Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning October 1 , 2009, and ending September 30 20 10 Employer identification number C Name of organization Society of St. Vincent de Paul Please B Check if applicable: use IRS Doing Business As Archdiocesan Council of Indianapolis Address change 1507632 Number and street (or P.O. box if mail is not delivered to street address) print or Room/suite Telephone number Name change type. 3001 E. 30th St. 317) Initial return 924-5775 Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc tions. Indianapolis, IN 46218 G Gross receipts \$ Amended return 1,812,133 F Name and address of principal officer: Patrick N. Jerrell Application pending H(a) Is this a group return for affiliates? ✓ Yes No 5209 Greenhart Dr., Indianapolis, IN 46237 H(b) Are all affiliates included? Yes No Tax-exempt status: If "No," attach a list. (see instructions) Website: ► SVDPINDY.org H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other L Year of formation: 1946 M State of legal domicile: IN Part Summary See attached Briefly describe the organization's mission or most significant activities: 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). 20 ⋖ర Activities 4 Number of independent voting members of the governing body (Part VI, line 1b) 20 5 None 6 6 Total number of volunteers (estimate if necessary) 5,500 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a None b Net unrelated business taxable income from Form 990-T, line 34, None **Current Year** 1,990,129 8 Contributions and grants (Part VIII, line 1h) . 1,769,993 9 Program service revenue (Part VIII, line 2g) . . . 11,302 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 42,140 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,001,431 1,812,133 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 理可能量多三式设置。图 实现的现在分类的产业的形式 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,561,195 1,745,823 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,561,195 1,745,823 Revenue less expenses. Subtract line 18 from line 12 440,236 66,310 or Beginning of Current Year End of Year 3,083,784 Total assets (Part X, line 16) . 3,231,645 Total liabilities (Part X, line 26) None None 22 Net assets or fund balances. Subtract line 21 from line 20 3,083,784 3,231,645 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 7/26/2011 Signature of officer Date Here JERRELL. PATRICK N. PRESIDENT Type or print na me and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed ► Paid GARY C. FOCLE, 7/26/201 1 183-28-7201 Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no. ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes Nο

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Part 1, Line 1
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 494,105 including grants of \$ None) (Revenue \$ None)
	The Pratt Quigley Food Pantry provides free food to the needy regardless of race, religion or gender. Food stuffs are
	procured from Gleaners Food Bank, the USDA, private donors and bulk purchases from vendors.
	Households served 23,188
	Persons served 82,865
	Seniors served 3,306
	Number of volunteers 1,997
	Number of hours 61,112
41.	
4D	(Code:) (Expenses \$ 265,419 including grants of \$ None) (Revenue \$ None)
	Households served 3,686
	Persons served 6,202
	Children served 4,590
	Number of volunteers 1,459
	Number of volunteer hours 31,512
4c	(Code:) (Expenses \$ 659,090 including grants of \$ None) (Revenue \$ Unknown)
	The forty-seven SVDP Conferences provide food, clothing, household goods and financial aid to the needy
	regardless of race, religion or gender.
	Number of people helped 56,211
	Value of goods provided 595,383
	Number of people visited 41,817
	Number of volunteers 1,920
	Number of volunteer hours 93,172
	Other program services. (Describe in Schedule O.) (Expenses \$ 98,416 including grants of \$ None) (Revenue \$ None)
40	Total program service expenses > 1.517.030

The Society of St. Vincent DePaul, Archdiocesan Council of Indianapolis, Inc. and its operating units (SVDP) is a not-for-profit organization located in Indianapolis and other areas in southern Indiana. SVDP's mission is to provide basic services to people and families in need without discrimination. SVDP has no paid employees and its operations are supported completely by volunteers. All supporting donations come directly from individuals, businesses and public institutions.

Pa	art IV Checklist of Required Schedules			Page
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	complete Schedule A	2	1	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		√ -
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		√
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		√

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
Ċ	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		√
	Section 501(c)(3) and 501(c)(4) 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	00		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?	26		√
	If "Yes," complete Schedule L, Part III	27	Market Property	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>√</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	33		✓
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		√
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.	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			<u> </u>
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			200	

	n 990 (2009)	. Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance	
		Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	
b	Enter the number of Forms W-2G included in 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?	1c N/A
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return None	Newton Discount Species Trees (1987)
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see	2b N A
3a	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	
	this return?	3a ✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a ✓
b	If "Yes," enter the name of the foreign country: ▶	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a ✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b ✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	1200 1200 1200 1200 1200 1200 1200 1200
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c ✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e ✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g N/A
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 NJA
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the organization make any taxable distributions under section 4966?	9a N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b N/A
10	Section 501(c)(7) organizations. Enter:	
	Initiation fees and capital contributions included on Part VIII, line 12	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A	
11	Section 501(c)(12) organizations. Enter:	
	Gross income from members or shareholders	444
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a V A

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		1, 120	4 . 44
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		, in	
	any other officer, director, trustee, or key employee?	2	V	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	.,	1
6	Does the organization have members or stockholders?	6		1
7a				· ·
	of the governing body?	7a		1
b		7b		Ţ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	100	128	2016
Ŭ	the year by the following:			
а	The governing body?	8a	4.000000000000000000000000000000000000	OHIO CONTRA
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00	· ·	
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	1	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-		<u> </u>	
Rev	enue Code.)	Ji i i di		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	.00	•	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	100	-	
••	form?	11		J
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	SHATE SEL	<u> </u>
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
D	rise to conflicts?	12b		
		120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	-	
13		13		./
14	Does the organization have a written whistleblower policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	1.4		Y Satisfal
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	150		۰۸ ۸
	· · · · · · · · · · · · · · · · · · ·	15a 15b	27	7
D	Other officers or key employees of the organization	130	~	Δ
160		第 题		
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46-		
		16a	#i. #	Y PERMIT
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	164		4
Sec	tion C. Disclosure	16b	N I	_A_
17				
1 <i>7</i> 18	List the states with which a copy of this Form 990 is required to be filed Indiana Section 6104 requires an examplication to make its Forms 1993 (or 1994 if anniholds). 999, and 999 T. (2014).			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s c	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or a line and financial attenuants quality to the most line.	of inte	rest	
00	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	

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

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

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

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

Check this box if the organization did not c	ompensate	any o	offic	er,	dire	ctor,	trus	stee, or key en	nployee.	
(A)	(B)				C)		, ,	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Patrick N. Jerrell, Pres.	- 25			1		ted		0	0	0
Robert Gaither, VP	- 15			✓				0	0	0
Terry Piket, CFO	- 25			✓				0	0	0
Elaine Jerrell, Secretary	2			✓				0	0	0
Pete Withey	30							0	0	0
Clarence Hirsch	30							0	0	0
Don Striegel	20							0	0	0
Betty Farrell								0	0	0
Jeff Blackwell	23							0	0	0
Sheila Gilbert	<i>'</i>							0	0	0
Joe Carey	1							0	0	0
Hector Magollon				.				0	0	0
Sister Rosaria	7							0	0	0
Joe Ransel	7							0	0	0
Brian Carey	7							0	. 0	0
Karl Knable	7							0	0	0
Sharon Teal	7							0	0	0

Pa	Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees	, an	d Hig	hest	t Compensate	d Employees (c	ontinued)
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average hours per week	<u> </u>		_		that ap		Reportable compensation	Reportable compensation	Estimated amount of
		Week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Ca	rol Douglas	7							0	O	0
Jal	ke Asher	7							0	0	0
Ch	uck Ernst	7							0	0	0
										-	
											,
		,									
								,		2000	,
1b	Total			. ,			. 1	•	0	0	0
2	Total number of individuals (including those organization ► None	in 1a) who	o rece	eive	d m	ore	than	\$10	0,000 in repoi	table compens	ation from the
3	Did the organization list any former officer employee on line 1a? If "Yes," complete So	hedule J fo	or suc	ch ii	ndiv	ridu:	al .				Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations g individual.	um of repo reater thar	rtable 1 \$150	0,00	mp 00?	ens: If "\	ation /es,"	and com	other comper plete Schedul	nsation from e <i>J for such</i>	4
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue of es," compl	comp lete S	ens Che	atio dul	n fr e J	om a for su	ny i uch j	unrelated orga person	nization for	5 🗸
Se	ction B. Independent Contractors						····				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.											
	(A) Name and business addre	ess							(B) Description of se	rvices	(C) Compensation
											7-7-64
2	Total number of independent contractors (in compensation from the organization ► No.	ncluding th	nose i	in 1) wł	no r	eceiv	ed n	nore than \$10	0,000 in	