 10/02/14 10/03/14 12/22/15 5/12/15 5/12/15 5/12/15 5/12/15 5/15/15 5/18/15	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 HY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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AMT Asset Report Form 990, Page 1

FYE: 9	/30/2022
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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
62	Chairs, Stools, Carts	11/11/15	0		0	0		0	0
63	2 Display Cases	12/06/15	0			ŏ		ő	ŏ
64	Credit Card Reader	12/15/15	0			0		Ö	0
65	Wood Shop Air Filter	12/17/15	0			0		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	0
70	Lumber of Shelving	1/29/16	0			. 0		0	0
71 72	Gas Heater for Warehouse	2/01/16	0			0	3 NASA 1000000	0	0
73	Cash Register 48H-60L Racks	3/07/16	0			0		0	0
74	Display Shelving	8/30/16 9/26/16	0			0		0	0
76	Warehouse Lights	10/16/15	0			0		0	0
77	Building Lights	10/30/15	0			0		0	0
78	Shelves Building	11/30/15	0			0		0	0
79	Shelves Building	12/14/15	ő			0		0	0
80	Shelves Building	1/04/16	ő			0		0	0
81	Shelves Building	2/23/16	ő			0		0	0
82	Office LED lights	4/13/16	Ö			ő		ő	ő
83	Ladder to Roof Hatch	4/21/16	0			ŏ		ő	ŏ
84	Roof 2016	8/11/16	0			0	40 MO S/L	Ö	0
	HVAC Replace Blower	8/29/16	0			0	S. CALLES THE THEORY CONTRACTOR	0	0
	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	S 829 77 THE	0	0
90	Reset 4 Rooftop HVACs	9/23/16	0			0		0	0
91 92	Re-Install Electric to Roof	9/26/16	0			0		0	0
93	Security Camera System	9/30/16	0			0		0	0
	Intercom to Warehouse and Garage Woodshop Air Compressor	5/04/17	0			0		0	0
95	Roof 2016 2nd Payment	8/06/17 12/01/16	0			0		0	0
96	Grand St Bldg 3 LED Flood Lights	2/02/17	0			0	0 HY 0 HY	0	0
97	Warehouse Electric Outlets	6/05/17	0			0		0	0
98	Website	3/06/17	0			0		0	0
102	Warehouse Woodshop Exhaust Fan	10/18/17	Ŏ			ŏ		ŏ	ő
103	Warehouse 3 ceiling fans & outlts	10/24/17	Ö			ŏ		ő	ő
104	Warehouse 100 amp Elect Panel	10/24/17	0			0		Ö	0
105	Store Dressing Rms & Mary Alcove	12/01/17	0			0		0	0
106	Building Facade Phase 1	3/01/18	0			0		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
	L-A Electrical Lighting	12/28/18	10,805			10,805	7 MO S/L	949	345
111	Jack Laurie Commercial Flooring	2/06/19	21,562			21,562	7 MO S/L	8,214	3,080
112	Flooring bldg mnt fund	8/08/19	4,785			4,785	7 MO S/L	1,481	684
113	Care Van DC	9/30/19	26,106		_	26,106	7 MO S/L	7,459	3,729
	Total Other Depreciation	_	73,186		-	73,186		25,398	8,556
	Total ACRS and Other Depreciation		73,186			73,186		25,398	8,556
	Grand Totals Less: Dispositions and Trans	sfers	121,862 0			111,790 0		40,165 0	9,853 0
	Net Grand Totals		121,862		-	111,790		40,165	9,853
		-	,		-	-,	:		-,

F055 Fort Wayne Society of St. Vincent
35-0975940 Bonus Depreciation Report

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FYE: 9/30/2022

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					
115	LED LIGHTS				0	0	167	2,333
		4/13/20	500		0	0	33	467
		2/27/20	375		0	0	25	350
117	HYDRAULIC LINES ON FORK TRUCK	7/23/20	1,142		ň	0	455	
118	LIFT HOSE ON FORK TRUCK	9/30/20			0	U	457	685
119	LIFT GATE for '04 Box Truck		856		0	0	342	514
120	20° E-to CD D	3/03/21	1,800		0	0	0	
120	20a Eaton SP Breaker	3/03/21	37		0	ő	4	1,800

Grand Total 7,210 1,028 6,182

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F055 Fort Wayne Society of St. Vincent 35-0975940 Depreciation Adjustment Report

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FYE: 9/30/2022 **All Business Activities**

Form Unit Asset MACRS Adjustments:	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1 1 114 Page 1 1 115 Page 1 1 116 Page 1 1 117 Page 1 1 118 Page 1 1 119 Page 1 1 120 Page 1 1 121 Page 1 1 122	LED LIGHTS LED LIGHTS LED LIGHTS HYDRAULIC LINES ON FORK TRUCK LIFT HOSE ON FORK TRUCK LIFT GATE for '04 Box Truck 20a Eaton SP Breaker Workshop Electrical UPGr Bathroom Remodel	155 31 23 274 206 720 13 34 530	0 0 0 0 720 13 34 530	155 31 23 274 206 0 0 0

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Asset	Description	Date In Service	Cost	Tax	AMT	
Prior N	MACRS:					
114 115 116 117 118 119 120 121 122	LED LIGHTS LED LIGHTS LED LIGHTS LED LIGHTS HYDRAULIC LINES ON FORK TRUCK LIFT HOSE ON FORK TRUCK LIFT GATE for '04 Box Truck 20a Eaton SP Breaker Workshop Electrical UPGr Bathroom Remodel	2/27/20 4/13/20 2/27/20 7/23/20 9/30/20 3/03/21 3/03/21 4/27/22 1/14/22	2,500 500 375 1,142 856 1,800 37 2,890 29,186 39,286	145 29 22 164 123 432 8 74 748	0 0 0 0 0 432 8 74 748 1,262	
Other	Depreciation:					
1 2 4 7 8 9 10 11 12 13 14 18 19 20 21 22 3 24 25 26 28 29 30 31 32 23 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 52 56 57 58 59 60 61 62 63	LAND LAND TRUCK STORE EQUIPMENT STORE EQUIPMENT STORE FURNITURE ELEVATOR ELEVATOR ELEVATOR 2 NEW ADDITIONS 2013 TELEPHONE SYS R&C FENCE BLDG NEW ADDITION ORIGINAL BUILDING ORIGINAL BUILDING ORIGINAL BUILDING IMP WAREHOUSE 2013 ADDITIONS HVAC 3 UNITS HVAC 3 UNITS SIGN SNOW BLOWER Lights - Garage, W/H Computer Store inventory racks Security system Electronic Sign Safe Display cases 6 Spinning cases 3 Glass cases 2 Record racks 2 Cube units 1 Rolling unt 4 Gray cubes 3 Record Racks 1 Glass Tower 2 Book cases Wood/Glass display 3 Record Racks Oak Display Case 10 Wire/Canvas Carts 1 Display Case 10 Wire/Canvas Carts 1 Display Case Truck 2013 GMC 2 1-Pads @ 1,079.99 Website Undercoat 2013 GMC Truck Wrap Sign 2004 Chevy Replacement Engine Pop Machine 3 Folding Dump Tables Chairs, Stools, Carts 2 Display Cases	5/01/46 9/01/01 6/15/03 2/04/09 2/04/09 2/04/09 6/15/06 3/15/12 5/01/13 5/22/13 9/15/01 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 5/01/46 1/01/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14 1/2/22/14 1/2/22/15 5/12/15 5/12/15 5/12/15 5/12/15 5/12/15 5/15/15 5/15/15 5/18/15 5/11/15 8/17/15 8/17/15 8/17/15 8/17/15 8/17/15 1/14/16 11/03/15 11/27/15 11/11/15 11/09/15 11/11/15 11/09/15	13,167 47,000 16,716 4,724 10,717 21,942 39,572 35,500 655 4,205 5,750 169,500 205,751 15,630 59,808 539 20,000 40,145 21,768 1,919 7,181 525 700 3,000 7,257 980 600 570 450 220 75 200 100 250 75 200 100 50 50 150 500 475 990 550 20,136 2,160 2,747 710 1,510 5,010 505 420 1,260 585	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,605 2,177 0 718 0 0 300 726 98 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

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35-0975940 Future Depreciation Report FYE: 9/30/23

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<u>et</u>	Description	Date In Service	Cost	Tax	AMT
	Credit Card Reader	12/15/15	380	0	
	Wood Shop Air Filter	12/17/15	345	ő	
	Cash Register	12/23/15	289	0	
	21 Glass Tables	12/29/15	2,110	ő	
	Lockers	1/04/16	350	0	
	Warehouse Thermostat	1/14/16	224	0	
	Lumber of Shelving	1/29/16	403	ő	
	Gas Heater for Warehouse	2/01/16	2,403	ő	
	Cash Register	3/07/16	307	ő	
	48H-60L Racks	8/30/16	303	0	
	Display Shelving	9/26/16	816	0	
	Warehouse Lights	10/16/15	1.870	187	
	Building Lights	10/30/15	1,597	160	
	Shelves Building	11/30/15	278	28	
	Shelves Building	12/14/15	326	32	
	Shelves Building	1/04/16	407	40	
	Shelves Building	2/23/16	535	54	
	Office LED lights	4/13/16	1,717	172	
	Ladder to Roof Hatch	4/21/16	1,433	71	
	Roof 2016	8/11/16	60,720	3,036	
	HVAC Replace Blower	8/29/16	734	73	
	HVAC Modify Supply	8/29/16	939	94	
	HVAC Exhaust Fans	8/29/16	100000000000000000000000000000000000000		
	Moved Gas Supply		2,018	202	(
	Relocate Furnace Flues	9/26/16	1,724	173	(
	Reset 4 Rooftop HVACs	9/26/16	725	73	9
	Re-Install Electric to Roof	9/23/16	1,570	157	(
	Security Camera System	9/26/16	2,004	201	(
		9/30/16	4,750	0	(
	Intercom to Warehouse and Garage Woodshop Air Compressor	5/04/17	1,390	0	(
		8/06/17	496	0	(
	Roof 2016 2nd Payment	12/01/16	41,504	2,076	(
	Grand St Bldg 3 LED Flood Lights	2/02/17	535	54	(
	Warehouse Electric Outlets Website	6/05/17	515	51	(
		3/06/17	1,500	0	(
	Warehouse Woodshop Exhaust Fan	10/18/17	2,587	259	(
	Warehouse 3 ceiling fans & outlts	10/24/17	3,348	335	(
	Warehouse 100 amp Elect Panel	10/24/17	648	65	(
	Store Dressing Rms & Mary Alcove	12/01/17	1,798	180	(
	Building Facade Phase 1	3/01/18	303,923	10,130	(
	Fork Lift - So. Bend SVDP	1/24/18	2,878	144	(
	Bailer - So. Bend SVDP	1/24/18	3,506	351	(
	Care Van 2012 Ford E-350	12/30/17	22,430	1,121	(
	L-A Electrical Lighting	12/28/18	10,805	1,543	1,543
	Jack Laurie Commercial Flooring	2/06/19	21,562	3,081	3,081
	Flooring bldg mnt fund	8/08/19	4,785	683	683
	Care Van DC	9/30/19	26,106	3,730	3,730
	Total Other Depreciation		1,336,642	40,131	9,755
	Total ACRS and Other Depreciation		1,336,642	40,131	9,755
	Grand Totals		1,375,928	41,876	11,017

F055 Fort Wayne Society of St. Vincent

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Date In Asset Description Service Cost IN **Prior MACRS:** 2/27/20 4/13/20 114 LED LIGHTS 2,500 203 115 LED LIGHTS 500 41 116 LED LIGHTS 2/27/20 375 31 117 HYDRAULIC LINES ON FORK TRUCK 7/23/20 1,142 164 118 LIFT HOSE ON FORK TRUCK 9/30/20 856 123 LIFT GATE for '04 Box Truck 119 3/03/21 1,800 432 120 20a Eaton SP Breaker 3/03/21 37 8 121 Workshop Electrical UPGr 2,890 4/27/22 74 122 Bathroom Remodel 1/14/22 29,186 748 39,286 1,824 Other Depreciation: LAND 5/01/46 13,167 0 LAND 9/01/01 47,000 0 4 TRUCK 6/15/03 16,716 0 STORE EQUIPMENT 2/04/09 4,724 STORE EQUIPMENT 2 2/04/09 10,717 0 STORE FÜRNITURE 2/04/09 21,942 10 **ELEVATOR** 6/15/05 39,572 0 11 **ELEVATOR 2** 6/15/06 35,500 0 12 NEW ADDITIONS 2013 TELEPHONE SYS 3/15/12 655 13 4,205 5,750 5/01/13 0 14 **R&C FENCE** 5/22/13 0 18 BLDG NEW ADDITION 9/15/01 169,500 5,136 19 ORIGINAL BUILDING 5/01/46 205,751 0 20 21 ORIGINAL BUILDING IMP 5/01/46 15,630 0 WAREHOUSE 5/01/46 59,808 2013 ADDITIONS HVAC 3 UNITS 22 3/30/13 539 14 23 24 9/11/13 20,000 800 **HVAC 3 UNITS** 1/10/14 40,145 1,606 25 SIGN 8/15/14 21,768 2,177 26 28 29 SNOW BLOWER 1/10/14 1,919 Lights - Garage, W/H 6/19/15 718 7,181 Computer 10/02/14 525 0 Store inventory racks 30 10/07/14 700 31 Security system 12/03/14 3,000 300 Electronic Sign 32 33 34 35 36 12/22/14 7,257 726 Safe 1/28/15 980 Display cases 4/22/15 600 6 Spinning cases 3 Glass cases 5/12/15 570 5/12/15 450 37 2 Record racks 5/12/15 220 0 38 2 Cube units 5/18/15 75 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 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 45 3 Record Racks 8/17/15 150 46 Oak Display Case 8/17/15 500 0 2 Display Cases 10 Wire/Canvas Carts 47 8/20/15 475 48 7/24/15 990 49 1 Display Case Truck 2013 GMC 7/29/15 550 0 50 3/19/15 20,136 52 2 I-Pads @ 1,079.99 12/30/15 2,160 0 56 Website 12/11/13 2,747 57 Undercoat 2013 GMC 10/26/15 710 0 Truck Wrap Sign 2004 Chevy 11/27/15 1,510 0 59 Replacement Engine 1/14/16 5,010 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 63 2 Display Cases 12/06/15

FYE: 9/30/2022

F055 Fort Wayne Society of St. Vincent
35-0975940 IN Future Depreciation Report FYE: 9/30/23

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Asset	Description	Date In Service	Cost	IN
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	ŏ
68	Lockers	1/04/16	350	ő
69	Warehouse Thermostat	1/14/16	224	ő
70	Lumber of Shelving	1/29/16	403	ő
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	32
80	Shelves Building	1/04/16	407	40
81	Shelves Building	2/23/16	535	54
82	Office LED lights	4/13/16	1,717	172
83	Ladder to Roof Hatch	4/21/16	1,433	71
84	Roof 2016	8/11/16	60,720	3,036
85	HVAC Replace Blower	8/29/16	734	73
86	HVAC Modify Supply	8/29/16	939	94
87	HVAC Exhaust Fans	8/29/16	2.018	202
88	Moved Gas Supply	9/26/16	1,724	173
89	Relocate Furnace Flues	9/26/16	725	73
90	Reset 4 Rooftop HVACs	9/23/16	1,570	157
91	Re-Install Electric to Roof	9/26/16	2,004	201
- 92	Security Camera System	9/30/16	4,750	0
93	Intercom to Warehouse and Garage	5/04/17	1,390	0
94	Woodshop Air Compressor	8/06/17	496	0
95	Roof 2016 2nd Payment	12/01/16	41,504	2,076
96	Grand St Bldg 3 LED Flood Lights	2/02/17	535	54
97	Warehouse Electric Outlets	6/05/17	515	51
98	Website	3/06/17	1,500	0
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	64
105	Store Dressing Rms & Mary Alcove	12/01/17	1,798	180
106	Building Facade Phase 1	3/01/18	303,923	10.130
107	Fork Lift - So. Bend SVDP	1/24/18	2,878	192
108	Bailer - So. Bend SVDP	1/24/18	3,506	351
109	Care Van 2012 Ford E-350	12/30/17	22,430	1,121
110	L-A Electrical Lighting	12/28/18	10,805	1,543
111	Jack Laurie Commercial Flooring	2/06/19	21,562	3,081
112	Flooring bldg mnt fund	8/08/19	4,785	683
113	Care Van DC	9/30/19	26,106	3,730
	Total Other Depreciation		1,336,642	40,178
	Total ACRS and Other Depreciation		1,336,642	40,178
	Grand Totals		1,375,928	42,002

31. Number of independent voting members of governing body

32. Number of employees

33. Number of volunteers

Two Year Comparison Report Form 990 2020 & 2021 For calendar year 2021, or tax year beginning 10/01/21 09/30/22 ending Taxpayer Identification Number FORT WAYNE SOCIETY OF ST. VINCENT DE PAUL INC. 35-0975940 2020 Differences 1. Contributions, gifts, grants 1. 284,425 1,033,861 749,436 2. Membership dues and assessments 2. 3. Government contributions and grants _____ 3. 4. Program service revenue 4. 1,249,508 1,322,278 72,770 5. Investment income -2,3895. 4,183 1,794 6. Proceeds from tax exempt bonds 6. 60,884 60,884 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 12. Total revenue. Add lines 1 through 11 1,538,116 12. 2,418,817 880,701 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 55,000 -55,000 16. Salaries, other compensation, and employee benefits 300,290 354,927 16. 54,637 17. Professional fundraising fees 31,422 17. 31,422 18. Other professional fees 25,124 18. 19,615 -5,50919. Occupancy, rent, utilities, and maintenance 19. 54,899 48,051 -6,84820. Depreciation and Depletion 20. 46,675 45,079 -1,596895,805 1,076,671 1,575,765 21. 180,866 22. Total expenses. Add lines 13 through 21 377,793 22. 197,972 23. Excess or (Deficit). Subtract line 22 from line 12 160,323 23. 682,729 843,052 24. Total exempt revenue 1,538,116 24. 2,418,817 880,701 25. Total unrelated revenue 25. 26. Total excludable revenue 1,253,691 1,384,956 131,265 26. 27. Total assets 1,872,143 27. 2,632,505 760,362 28. Total liabilities 107,724 28. 25,034 -82,690 29. Retained earnings 1,764,419 2,607,471 29. 843,052 30. Number of voting members of governing body 24 30. 24

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						2021
Name FORT WAYNE S DE PAUL INC.	SOCIETY OF	ST. VINCENT			Employe 35-	Employer Identification Number 35-0975940
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	175,798	99,895	170,254	284,425	1,033,861	
Membership dues						
Program service revenue	1,102,492	1,108,719	1,156,458	1,249,508	1,322,278	
Capital gain or loss	-14,319		-252			
Investment income	6,550	650	-4,455	4,183	1.794	
Fundraising revenue (income/loss)	103,308	243,678	84,357			
Gaming revenue (income/loss)						
Other revenue					60,884	
Total revenue	1,373,829	1,452,942	1,406,362	1,538,116	2,418,817	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				55,000		
Other compensation	330,379	316,632	324,724		354,927	
Professional fees				25,124	51,037	
Occupancy costs	721,992	7	675,915	54,899	48,051	
Depreciation and depletion	40,502	27,270		46,675	45,079	
Other expenses	166,951	_	205,119	895,805	1,076,671	
Total expenses		-	1,205,758	1,377,793	1,575,765	
Excess or (Deficit)	114,005	291,008	200,604	160,323	843,052	
Total exempt revenue	1,373,829	1,452,942	1,406,362	1,538,116	2,418,817	
Total unrelated revenue						
Total excludable revenue	1,094,723	1,109,369	1,151,751	1,253,691	1,384,956	
Total Assets	1,139,352	1,444,826	1,725,679	1,872,143	2,632,505	
Total Liabilities	36,418	41,586	121,583	107,724	1	
Net Fund Balances	1,102,934	1,403,240	1,604,096	1.764.419	2 607 471	

F055 Fort Wayne Society of St. Vincent 35-0975940 Federal Statements

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FYE: 9/30/2022

Taxable Dividends from Securities

Description						
	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS						(+ 0. 70)
	\$ 2,573		30		X	
TOTAL	\$ 2,573					

6/30/2023 11:05 AM Fund Raising 5 Management & General 1,965 8,564 Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee) S 11,051 11,051 Program Service Federal Statements 5 1,965 19,615 Expenses Total S F055 Fort Wayne Society of St. Vincent Description THRIFT STORE TRAINING FEES AND CHARGES FYE: 9/30/2022 TOTAL 35-0975940

F055 Fort Wayne Society of St. Vincent 35-0975940 FYE: 9/30/2022	6/30/2023 11:05 AM
Schedule A. Part III. Line 1(e)	t III, Line 1(e)
Description	Amount
GENERAL PUBLIC TOTAL	\$ 1,033,861
Schedule A, Part III, Line 2(e)	t III. Line 2(e)
Description	Amount
THRIFT STORE DISTRICT CONFERENCES FUNDRAISING	\$ 523,177 799,101
TOTAL	\$ 1,322,278
Schedule A. Part III. Line 3(e)	: III, Line 3(e)
Description	Amount
CARE-VAN TOTAL	0
Schedule A. Part III,	III, Line 10a(e)
DIVIDENDS GAINS (LOSS) ON INVESTMENT	Amouni 2,
TOTAL	\$ T, 794

6/30/2023 11:05 AM 60,884 59,884 Amount Federal Statements Schedule A. Part III, Line 11 Description F055 Fort Wayne Society of St. Vincent 35-0975940 FYE: 9/30/2022 PPP GRANT LESS: DEDUCTIONS TOTAL