

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, **and ending** ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

D Employer Identification Number
43-0653319

E Telephone number
314-261-6011

G Gross receipts \$ 2,340,476.

F Name and address of principal officer: DANIEL RYAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SAINTVINCENTHOME.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 1850 **M State of legal domicile:** MO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION IS TO PROVIDE LOVE, SECURITY, AND PROFESSIONAL TREATMENT FOR TROUBLED CHILDREN AND THEIR FAMILIES THROUGH A FULLY INTEGRATED PROGRAM OF SERVICES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a).....	5	116
	6 Total number of volunteers (estimate if necessary).....	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	1,249,989.	712,034.
	9 Program service revenue (Part VIII, line 2g).....	1,348,519.	1,310,583.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	24,055.	30,236.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	35,762.	244,034.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,658,325.	2,296,887.
Expenses	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).....	2,525,506.	2,461,891.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,805.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	782,035.	671,656.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	3,307,541.	3,133,547.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-649,216.	-836,660.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 3,144,010.	End of Year 3,013,769.
	21 Total liabilities (Part X, line 26).....	149,786.	184,718.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	2,994,224.	2,829,051.

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 Here

Signature of officer: LEE ANN TAYLOR Date: _____
 Type or print name and title: EXECUTIVE DIREC

Paid Preparer Use Only

Print/Type preparer's name: KEITH VANHOY, CPA Preparer's signature: KEITH VANHOY, CPA Date: _____
 Check if self-employed PTIN: N/A

Firm's name: ▶ NICHOLS STOPP AND VANHOY, LLC
 Firm's address: ▶ 10425 OLD OLIVE STREET ROAD CREVE COEUR, MO 63141-5940
 Firm's EIN: ▶ N/A Phone no.: (314) 569-3800

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION IS TO PROVIDE LOVE, SECURITY, AND PROFESSIONAL TREATMENT FOR TROUBLED CHILDREN AND THEIR FAMILIES THROUGH A FULLY INTEGRATED PROGRAM OF SERVICES.

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

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

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

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

4 Describe the 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 \$ 1,123,692. including grants of \$ []) (Revenue \$ [])

THE RESIDENTIAL TREATMENT PROGRAM PROVIDES AROUND-THE-CLOCK CARE FOR YOUTH WHO REQUIRE THERAPEUTIC SERVICES TO DEAL WITH MODERATE, SEVERE, OR INTENSIVE EMOTIONAL DISTURBANCES, BEHAVIOR DISORDERS, AND/OR MENTAL HEALTH DIAGNOSES. THE PROGRAM IS DESIGNED TO PROVIDE INTENSIVE TREATMENT WHICH WILL ENABLE YOUTH TO TRANSITION TO LESS RESTRICTIVE HOME-LIKE SETTINGS. THE SERVICES ARE PROVIDED IN A NURTURING ENVIRONMENT DESIGNED TO HELP KIDS IMPROVE THEIR SELF ESTEEM, LEARN, AND MOVE TOWARD REACHING THEIR FULL POTENTIAL AS PRODUCTIVE MEMBERS OF THE COMMUNITY. THE FACILITY IS LICENSED BY THE STATE OF MISSOURI WITH CAPACITY OF 47 KIDS AGES 12 - 21. THIS PROGRAM SERVED 55 CHILDREN DURING 2010.

4b (Code: []) (Expenses \$ 1,089,942. including grants of \$ []) (Revenue \$ [])

THE PRIVATE ALTERNATIVE SPECIAL EDUCATION SCHOOL PROVIDES SPECIAL EDUCATION SERVICES FOR CHILDREN AGES 6 - 21 WITH SEVERE EMOTIONAL DISTURBANCES. CHILDREN RECEIVE INDIVIDUALIZED ACADEMIC AND THERAPEUTIC SERVICES AS SPECIFIED IN THEIR INDIVIDUAL EDUCATION PLAN. THE PROGRAM OFFERS AN ALTERNATIVE TO THE TRADITIONAL CLASSROOM SETTING WHICH IS DESIGNED TO HELP EACH STUDENT PROGRESS ACADEMICALLY AS WELL AS SOCIALLY AND EMOTIONALLY IN ORDER TO SUCCESSFULLY REINTEGRATE INTO A TRADITIONAL CLASSROOM SETTING. THIS PROGRAM SERVED 95 CHILDREN IN 2010.

4c (Code: []) (Expenses \$ 424,579. including grants of \$ []) (Revenue \$ [])

TEMPORARY SHELTER SERVICES PROVIDES UP TO 30 DAYS EMERGENCY SHELTER FOR YOUTH, AGES 12 - 19, WHO ARE EXPERIENCING BEHAVIORS THAT HAVE PLACED THEM AT RISK OF ENTRY INTO FOSTER CARE AND/OR THE JUVENILE JUSTICE SYSTEM. SERVICES INCLUDE INDIVIDUAL COUNSELING, FAMILY COUNSELING, CASE MANAGEMENT, AND PSYCHO-EDUCATIONAL GROUPS. IN ADDITION TO SERVICE DELIVERY IN THE SHELTER, COUNSELING IS PROVIDED IN THE FAMILY HOME. THIS PROGRAM SERVED 55 CHILDREN IN 2010.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 68,148. including grants of \$ []) (Revenue \$ [])

4e Total program service expenses 2,706,361.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
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.		X

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 5		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 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. 116		
2 b	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 e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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. 		
13 c	Enter the amount of reserves on hand. 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year.	1 a	21
1 b	Enter the number of voting members included in line 1a, above, who are independent	1 b	21
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	8 a	X
8 b	Each committee with authority to act on behalf of the governing body?	8 b	X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	X

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

	Yes	No
10 a		X
10 b		
11 a		X
12 a	X	
12 b	X	
12 c	X	
13	X	
14	X	
15 a	X	
15 b		X
16 a		X
16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ LEE ANN TAYLOR 7401 FLORISSANT ROAD ST. LOUIS MO 63121 314-261-6011

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL WILKERSON TRUSTEE	6						0.	0.	0.	
(2) ROCKY RHODES TRUSTEE	6						0.	0.	0.	
(3) JAMES HULL TRUSTEE	6						0.	0.	0.	
(4) KELLY FLANIGAN TRUSTEE	6						0.	0.	0.	
(5) LESLIE FARR TRUSTEE	6						0.	0.	0.	
(6) JOHN CHICKEY VICE CHAIR	20	X		X			0.	0.	0.	
(7) MARIE DARGAN SECRETARY	20	X		X			0.	0.	0.	
(8) DANIEL RYAN CHAIRMAN	20	X		X			0.	0.	0.	
(9) BYRON MARSHALL FORMER TRUSTEE	20	X					0.	0.	0.	
(10) NATALIE ALBERICI TRUSTEE	6	X					0.	0.	0.	
(11) RALPH W. CANTER TREASURER	6	X		X			0.	0.	0.	
(12) RICH CHRISMER FORMER TRUSTEE	6	X					0.	0.	0.	
(13) MARY ANN EULTGEN, SCC TRUSTEE	6	X					0.	0.	0.	
(14) MARIE FURRER ASSN PRESIDENT	6	X		X			0.	0.	0.	
(15) THOMAS J. LOVINGUTH TRUSTEE	6	X					0.	0.	0.	
(16) TASHA PETTIS-BONDS TRUSTEE	6	X				X	0.	0.	0.	
(17) RICHARD POEHLING TRUSTEE	6	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOUISE REEVES TRUSTEE	6	X					0.	0.	0.	
(19) ROBERT G. SCHURWAN ASSN VICE PRES	6	X		X			0.	0.	0.	
(20) REX SINQUEFIELD TRUSTEE	6	X					0.	0.	0.	
(21) LEON SHARPE FORMER TRUSTEE	6	X				X	0.	0.	0.	
(22) MIKE TAYLOR TRUSTEE	6	X					0.	0.	0.	
(23) MARIA TORREZ TRUSTEE	6	X					0.	0.	0.	
(24) LEE ANN TAYLOR EXECUTIVE DIREC	50	X		X			85,975.	0.	0.	
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total							85,975.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							85,975.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	31,922.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	680,112.				
	g Noncash contributions included in lns 1a-1f: \$						
h Total. Add lines 1a-1f			712,034.				
PROGRAM SERVICE REVENUE	2 a <u>ALTERNATIVE SCHOOL</u>		Business Code 611710	780,611.	780,611.		
	b <u>RESIDENTIAL TREATMENT</u>		611710	373,784.	373,784.		
	c <u>CHILDRENS SERVICES FUND</u>			97,819.	97,819.		
	d <u>FAMILY FOCUSED INCOME</u>			32,890.	32,890.		
	e <u>COUNSELING</u>		611710	25,479.	25,479.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,310,583.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			30,236.	30,236.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
				33,248.			
		b Less: rental expenses					
	c Rental income or (loss)			33,248.			
	d Net rental income or (loss)			33,248.		33,248.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	189,584.			
	b Less: direct expenses		b	43,589.			
	c Net income or (loss) from fundraising events			145,995.	145,995.		
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a <u>LITIGATION SETTLEMENT</u>			64,791.		64,791.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			64,791.				
12 Total revenue. See instructions			2,296,887.	1,486,814.	0.	98,039.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,975.	60,182.	12,896.	12,897.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,901,118.	1,649,946.	143,765.	107,407.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	295,800.	254,682.	23,320.	17,798.
10 Payroll taxes	178,998.	153,938.	14,112.	10,948.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	81,231.	69,909.	6,404.	4,918.
12 Advertising and promotion				
13 Office expenses	16,964.	569.	9,994.	6,401.
14 Information technology				
15 Royalties				
16 Occupancy	111,608.	96,051.	8,800.	6,757.
17 Travel	4,605.	3,963.	363.	279.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,354.	78,622.	7,201.	5,531.
23 Insurance	49,655.	42,734.	3,915.	3,006.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>FOOD & OTHER PROGRAM EXPENSES</u>	135,384.	135,384.		
b <u>REPAIRS AND MAINTENANCE</u>	58,082.	49,987.	4,579.	3,516.
c <u>MISC</u>	36,744.	31,622.	2,897.	2,225.
d <u>SUPPLIES</u>	34,164.	34,028.	107.	29.
e <u>AUTO EXPENSE</u>	20,927.	18,011.	1,649.	1,267.
f All other expenses	30,938.	26,733.	2,379.	1,826.
25 Total functional expenses. Add lines 1 through 24f	3,133,547.	2,706,361.	242,381.	184,805.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash — non-interest-bearing	2,000.	1	119,078.
	2	Savings and temporary cash investments	177,875.	2	
	3	Pledges and grants receivable, net	146,492.	3	141,662.
	4	Accounts receivable, net	184,038.	4	307,480.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,901.	9	5,272.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,097,719.		
	b	Less: accumulated depreciation	10b 2,701,596.	1,460,273.	10c 1,396,123.
	11	Investments — publicly traded securities	1,166,431.	11	416,478.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	627,676.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,144,010.	16	3,013,769.	
LIABILITIES	17	Accounts payable and accrued expenses	149,786.	17	39,591.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	145,127.
	26	Total liabilities. Add lines 17 through 25	149,786.	26	184,718.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	2,847,732.	27	2,036,796.
	28	Temporarily restricted net assets	146,492.	28	164,579.
	29	Permanently restricted net assets		29	627,676.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	2,994,224.	33	2,829,051.
	34	Total liabilities and net assets/fund balances.	3,144,010.	34	3,013,769.

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,296,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,133,547.
3	Revenue less expenses. Subtract line 2 from line 1	3	-836,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,994,224.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	671,487.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,829,051.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization THE GERMAN ST. VINCENT ORPHAN ASSOCIATION	Employer identification number 43-0653319
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						0.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	0.	0.	0.	0.	0.	0.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	0.	0.	0.	0.	0.	0.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						0.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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.						
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.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization THE GERMAN ST. VINCENT ORPHAN
ASSOCIATION

Employer identification number
43-0653319

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE GERMAN ST. VINCENT ORPHAN

43-0653319

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY ----- 910 N. 11TH STREET ----- ST. LOUIS, MO 63101 -----	\$ 144,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: THE GERMAN ST. VINCENT ORPHAN
 Employer identification number: 43-0653319

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE GERMAN ST. VINCENT ORPHAN ASSOCIATION

Employer identification number

43-0653319

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 4 columns: Question description, 2a, 2b, 2c, 2d, and Held at the End of the Tax Year. Contains questions 1-9 regarding conservation easements.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question description and Amount. Contains questions 1a, 1b, 2, and 3 regarding art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,320.		90,320.
b Buildings		3,110,937.	1,962,572.	1,148,365.
c Leasehold improvements		235,530.	130,401.	105,129.
d Equipment		364,643.	302,342.	62,301.
e Other		296,289.	306,281.	-9,992.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,396,123.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	627,676.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED WAGES	142,333.
(3) OTHER	2,794.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	145,127.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	2,296,887.
2 Total expenses (Form 990, Part IX, column (A), line 25)	3,133,547.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-836,660.
4 Net unrealized gains (losses) on investments	80,921.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	590,566.
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	671,487.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-165,173.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	1 2,421,397.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a 80,921.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV) . . . SEE . PART . XIV	2d 43,589.
e Add lines 2a through 2d	2e 124,510.
3 Subtract line 2e from line 1	3 2,296,887.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,296,887.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	1 3,177,136.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.) . . . SEE . PART . XIV	2d 43,589.
e Add lines 2a through 2d	2e 43,589.
3 Subtract line 2e from line 1	3 3,133,547.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,133,547.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

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ASSOCIATION

43-0653319

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**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

DIRECT FUNDRAISING EXPENSES.....	\$	43,589.
TOTAL	\$	<u>43,589.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

DIRECT FUNDRAISING EXPENSES.....	\$	43,589.
TOTAL	\$	<u>43,589.</u>

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		KOOKIN FOR KID (event type)	GOLF TOURNAMEN (event type)	1 (total number)	(add column (a) through column (c))	
1	Gross receipts	83,435.	72,682.	29,673.	185,790.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	83,435.	72,682.	29,673.	185,790.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,488.	16,325.	6,952.	42,765.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				42,765.
11	Net income summary. Combine line 3, column (d), and line 10				143,025.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? 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 operated in:

a 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 Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

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

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization **THE GERMAN ST. VINCENT ORPHAN
ASSOCIATION**

Employer identification number
43-0653319

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

SMART PARENTING IS FOCUSED ON IMPROVING OUTCOMES FOR CHILDREN THROUGH THE PROVISION
OF HOME VISITS AND PARENT GROUPS FOR PREGNANT MOTHERS AND PARENTS OF CHILDREN BIRTH
TO AGE 8. WEEKLY HOME VISITS PROVIDE INFORMATION ON CHILD DEVELOPMENT AND PARENTING
SKILLS TAILORED TO THE CHILD'S DEVELOPMENTAL STATE ALONG WITH ACTIVITIES DESIGNED TO
STIMULATE GROWTH AND DEVELOPMENT. THIS PROGRAM SERVED 34 FAMILIES IN 2010.

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS OF THE BOARD ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT
ANNUALLY IN FEBRUARY. ANY POTENTIAL CONFLICT IS DISCUSSED WITH THE BOARD CHAIR AND
THE BOARD MEMBER WILL RECUSE HIMSELF FROM ANY DISCUSSION OR ACTION ITEMS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE BOARD CHAIR HAS DESIGNED A PROCESS FOR EVALUATION OF THE EXECUTIVE DIRECTOR.
THE BOARD VOTES ON ANY CHANGES IN COMPENSATION IN A CLOSED SESSION.

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

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

**FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	80,921.
PRIOR PERIOD ADJUSTMENT.....		<u>590,566.</u>
	TOTAL	<u>\$ 671,487.</u>

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ASSOCIATION

43-0653319

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
122	VAN	1/01/96		20,614			20,614	S/L	5	0
123	2003 FORD VAN	1/01/02		22,492			22,492	S/L	5	0
124	2006 FORD VAN	1/01/06		23,591			9,436	S/L	5	4,718
125	TRUCK	1/01/97		12,400			12,400	S/L	5	0
TOTAL AUTO / TRANSPORT EQUI				79,097		0	64,942			4,718
BUILDINGS										
1	BUILDING #1	1/01/60		642,064			556,158	S/L	80	8,026
2	ADDITION	1/01/61		555			340	S/L	80	7
3	ADDITION	1/01/62		288			173	S/L	80	4
4	ADDITION	1/01/64		37,705			21,680	S/L	80	471
5	ADDITION	1/01/66		3,450			1,897	S/L	80	43
6	ADDITION	1/01/67		8,794			4,727	S/L	80	110
7	ADDITION	1/01/68		4,339			2,277	S/L	80	54
8	ADDITION	1/01/69		14,215			7,285	S/L	80	178
9	ADDITION	1/01/70		9,909			4,955	S/L	80	124
10	ADDITION	1/01/71		11,000			5,363	S/L	80	138
11	ADDITION	1/01/73		7,947			3,675	S/L	80	99
12	ADDITION	1/01/74		68,520			30,835	S/L	80	857
13	ADDITION	1/01/76		8,246			3,504	S/L	80	103
14	ADDITION	1/01/77		62,695			25,862	S/L	80	784
15	ADDITION	1/01/78		19,648			7,860	S/L	80	246
16	ADDITION	1/01/79		15,416			5,974	S/L	80	193
17	ADDITION	1/01/80		31,941			11,778	S/L	80	399
18	BUILDING #2	1/01/52		93,847			68,039	S/L	80	1,173
19	ADDITION	1/01/68		203			107	S/L	80	3
20	GYMNASIUM	1/01/52		190,460			142,678	S/L	80	2,381
21	ADDITION	1/01/65		1,291			726	S/L	80	16
22	ADDITION	1/01/77		792			327	S/L	80	10
23	ADDITION	1/01/80		14,058			5,184	S/L	80	176
24	ADDITION	1/01/07		12,319			308	S/L	80	154
25	CHAPEL WINDOWS	1/01/81		79,991			75,991	S/L	30	2,666
26	GUTTERING, DOWNSPOUT FLAS	1/01/81		8,400			8,400	S/L	10	0
27	REMODELING	1/01/81		16,863			16,863	S/L	10	0
28	DRAINTILE	1/01/81		8,295			8,295	S/L	10	0

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THE GERMAN ST. VINCENT ORPHAN
ASSOCIATION

43-0653319

12/13/11

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
29	PAVILION ROOFS	1/01/81		1,850			1,850	S/L	10	0
30	SMOKE STACK	1/01/82		9,396			9,396	S/L	20	0
31	MONUMENTAL WINDOWS	1/01/82		7,143			6,429	S/L	30	238
32	GUTTERING, DOWNSPOUT	1/01/82		2,100			2,100	S/L	10	0
33	ROOFING	1/01/82		13,651			13,651	S/L	10	0
34	ASPHALT DRIVEWAY	1/01/82		11,250			11,250	S/L	10	0
35	SEWER MAIN	1/01/82		20,682			20,682	S/L	20	0
36	LAUNDRY ADDITION	1/01/82		22,647			20,382	S/L	30	755
37	KITCHEN HOOD	1/01/84		14,088			14,088	S/L	10	0
38	GYMNASIUM ROOF	1/01/84		43,421			43,421	S/L	10	0
39	ADT LIGHTING SYSTEM	1/01/84		7,961			7,961	S/L	10	0
40	PLAYGROUND EQUIPMENT	1/01/84		8,426			8,426	S/L	10	0
41	STORM & THERMAL WINDOWS	1/01/84		2,861			2,861	S/L	10	0
42	AIR CONDITIONERS	1/01/85		1,000			1,000	S/L	10	0
43	ELECTRIC GATES	1/01/85		3,540			3,540	S/L	10	0
44	REMODELING	1/01/85		4,820			4,820	S/L	10	0
45	NEW BATH & REMODEL APT	1/01/86		23,016			23,016	S/L	10	0
46	FIREDOORS	1/01/87		77,359			77,359	S/L	10	0
47	PORCHES	11/01/89		37,697			37,697	S/L	10	0
48	DINING ROOM	1/01/90		13,111			8,304	S/L	30	437
49	ROOF(PHASE I)	1/01/90		36,310			22,996	S/L	30	1,210
50	HANDICAP RAMP	1/01/90		15,557			9,853	S/L	30	519
51	ROOF(PHASE II)	1/01/91		44,522			26,713	S/L	30	1,484
52	ROOF(PHASE III)	1/01/92		26,418			22,456	S/L	20	1,321
53	ROOF	1/01/93		12,167			9,733	S/L	20	608
54	NEW CARPET	1/01/94		25,535			25,535	S/L	10	0
55	KITCHEN REMODEL	1/01/95		31,098			31,098	S/L	10	0
56	NEW CARPET	1/01/96		1,204			1,204	S/L	10	0
57	COMPUTER CABLES INSTALLED	1/01/97		999			999	S/L	10	0
58	QUIET ROOM DOORS	1/01/97		1,810			1,810	S/L	10	0
59	CONNECT LIGHTS-FIRE ALARM	1/01/97		1,728			1,728	S/L	10	0
60	MCDONALD'S PROJECT	1/01/97		50,750			50,750	S/L	10	0
61	RECREATIONAL EQUIPMENT	1/01/98		3,824			3,824	S/L	10	0
62	MATV SYSTEM WIRING/OUTLET	1/01/99		1,050			945	S/L	10	0
63	SAFE LIGHTS	1/01/99		5,644			5,080	S/L	10	0
64	REMODELING	1/01/00		115,265			103,739	S/L	10	0
65	ELEVATOR SWITCHING	1/01/01		6,243			4,994	S/L	10	624
66	NEW TRANSFORMER	1/01/01		2,173			1,738	S/L	10	217
67	COMPUTER WIRINGS	1/01/01		1,951			1,560	S/L	10	195

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
68	BOILER ENHANCEMENT	1/01/02		4,396			3,077	S/L	10	440
69	HANDRAILS	1/01/05		20,977			8,391	S/L	10	2,098
70	HVAC INSULATION	1/01/05		3,679			1,472	S/L	10	368
71	HVAC CONVECTOR	1/01/05		20,250			8,100	S/L	10	2,025
72	FA COIL FOR HVAC	1/01/05		19,232			7,693	S/L	10	1,923
73	CARPETING & TLIE FOR APTS	1/01/05		29,929			11,972	S/L	10	2,993
74	CHIMNEY	1/01/06		32,772			9,831	S/L	10	3,277
75	ROOFING	1/01/06		9,980			2,994	S/L	10	998
76	RENOVATION-WELLNESS CENTE	1/01/06		15,088			4,527	S/L	10	1,509
77	RENOVATION-STAFF LOUNGE	1/01/06		7,166			2,150	S/L	10	717
78	RENOVATION-LOBBY,HALLS	1/01/06		38,518			11,556	S/L	10	3,852
79	FIRE ESCAPE	1/01/07		20,340			4,068	S/L	10	2,034
80	INSTALL DOORS	1/01/07		2,541			508	S/L	10	254
81	CHILLER REPAIRS	1/01/07		1,940			388	S/L	10	194
82	GYM RENOVATIONS	1/01/08		25,641			2,564	S/L	10	2,564
83	CHILLER REPAIR	1/01/08		92,500			3,084	S/L	60	1,542
84	HEATING RENOVATIONS	1/01/94		600,825			150,207	S/L	60	10,014
137	ELECTRICITY UPGRADE	4/02/09		15,700			393	S/L	30	523
142	CONSTRUCTION IN PROGRESS	12/31/09		65,945					30	0
TOTAL BUILDINGS				3,110,937		0	1,899,224			63,348
FURNITURE AND FIXTURES										
85	FURNISHINGS BEFORE 1993	1/01/93		263,686			263,686	S/L	10	0
90	APT FURNITURE/AUDIO	1/01/94		4,022			4,022	S/L	5	0
94	VARIOUS FURNITURE ITEMS	1/01/95		40,002			40,002	S/L	5	0
95	COMPUTER,TV,PRNTR,COPIER	1/01/95		15,387			15,387	S/L	5	0
98	SCAFFOLDING	1/01/97		1,423			1,423	S/L	5	0
102	NEW CARPETING	1/01/97		1,239			1,239	S/L	5	0
104	AGNES APT FURNISHINGS	1/01/97		7,952			7,952	S/L	5	0
105	DOOR LOCKS	1/01/97		4,138			4,138	S/L	5	0
108	CARPETING	1/01/98		4,988			4,988	S/L	5	0
112	FURNITURE	1/01/01		3,901			3,901	S/L	5	0
135	CARPETING	1/01/97		4,598			4,598	S/L	5	0
TOTAL FURNITURE AND FIXTURE				351,336		0	351,336			0
IMPROVEMENTS										

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
127	PARKING LOT	1/01/88		9,057			9,510	S/L	20	0
128	PARKING LOT	1/01/89		28,600			28,600	S/L	20	0
129	PLAYGROUND FENCE	1/01/96		34,641			34,641	S/L	10	0
130	WIRING ON GATES	1/01/97		967			967	S/L	10	0
131	ASPHALT TRACK	1/01/98		1,000			1,000	S/L	10	0
132	PARKING LOT BEHIND GYM	1/01/98		14,890			14,890	S/L	10	0
133	ASPHALT	1/01/99		1,165			1,165	S/L	10	0
134	PLAYGROUND	1/01/07		129,446			25,890	S/L	10	12,945
143	ROOF REPAIR & OTHER	5/21/10		27,199				S/L	20	793
TOTAL IMPROVEMENTS				246,965		0	116,663			13,738
LAND										
126	LAND	1/01/80		78,885						0
TOTAL LAND				78,885		0	0			0
MACHINERY AND EQUIPMENT										
86	COMPUTER EQUIPMENT	1/01/93		21,123			21,123	S/L	5	0
87	KITCHEN EQUIPMENT	1/01/93		20,514			20,514	S/L	10	0
88	PHONE SYSTEM	1/01/93		24,536			24,536	S/L	10	0
89	W.P. 6-2 VARIOUS	1/01/93		12,404			12,404	S/L	5	0
91	PHONE SYSTEM	1/01/94		1,016			1,016	S/L	5	0
92	KITCHEN & GYM EQUIPMENT	1/01/94		2,012			2,012	S/L	5	0
93	COMPUTER EQUIPMENT	1/01/94		1,415			1,415	S/L	5	0
96	COMPUTER,TV,REFRIG,ETC.	1/01/96		32,382			32,382	S/L	5	0
97	SNOW BLOWER	1/01/97		500			500	S/L	5	0
99	TYPEWRITER	1/01/97		340			340	S/L	5	0
100	SEWER CABLE	1/01/97		509			509	S/L	5	0
101	3 COMPUTERS	1/01/97		6,695			6,695	S/L	5	0
106	CONVEYOR TOASTER	1/01/97		690			690	S/L	5	0
109	FLOOR SCRUBBER	1/01/98		3,425			3,425	S/L	5	0
110	MAC 550 COMPUTER	1/01/98		1,499			1,499	S/L	5	0
111	LEAF BLOWER/CHOPPER	1/01/99		597			597	S/L	5	0
113	RIDING TRACTOR,MOWER,TRIM	1/01/02		17,568			17,568	S/L	5	0
114	3 HD TELEVISIONS	1/01/05		3,340			2,672	S/L	5	0
115	WALK-IN FREEZER	1/01/05		7,825			6,260	S/L	5	0
116	FITNESS EQUIPMENT	1/01/06		10,167			6,100	S/L	5	2,033
117	WOODCHIPPER	1/01/06		10,579			9,248	S/L	5	1,331

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
118	FITNESS EQUIPMENT	1/01/06		2,975			1,785	S/L	5	595
119	GAS GENERATOR	1/01/06		2,230			1,338	S/L	5	446
120	KAWASAKI MOWER	1/01/06		2,699			1,080	S/L	5	540
121	HEATING RENOVATIONS	1/01/08		3,220			644	S/L	5	644
136	GARBAGE DISPOSAL	1/01/97		674			674	S/L	5	0
138	DISHWASHER	9/16/09		18,410			460	S/L	10	1,841
139	DISPOSER	9/16/09		2,781			70	S/L	10	278
140	SERVING COUNTER	9/16/09		10,324			258	S/L	10	1,032
141	WASH MACHINE	8/26/09		8,050			268	S/L	10	805
TOTAL MACHINERY AND EQUIPME				230,499		0	178,082			9,545
TOTAL DEPRECIATION				<u>4,097,719</u>		<u>0</u>	<u>2,610,247</u>			<u>91,349</u>
GRAND TOTAL DEPRECIATION				<u>4,097,719</u>		<u>0</u>	<u>2,610,247</u>			<u>91,349</u>

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FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
122	VAN	1/01/96		20,614							20,614	20,614	S/L	5		0
123	2003 FORD VAN	1/01/02		22,492							22,492	22,492	S/L	5		0
124	2006 FORD VAN	1/01/06		23,591							23,591	9,436	S/L	5		4,718
125	TRUCK	1/01/97		12,400							12,400	12,400	S/L	5		0
TOTAL AUTO / TRANSPORT EQUIP				79,097		0	0	0	0	0	79,097	64,942				4,718
BUILDINGS																
1	BUILDING #1	1/01/60		642,064							642,064	556,158	S/L	80		8,026
2	ADDITION	1/01/61		555							555	340	S/L	80		7
3	ADDITION	1/01/62		288							288	173	S/L	80		4
4	ADDITION	1/01/64		37,705							37,705	21,680	S/L	80		471
5	ADDITION	1/01/66		3,450							3,450	1,897	S/L	80		43
6	ADDITION	1/01/67		8,794							8,794	4,727	S/L	80		110
7	ADDITION	1/01/68		4,339							4,339	2,277	S/L	80		54
8	ADDITION	1/01/69		14,215							14,215	7,285	S/L	80		178
9	ADDITION	1/01/70		9,909							9,909	4,955	S/L	80		124
10	ADDITION	1/01/71		11,000							11,000	5,363	S/L	80		138
11	ADDITION	1/01/73		7,947							7,947	3,675	S/L	80		99
12	ADDITION	1/01/74		68,520							68,520	30,835	S/L	80		857
13	ADDITION	1/01/76		8,246							8,246	3,504	S/L	80		103
14	ADDITION	1/01/77		62,695							62,695	25,862	S/L	80		784
15	ADDITION	1/01/78		19,648							19,648	7,860	S/L	80		246
16	ADDITION	1/01/79		15,416							15,416	5,974	S/L	80		193

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
17	ADDITION	1/01/80		31,941							31,941	11,778	S/L	80		399
18	BUILDING #2	1/01/52		93,847							93,847	68,039	S/L	80		1,173
19	ADDITION	1/01/68		203							203	107	S/L	80		3
20	GYMNASIUM	1/01/52		190,460							190,460	142,678	S/L	80		2,381
21	ADDITION	1/01/65		1,291							1,291	726	S/L	80		16
22	ADDITION	1/01/77		792							792	327	S/L	80		10
23	ADDITION	1/01/80		14,058							14,058	5,184	S/L	80		176
24	ADDITION	1/01/07		12,319							12,319	308	S/L	80		154
25	CHAPEL WINDOWS	1/01/81		79,991							79,991	75,991	S/L	30		2,666
26	GUTTERING, DOWNSPOUT FLAS	1/01/81		8,400							8,400	8,400	S/L	10		0
27	REMODELING	1/01/81		16,863							16,863	16,863	S/L	10		0
28	DRAINTILE	1/01/81		8,295							8,295	8,295	S/L	10		0
29	PAVILION ROOFS	1/01/81		1,850							1,850	1,850	S/L	10		0
30	SMOKE STACK	1/01/82		9,396							9,396	9,396	S/L	20		0
31	MONUMENTAL WINDOWS	1/01/82		7,143							7,143	6,429	S/L	30		238
32	GUTTERING, DOWNSPOUT	1/01/82		2,100							2,100	2,100	S/L	10		0
33	ROOFING	1/01/82		13,651							13,651	13,651	S/L	10		0
34	ASPHALT DRIVEWAY	1/01/82		11,250							11,250	11,250	S/L	10		0
35	SEWER MAIN	1/01/82		20,682							20,682	20,682	S/L	20		0
36	LAUNDRY ADDITION	1/01/82		22,647							22,647	20,382	S/L	30		755
37	KITCHEN HOOD	1/01/84		14,088							14,088	14,088	S/L	10		0
38	GYMNASIUM ROOF	1/01/84		43,421							43,421	43,421	S/L	10		0
39	ADT LIGHTING SYSTEM	1/01/84		7,961							7,961	7,961	S/L	10		0
40	PLAYGROUND EQUIPMENT	1/01/84		8,426							8,426	8,426	S/L	10		0
41	STORM & THERMAL WINDOWS	1/01/84		2,861							2,861	2,861	S/L	10		0
42	AIR CONDITIONERS	1/01/85		1,000							1,000	1,000	S/L	10		0
43	ELECTRIC GATES	1/01/85		3,540							3,540	3,540	S/L	10		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
44	REMODELING	1/01/85		4,820							4,820	4,820	S/L	10		0
45	NEW BATH & REMODEL APT	1/01/86		23,016							23,016	23,016	S/L	10		0
46	FIREDOORS	1/01/87		77,359							77,359	77,359	S/L	10		0
47	PORCHES	11/01/89		37,697							37,697	37,697	S/L	10		0
48	DINING ROOM	1/01/90		13,111							13,111	8,304	S/L	30		437
49	ROOF(PHASE I)	1/01/90		36,310							36,310	22,996	S/L	30		1,210
50	HANDICAP RAMP	1/01/90		15,557							15,557	9,853	S/L	30		519
51	ROOF(PHASE II)	1/01/91		44,522							44,522	26,713	S/L	30		1,484
52	ROOF(PHASE III)	1/01/92		26,418							26,418	22,456	S/L	20		1,321
53	ROOF	1/01/93		12,167							12,167	9,733	S/L	20		608
54	NEW CARPET	1/01/94		25,535							25,535	25,535	S/L	10		0
55	KITCHEN REMODEL	1/01/95		31,098							31,098	31,098	S/L	10		0
56	NEW CARPET	1/01/96		1,204							1,204	1,204	S/L	10		0
57	COMPUTER CABLES INSTALLED	1/01/97		999							999	999	S/L	10		0
58	QUIET ROOM DOORS	1/01/97		1,810							1,810	1,810	S/L	10		0
59	CONNECT LIGHTS-FIRE ALARM	1/01/97		1,728							1,728	1,728	S/L	10		0
60	MCDONALD'S PROJECT	1/01/97		50,750							50,750	50,750	S/L	10		0
61	RECREATIONAL EQUIPMENT	1/01/98		3,824							3,824	3,824	S/L	10		0
62	MATV SYSTEM WIRING/OUTLET	1/01/99		1,050							1,050	945	S/L	10		0
63	SAFE LIGHTS	1/01/99		5,644							5,644	5,080	S/L	10		0
64	REMODELING	1/01/00		115,265							115,265	103,739	S/L	10		0
65	ELEVATOR SWITCHING	1/01/01		6,243							6,243	4,994	S/L	10		624
66	NEW TRANSFORMER	1/01/01		2,173							2,173	1,738	S/L	10		217
67	COMPUTER WIRINGS	1/01/01		1,951							1,951	1,560	S/L	10		195
68	BOILER ENHANCEMENT	1/01/02		4,396							4,396	3,077	S/L	10		440
69	HANDRAILS	1/01/05		20,977							20,977	8,391	S/L	10		2,098
70	HVAC INSULATION	1/01/05		3,679							3,679	1,472	S/L	10		368

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71	HVAC CONVECTOR	1/01/05		20,250							20,250	8,100	S/L	10		2,025
72	FA COIL FOR HVAC	1/01/05		19,232							19,232	7,693	S/L	10		1,923
73	CARPETING & TLIE FOR APTS	1/01/05		29,929							29,929	11,972	S/L	10		2,993
74	CHIMNEY	1/01/06		32,772							32,772	9,831	S/L	10		3,277
75	ROOFING	1/01/06		9,980							9,980	2,994	S/L	10		998
76	RENOVATION-WELLNESS CENTE	1/01/06		15,088							15,088	4,527	S/L	10		1,509
77	RENOVATION-STAFF LOUNGE	1/01/06		7,166							7,166	2,150	S/L	10		717
78	RENOVATION-LOBBY,HALLS	1/01/06		38,518							38,518	11,556	S/L	10		3,852
79	FIRE ESCAPE	1/01/07		20,340							20,340	4,068	S/L	10		2,034
80	INSTALL DOORS	1/01/07		2,541							2,541	508	S/L	10		254
81	CHILLER REPAIRS	1/01/07		1,940							1,940	388	S/L	10		194
82	GYM RENOVATIONS	1/01/08		25,641							25,641	2,564	S/L	10		2,564
83	CHILLER REPAIR	1/01/08		92,500							92,500	3,084	S/L	60		1,542
84	HEATING RENOVATIONS	1/01/94		600,825							600,825	150,207	S/L	60		10,014
137	ELECTRICITY UPGRADE	4/02/09		15,700							15,700	393	S/L	30		523
142	CONSTRUCTION IN PROGRESS	12/31/09		65,945							65,945			30		0
TOTAL BUILDINGS				3,110,937		0	0	0	0	0	3,110,937	1,899,224				63,348
FURNITURE AND FIXTURES																
85	FURNISHINGS BEFORE 1993	1/01/93		263,686							263,686	263,686	S/L	10		0
90	APT FURNITURE/AUDIO	1/01/94		4,022							4,022	4,022	S/L	5		0
94	VARIOUS FURNITURE ITEMS	1/01/95		40,002							40,002	40,002	S/L	5		0
95	COMPUTER,TV,PRNTR,COPIER	1/01/95		15,387							15,387	15,387	S/L	5		0
98	SCAFFOLDING	1/01/97		1,423							1,423	1,423	S/L	5		0
102	NEW CARPETING	1/01/97		1,239							1,239	1,239	S/L	5		0
104	AGNES APT FURNISHINGS	1/01/97		7,952							7,952	7,952	S/L	5		0

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105	DOOR LOCKS	1/01/97		4,138							4,138	4,138	S/L	5		0
108	CARPETING	1/01/98		4,988							4,988	4,988	S/L	5		0
112	FURNITURE	1/01/01		3,901							3,901	3,901	S/L	5		0
135	CARPETING	1/01/97		4,598							4,598	4,598	S/L	5		0
TOTAL FURNITURE AND FIXTURE				351,336		0	0	0	0	0	351,336	351,336				0
IMPROVEMENTS																
127	PARKING LOT	1/01/88		9,057							9,057	9,510	S/L	20		0
128	PARKING LOT	1/01/89		28,600							28,600	28,600	S/L	20		0
129	PLAYGROUND FENCE	1/01/96		34,641							34,641	34,641	S/L	10		0
130	WIRING ON GATES	1/01/97		967							967	967	S/L	10		0
131	ASPHALT TRACK	1/01/98		1,000							1,000	1,000	S/L	10		0
132	PARKING LOT BEHIND GYM	1/01/98		14,890							14,890	14,890	S/L	10		0
133	ASPHALT	1/01/99		1,165							1,165	1,165	S/L	10		0
134	PLAYGROUND	1/01/07		129,446							129,446	25,890	S/L	10		12,945
143	ROOF REPAIR & OTHER	5/21/10		27,199							27,199		S/L	20		793
TOTAL IMPROVEMENTS				246,965		0	0	0	0	0	246,965	116,663				13,738
LAND																
126	LAND	1/01/80		78,885							78,885					0
TOTAL LAND				78,885		0	0	0	0	0	78,885	0				0
MACHINERY AND EQUIPMENT																

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
86	COMPUTER EQUIPMENT	1/01/93		21,123							21,123	21,123	S/L	5		0
87	KITCHEN EQUIPMENT	1/01/93		20,514							20,514	20,514	S/L	10		0
88	PHONE SYSTEM	1/01/93		24,536							24,536	24,536	S/L	10		0
89	W.P. 6-2 VARIOUS	1/01/93		12,404							12,404	12,404	S/L	5		0
91	PHONE SYSTEM	1/01/94		1,016							1,016	1,016	S/L	5		0
92	KITCHEN & GYM EQUIPMENT	1/01/94		2,012							2,012	2,012	S/L	5		0
93	COMPUTER EQUIPMENT	1/01/94		1,415							1,415	1,415	S/L	5		0
96	COMPUTER,TV,REFRIG,ETC.	1/01/96		32,382							32,382	32,382	S/L	5		0
97	SNOW BLOWER	1/01/97		500							500	500	S/L	5		0
99	TYPEWRITER	1/01/97		340							340	340	S/L	5		0
100	SEWER CABLE	1/01/97		509							509	509	S/L	5		0
101	3 COMPUTERS	1/01/97		6,695							6,695	6,695	S/L	5		0
106	CONVEYOR TOASTER	1/01/97		690							690	690	S/L	5		0
109	FLOOR SCRUBBER	1/01/98		3,425							3,425	3,425	S/L	5		0
110	MAC 550 COMPUTER	1/01/98		1,499							1,499	1,499	S/L	5		0
111	LEAF BLOWER/CHOPPER	1/01/99		597							597	597	S/L	5		0
113	RIDING TRACTOR,MOWER,TRIM	1/01/02		17,568							17,568	17,568	S/L	5		0
114	3 HD TELEVISIONS	1/01/05		3,340							3,340	2,672	S/L	5		0
115	WALK-IN FREEZER	1/01/05		7,825							7,825	6,260	S/L	5		0
116	FITNESS EQUIPMENT	1/01/06		10,167							10,167	6,100	S/L	5		2,033
117	WOODCHIPPER	1/01/06		10,579							10,579	9,248	S/L	5		1,331
118	FITNESS EQUIPMENT	1/01/06		2,975							2,975	1,785	S/L	5		595
119	GAS GENERATOR	1/01/06		2,230							2,230	1,338	S/L	5		446
120	KAWASAKI MOWER	1/01/06		2,699							2,699	1,080	S/L	5		540
121	HEATING RENOVATIONS	1/01/08		3,220							3,220	644	S/L	5		644
136	GARBAGE DISPOSAL	1/01/97		674							674	674	S/L	5		0
138	DISHWASHER	9/16/09		18,410							18,410	460	S/L	10		1,841

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
139	DISPOSER	9/16/09		2,781							2,781	70	S/L	10		278
140	SERVING COUNTER	9/16/09		10,324							10,324	258	S/L	10		1,032
141	WASH MACHINE	8/26/09		8,050							8,050	268	S/L	10		805
TOTAL MACHINERY AND EQUIPME				230,499		0	0	0	0	0	230,499	178,082				9,545
TOTAL DEPRECIATION				<u>4,097,719</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,097,719</u>	<u>2,610,247</u>				<u>91,349</u>
GRAND TOTAL DEPRECIATION				<u>4,097,719</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,097,719</u>	<u>2,610,247</u>				<u>91,349</u>

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FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
122	VAN	1/01/96		20,614							20,614	20,614	S/L	5		0
123	2003 FORD VAN	1/01/02		22,492							22,492	22,492	S/L	5		0
124	2006 FORD VAN	1/01/06		23,591							23,591	14,154	S/L	5		0
125	TRUCK	1/01/97		12,400							12,400	12,400	S/L	5		0
TOTAL AUTO / TRANSPORT EQUIP				79,097		0	0	0	0	0	79,097	69,660				0
BUILDINGS																
1	BUILDING #1	1/01/60		642,064							642,064	564,184	S/L	80		8,026
2	ADDITION	1/01/61		555							555	347	S/L	80		7
3	ADDITION	1/01/62		288							288	177	S/L	80		4
4	ADDITION	1/01/64		37,705							37,705	22,151	S/L	80		471
5	ADDITION	1/01/66		3,450							3,450	1,940	S/L	80		43
6	ADDITION	1/01/67		8,794							8,794	4,837	S/L	80		110
7	ADDITION	1/01/68		4,339							4,339	2,331	S/L	80		54
8	ADDITION	1/01/69		14,215							14,215	7,463	S/L	80		178
9	ADDITION	1/01/70		9,909							9,909	5,079	S/L	80		124
10	ADDITION	1/01/71		11,000							11,000	5,501	S/L	80		138
11	ADDITION	1/01/73		7,947							7,947	3,774	S/L	80		99
12	ADDITION	1/01/74		68,520							68,520	31,692	S/L	80		857
13	ADDITION	1/01/76		8,246							8,246	3,607	S/L	80		103
14	ADDITION	1/01/77		62,695							62,695	26,646	S/L	80		784
15	ADDITION	1/01/78		19,648							19,648	8,106	S/L	80		246
16	ADDITION	1/01/79		15,416							15,416	6,167	S/L	80		193

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17	ADDITION	1/01/80		31,941							31,941	12,177	S/L	80		399
18	BUILDING #2	1/01/52		93,847							93,847	69,212	S/L	80		1,173
19	ADDITION	1/01/68		203							203	110	S/L	80		3
20	GYMNASIUM	1/01/52		190,460							190,460	145,059	S/L	80		2,381
21	ADDITION	1/01/65		1,291							1,291	742	S/L	80		16
22	ADDITION	1/01/77		792							792	337	S/L	80		10
23	ADDITION	1/01/80		14,058							14,058	5,360	S/L	80		176
24	ADDITION	1/01/07		12,319							12,319	462	S/L	80		154
25	CHAPEL WINDOWS	1/01/81		79,991							79,991	78,657	S/L	30		0
26	GUTTERING, DOWNSPOUT FLAS	1/01/81		8,400							8,400	8,400	S/L	10		0
27	REMODELING	1/01/81		16,863							16,863	16,863	S/L	10		0
28	DRAINTILE	1/01/81		8,295							8,295	8,295	S/L	10		0
29	PAVILION ROOFS	1/01/81		1,850							1,850	1,850	S/L	10		0
30	SMOKE STACK	1/01/82		9,396							9,396	9,396	S/L	20		0
31	MONUMENTAL WINDOWS	1/01/82		7,143							7,143	6,667	S/L	30		238
32	GUTTERING, DOWNSPOUT	1/01/82		2,100							2,100	2,100	S/L	10		0
33	ROOFING	1/01/82		13,651							13,651	13,651	S/L	10		0
34	ASPHALT DRIVEWAY	1/01/82		11,250							11,250	11,250	S/L	10		0
35	SEWER MAIN	1/01/82		20,682							20,682	20,682	S/L	20		0
36	LAUNDRY ADDITION	1/01/82		22,647							22,647	21,137	S/L	30		755
37	KITCHEN HOOD	1/01/84		14,088							14,088	14,088	S/L	10		0
38	GYMNASIUM ROOF	1/01/84		43,421							43,421	43,421	S/L	10		0
39	ADT LIGHTING SYSTEM	1/01/84		7,961							7,961	7,961	S/L	10		0
40	PLAYGROUND EQUIPMENT	1/01/84		8,426							8,426	8,426	S/L	10		0
41	STORM & THERMAL WINDOWS	1/01/84		2,861							2,861	2,861	S/L	10		0
42	AIR CONDITIONERS	1/01/85		1,000							1,000	1,000	S/L	10		0
43	ELECTRIC GATES	1/01/85		3,540							3,540	3,540	S/L	10		0

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44	REMODELING	1/01/85		4,820							4,820	4,820	S/L	10		0
45	NEW BATH & REMODEL APT	1/01/86		23,016							23,016	23,016	S/L	10		0
46	FIREDOORS	1/01/87		77,359							77,359	77,359	S/L	10		0
47	PORCHES	11/01/89		37,697							37,697	37,697	S/L	10		0
48	DINING ROOM	1/01/90		13,111							13,111	8,741	S/L	30		437
49	ROOF(PHASE I)	1/01/90		36,310							36,310	24,206	S/L	30		1,210
50	HANDICAP RAMP	1/01/90		15,557							15,557	10,372	S/L	30		519
51	ROOF(PHASE II)	1/01/91		44,522							44,522	28,197	S/L	30		1,484
52	ROOF(PHASE III)	1/01/92		26,418							26,418	23,777	S/L	20		1,321
53	ROOF	1/01/93		12,167							12,167	10,341	S/L	20		608
54	NEW CARPET	1/01/94		25,535							25,535	25,535	S/L	10		0
55	KITCHEN REMODEL	1/01/95		31,098							31,098	31,098	S/L	10		0
56	NEW CARPET	1/01/96		1,204							1,204	1,204	S/L	10		0
57	COMPUTER CABLES INSTALLED	1/01/97		999							999	999	S/L	10		0
58	QUIET ROOM DOORS	1/01/97		1,810							1,810	1,810	S/L	10		0
59	CONNECT LIGHTS-FIRE ALARM	1/01/97		1,728							1,728	1,728	S/L	10		0
60	MCDONALD'S PROJECT	1/01/97		50,750							50,750	50,750	S/L	10		0
61	RECREATIONAL EQUIPMENT	1/01/98		3,824							3,824	3,824	S/L	10		0
62	MATV SYSTEM WIRING/OUTLET	1/01/99		1,050							1,050	945	S/L	10		0
63	SAFE LIGHTS	1/01/99		5,644							5,644	5,080	S/L	10		0
64	REMODELING	1/01/00		115,265							115,265	103,739	S/L	10		0
65	ELEVATOR SWITCHING	1/01/01		6,243							6,243	5,618	S/L	10		0
66	NEW TRANSFORMER	1/01/01		2,173							2,173	1,955	S/L	10		0
67	COMPUTER WIRINGS	1/01/01		1,951							1,951	1,755	S/L	10		0
68	BOILER ENHANCEMENT	1/01/02		4,396							4,396	3,517	S/L	10		440
69	HANDRAILS	1/01/05		20,977							20,977	10,489	S/L	10		2,098
70	HVAC INSULATION	1/01/05		3,679							3,679	1,840	S/L	10		368

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71	HVAC CONVECTOR	1/01/05		20,250							20,250	10,125	S/L	10		2,025
72	FA COIL FOR HVAC	1/01/05		19,232							19,232	9,616	S/L	10		1,923
73	CARPETING & TLIE FOR APTS	1/01/05		29,929							29,929	14,965	S/L	10		2,993
74	CHIMNEY	1/01/06		32,772							32,772	13,108	S/L	10		3,277
75	ROOFING	1/01/06		9,980							9,980	3,992	S/L	10		998
76	RENOVATION-WELLNESS CENTE	1/01/06		15,088							15,088	6,036	S/L	10		1,509
77	RENOVATION-STAFF LOUNGE	1/01/06		7,166							7,166	2,867	S/L	10		717
78	RENOVATION-LOBBY,HALLS	1/01/06		38,518							38,518	15,408	S/L	10		3,852
79	FIRE ESCAPE	1/01/07		20,340							20,340	6,102	S/L	10		2,034
80	INSTALL DOORS	1/01/07		2,541							2,541	762	S/L	10		254
81	CHILLER REPAIRS	1/01/07		1,940							1,940	582	S/L	10		194
82	GYM RENOVATIONS	1/01/08		25,641							25,641	5,128	S/L	10		2,564
83	CHILLER REPAIR	1/01/08		92,500							92,500	4,626	S/L	60		1,542
84	HEATING RENOVATIONS	1/01/94		600,825							600,825	160,221	S/L	60		10,014
137	ELECTRICITY UPGRADE	4/02/09		15,700							15,700	916	S/L	30		523
142	CONSTRUCTION IN PROGRESS	12/31/09		65,945							65,945			30		0
TOTAL BUILDINGS				3,110,937		0	0	0	0	0	3,110,937	1,962,572				59,646
FURNITURE AND FIXTURES																
85	FURNISHINGS BEFORE 1993	1/01/93		263,686							263,686	263,686	S/L	10		0
90	APT FURNITURE/AUDIO	1/01/94		4,022							4,022	4,022	S/L	5		0
94	VARIOUS FURNITURE ITEMS	1/01/95		40,002							40,002	40,002	S/L	5		0
95	COMPUTER,TV,PRNTR,COPIER	1/01/95		15,387							15,387	15,387	S/L	5		0
98	SCAFFOLDING	1/01/97		1,423							1,423	1,423	S/L	5		0
102	NEW CARPETING	1/01/97		1,239							1,239	1,239	S/L	5		0
104	AGNES APT FURNISHINGS	1/01/97		7,952							7,952	7,952	S/L	5		0

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105	DOOR LOCKS	1/01/97		4,138							4,138	4,138	S/L	5		0
108	CARPETING	1/01/98		4,988							4,988	4,988	S/L	5		0
112	FURNITURE	1/01/01		3,901							3,901	3,901	S/L	5		0
135	CARPETING	1/01/97		4,598							4,598	4,598	S/L	5		0
TOTAL FURNITURE AND FIXTURE				351,336		0	0	0	0	0	351,336	351,336				0
IMPROVEMENTS																
127	PARKING LOT	1/01/88		9,057							9,057	9,510	S/L	20		0
128	PARKING LOT	1/01/89		28,600							28,600	28,600	S/L	20		0
129	PLAYGROUND FENCE	1/01/96		34,641							34,641	34,641	S/L	10		0
130	WIRING ON GATES	1/01/97		967							967	967	S/L	10		0
131	ASPHALT TRACK	1/01/98		1,000							1,000	1,000	S/L	10		0
132	PARKING LOT BEHIND GYM	1/01/98		14,890							14,890	14,890	S/L	10		0
133	ASPHALT	1/01/99		1,165							1,165	1,165	S/L	10		0
134	PLAYGROUND	1/01/07		129,446							129,446	38,835	S/L	10		12,945
143	ROOF REPAIR & OTHER	5/21/10		27,199							27,199	793	S/L	20		1,360
TOTAL IMPROVEMENTS				246,965		0	0	0	0	0	246,965	130,401				14,305
LAND																
126	LAND	1/01/80		78,885							78,885					0
TOTAL LAND				78,885		0	0	0	0	0	78,885	0				0
MACHINERY AND EQUIPMENT																

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86	COMPUTER EQUIPMENT	1/01/93		21,123							21,123	21,123	S/L	5		0
87	KITCHEN EQUIPMENT	1/01/93		20,514							20,514	20,514	S/L	10		0
88	PHONE SYSTEM	1/01/93		24,536							24,536	24,536	S/L	10		0
89	W.P. 6-2 VARIOUS	1/01/93		12,404							12,404	12,404	S/L	5		0
91	PHONE SYSTEM	1/01/94		1,016							1,016	1,016	S/L	5		0
92	KITCHEN & GYM EQUIPMENT	1/01/94		2,012							2,012	2,012	S/L	5		0
93	COMPUTER EQUIPMENT	1/01/94		1,415							1,415	1,415	S/L	5		0
96	COMPUTER,TV,REFRIG,ETC.	1/01/96		32,382							32,382	32,382	S/L	5		0
97	SNOW BLOWER	1/01/97		500							500	500	S/L	5		0
99	TYPEWRITER	1/01/97		340							340	340	S/L	5		0
100	SEWER CABLE	1/01/97		509							509	509	S/L	5		0
101	3 COMPUTERS	1/01/97		6,695							6,695	6,695	S/L	5		0
106	CONVEYOR TOASTER	1/01/97		690							690	690	S/L	5		0
109	FLOOR SCRUBBER	1/01/98		3,425							3,425	3,425	S/L	5		0
110	MAC 550 COMPUTER	1/01/98		1,499							1,499	1,499	S/L	5		0
111	LEAF BLOWER/CHOPPER	1/01/99		597							597	597	S/L	5		0
113	RIDING TRACTOR,MOWER,TRIM	1/01/02		17,568							17,568	17,568	S/L	5		0
114	3 HD TELEVISIONS	1/01/05		3,340							3,340	2,672	S/L	5		0
115	WALK-IN FREEZER	1/01/05		7,825							7,825	6,260	S/L	5		0
116	FITNESS EQUIPMENT	1/01/06		10,167							10,167	8,133	S/L	5		0
117	WOODCHIPPER	1/01/06		10,579							10,579	10,579	S/L	5		0
118	FITNESS EQUIPMENT	1/01/06		2,975							2,975	2,380	S/L	5		0
119	GAS GENERATOR	1/01/06		2,230							2,230	1,784	S/L	5		0
120	KAWASAKI MOWER	1/01/06		2,699							2,699	1,620	S/L	5		0
121	HEATING RENOVATIONS	1/01/08		3,220							3,220	1,288	S/L	5		644
136	GARBAGE DISPOSAL	1/01/97		674							674	674	S/L	5		0
138	DISHWASHER	9/16/09		18,410							18,410	2,301	S/L	10		1,841

12/31/11

2011 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT G4

THE GERMAN ST. VINCENT ORPHAN
ASSOCIATION

43-0653319

12/13/11

09:35AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
139	DISPOSER	9/16/09		2,781							2,781	348	S/L	10		278
140	SERVING COUNTER	9/16/09		10,324							10,324	1,290	S/L	10		1,032
141	WASH MACHINE	8/26/09		8,050							8,050	1,073	S/L	10		805
TOTAL MACHINERY AND EQUIPME				230,499		0	0	0	0	0	230,499	187,627				4,600
TOTAL DEPRECIATION				<u>4,097,719</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,097,719</u>	<u>2,701,596</u>				<u>78,551</u>
GRAND TOTAL DEPRECIATION				<u>4,097,719</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,097,719</u>	<u>2,701,596</u>				<u>78,551</u>