

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2003**Department of the Treasury  
Internal Revenue Service

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

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

Open to Public  
Inspection**A** For the 2003 calendar year, or tax year beginning **OCT 1, 2003** and ending **SEP 30, 2004****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

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DISTRICT COUNCIL OF MADISON INC  
C/O SOCIETY OF ST VINCENT DE PAUL  
1109 JONATHON DR  
MADISON WI 53713-3230I  
P 14 R  
B 24 S**D** Employer identification number

39-0824876

Room/suite

**E** Telephone number

(608) 278-2920

**F** Accounting method ☐ Cash ☒ Accrual  
(specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,409,765.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received					
<b>a</b> Direct public support	<b>1a</b>	342,396.			
<b>b</b> Indirect public support	<b>1b</b>	2,217,911.			
<b>c</b> Government contributions (grants)	<b>1c</b>	26,854.			
<b>d</b> Total (add lines 1a through 1c) (cash \$ 363,992. noncash \$ 2,223,169.)	<b>1d</b>			2,587,161.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			204,136.	
<b>3</b> Membership dues and assessments	<b>3</b>				
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			8,408.	
<b>5</b> Dividends and interest from securities	<b>5</b>				
<b>6 a</b> Gross rents	<b>6a</b>				
<b>b</b> Less: rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>				
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>				
<b>8d</b>					
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (net including reported online) of contributions	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	1,586,890.			
<b>b</b> Less: cost of goods sold	<b>10b</b>	1,586,890.			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	STMT 1			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			23,170.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			2,822,875.	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			2,437,432.	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			508,944.	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			2,946,376.	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<123,501.>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			3,062,774.	
<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	<b>20</b>			4,669.	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			2,943,942.	

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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**DISTRICT COUNCIL OF MADISON, INC.  
SOCIETY OF ST. VINCENT DE PAUL**

39-0824876

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)	38,739.	38,739.	STATEMENT 5	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	75,171.	0.	75,171.	0.
26	Other salaries and wages	1,608,979.	1,407,583.	201,396.	
27	Pension plan contributions	31,677.	22,912.	8,765.	
28	Other employee benefits				
29	Payroll taxes	200,704.	154,600.	46,104.	
30	Professional fundraising fees				
31	Accounting fees	12,715.	1,254.	11,461.	
32	Legal fees				
33	Supplies	105,213.	79,513.	25,700.	
34	Telephone	20,360.	16,634.	3,726.	
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance	98,336.	97,019.	1,317.	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	60,533.		60,533.	
42	Depreciation, depletion, etc (attach schedule)	99,361.	97,644.	1,717.	
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e	594,588.	521,534.	73,054.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,946,376.	2,437,432.	508,944.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	HELP THOSE WHO ARE SUFFERING IN THE MADISON, WI, AREA BY PROVIDING FOOD, CLOTHING, FURNITURE, SHELTER AND GUIDANCE.	
	(Grants and allocations \$ _____)	38,739.
b	EXPENSES INCURRED IN OPERATING ITS RESALE STORES, FOOD PANTRY, SERVICE CENTER, AND TEMPORARY SHELTERS.	
	(Grants and allocations \$ _____)	2,398,693.
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,437,432.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	479,017.	45 380,025.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 41,933.	
	b Less allowance for doubtful accounts	47b	47c 41,933.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	369,319.	52 317,527.
	53 Prepaid expenses and deferred charges	18,171.	53 13,171.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	38,893.	54 48,518.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 4,797,000.		
b Less accumulated depreciation	57b 1,429,604.	57c 3,367,396.	
58 Other assets (describe <input type="checkbox"/> )		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3,674,711.	59 4,168,570.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	239,518.	60 257,460.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	15,474.	64b 60,626.
	65 Other liabilities (describe <input type="checkbox"/> LONG TERM NOTE PAYABLE )	356,945.	65 906,542.
66 <b>Total liabilities</b> (add lines 60 through 65)	611,937.	66 1,224,628.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,047,774.	67 2,928,942.
	68 Temporarily restricted	15,000.	68 15,000.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,062,774.	73 2,943,942.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	3,674,711.	74 4,168,570.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**DISTRICT COUNCIL OF MADISON, INC.  
SOCIETY OF ST. VINCENT DE PAUL**

Form 990 (2003)

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	2,827,544.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 4,669.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	4,669.
c	Line a minus line b	c	2,822,875.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,822,875.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	a	2,946,376.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	2,946,376.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,946,376.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
EDWARD A. EMMENEGGER 3805 LEXINGTON DR. MIDDLETON, WI 53562	PRESIDENT 10	0.	0.	0.
GAIL GROLEAU 3018 DIANNE DR. MIDDLETON, WI 53562	VICE PRESIDENT 2	0.	0.	0.
ROBERT A. DVORAK 3028 CTH B STOUGHTON, WI 53589	TREASURER 5	0.	0.	0.
MARY SOBOTA 3818 CHEROKEE DR MADISON, WI 53711-2901	SECRETARY 2	0.	0.	0.
PATRICIA R. KOVAL 3406 VIBURNUM DR MADISON, WI 53705	DIRECTOR 1	0.	0.	0.
WILLIAM K. BROPHY 6860 PARK RIDGE DR MADISON, WI 53719-2220	DIRECTOR 1	0.	0.	0.
ROGER SCHRANTZ 109 CARILLON DR. MADISON, WI 53705	DIRECTOR 1	0.	0.	0.
RALPH B. MIDDLECAMP 5480 CADDIS BEND #301 FITCBURG, WI 53711	EXECUTIVE DIRECTOR 50	75,171.	2,255.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

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Yes	No
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**DISTRICT COUNCIL OF MADISON, INC.  
SOCIETY OF ST. VINCENT DE PAUL**

Form 990 (2003)

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a RENTS - LOW INCOME			16	204,136.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,408.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			05		
103 Other revenue:					
a MISCELLANEOUS			01	23,170.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		235,714.	0.
105 Total (add line 104, columns (B), (D), and (E))					235,714.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

I am preparing this Form 990 for the District Council of Madison, Inc. and its subsidiaries, and to the best of my knowledge and belief, it is true, correct, and complete.

1/25/05

Edward Emmenegger, President

Type or print name and title

Date

Check if

Preparer's SSN or PTIN

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

Name of the organization **DISTRICT COUNCIL OF MADISON, INC.**  
**SOCIETY OF ST. VINCENT DE PAUL**

Employer identification number  
**39 0824876**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GARY HAMMOND N4385 PARK RD	GENERAL MGR 40	59,967.	1,799.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

**e** Transfer of any part of its income or assets?

2e X

**3 a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)

3a X

**b** Do you have a section 403(b) annuity plan for your employees?

3b X

**4** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box)

**5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

**6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V)

**7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

**8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

**9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_

**10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)

**11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

**11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

**12** ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A)

**13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)



## DISTRICT COUNCIL OF MADISON, INC.

Schedule A (Form 990 or 990-EZ) 2003 SOCIETY OF ST. VINCENT DE PAUL

39-0824876 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,252,973.	2,361,731.	2,175,894.	1,851,023.	8,641,621.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,460,038.	1,391,418.	1,268,563.	1,208,611.	5,328,630.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,786.	10,250.	10,301.	14,946.	41,283.
<b>19</b> Net income from unrelated business activities not included in line 18	12,795.	3,232.	5,007.	19,711.	40,745.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	3,731,592.	3,766,631.	3,459,765.	3,094,291.	14,052,279.
<b>24</b> Line 23 minus line 17	2,271,554.	2,375,213.	2,191,202.	1,885,680.	8,723,649.
<b>25</b> Enter 1% of line 23	37,316.	37,666.	34,598.	30,943.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					N/A
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					N/A
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					N/A
<b>e</b> Public support (line 26c minus line 26d total)					N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					N/A %
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
<b>c</b> Add: Amounts from column (e) for lines: 15 8,641,621. 16 _____ 17 5,328,630. 20 _____ 21 _____					13,970,251.
<b>d</b> Add: Line 27a total 0. and line 27b total 0.					0.
<b>e</b> Public support (line 27c total minus line 27d total)					13,970,251.
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					14,052,279.
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.4163%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					.2938%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	<b>32d</b>	
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2003

## DISTRICT COUNCIL OF MADISON, INC.

Schedule A (Form 990 or 990-EZ) 2003 SOCIETY OF ST. VINCENT DE PAUL

39-0824876 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 1

## INCOME

1. GROSS RECEIPTS . . . . .	1,586,890	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		1,586,890
4. COST OF GOODS SOLD (LINE 13) . . . . .	1,586,890	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	369,319	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	1,535,098	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		1,904,417
12. INVENTORY AT END OF YEAR . . . . .	317,527	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		1,586,890

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	4,669.
TOTAL TO FORM 990, PART I, LINE 20	4,669.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD	198,595.	198,595.		
UTILITIES	86,951.	86,951.		
ADVERTISING	56,335.	50,837.	5,498.	
INSURANCE	63,349.	54,026.	9,323.	
RENT	32,973.	31,752.	1,221.	
RUBBISH REMOVAL	54,666.	54,666.		
MISCELLANEOUS	80,128.	37,233.	42,895.	
REAL ESTATE TAXES	7,474.	7,474.		
BAD DEBTS EXPENSE	7,133.		7,133.	
CHARITY-UNPAID FEES	6,984.		6,984.	
TOTAL TO FM 990, LN 43	594,588.	521,534.	73,054.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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## EXPLANATION

TO PROVIDE TO THOSE SUFFERING IN THE MADISON, WISCONSIN, AREA WITH FOOD, CLOTHING, FURNITURE, SHELTER & GUIDANCE.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	5
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DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIVIDUALS	38,739.
TOTAL TO FORM 990, PART II, LINE 23	38,739.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS			48,518.		48,518.
TO 990, LN 54 COL B			48,518.		48,518.



District Council of Madison Inc.  
**Society of St. Vincent de Paul**  
1109 Jonathon Dr., Madison, WI 53713-3230

**BOARD OF DIRECTORS**  
(October 1, 2003)

Title	Name/Address	Telecom.	Compensation
President	Edward A. Emmenegger 3805 Lexington Dr. Middleton, WI 53562	(608) 836-6803 (H) (608) 238-3471 (W) <a href="mailto:ed@blsacrament.org">ed@blsacrament.org</a>	-0-
Vice President	Gail Groleau 3018 Dianne Dr. Middleton, WI 53562	(608) 231-3376 (H) (608) 252-8734 (W) <a href="mailto:ggroleau@anchorbank.com">ggroleau@anchorbank.com</a>	-0-
Treasurer	Robert B. Dvorak 3028 CTH B Stoughton, WI 53589	(608) 873-3765 (H) (608) 770-3765 (M)	-0-
Secretary	Mary Sobota 3818 Cherokee Dr. Madison, WI 53711-2901	(608) 231-2938 H (608) 256-2358 W <a href="mailto:sobotam@charter.net">sobotam@charter.net</a>	-0-
Director	Patricia R. Koval 3406 Viburnum Dr. Madison, WI 53705	(608) 238-5466 (H) <a href="mailto:cfkoval@wisc.edu">cfkoval@wisc.edu</a>	-0-
Director	William K. Brophy 6860 Park Ridge Dr. Madison, WI 53719-2220	(608) 821-3033 (W) <a href="mailto:bbrophy@straphael.org">bbrophy@straphael.org</a>	-0-
Director	Roger Schrantz 109 Carillon Dr. Madison, WI 53705	(608) 238-6344 <a href="mailto:rogshrantz@aol.com">rogshrantz@aol.com</a>	-0-
Exec. Director	Ralph Middlecamp 5480 Caddis Bend #301 Fitchburg, WI 53711	(608) 278-2920	75,171



**Book Group Summary 10/01/03 - 9/30/04**

FYE: 9/30/2004

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDING IMPROVE	978,007.61	3,773.83	0.00	981,781.44	364,025.54	38,175.06	0.00	402,200.60
EQUIPMENT	281,519.78	57,462.20	0.00	338,981.98	222,061.09	21,448.09	0.00	243,509.18
FURNITURE	44,186.83	0.00	0.00	44,186.83	43,167.90	226.43	0.00	43,394.33
LAND AND BUILDING	2,453,008.72	692,305.80	0.00	3,145,314.52	539,208.80	56,449.05	0.00	595,657.85
VEHICLES	252,552.95	63,753.50	29,571.58	286,734.87	130,338.87	44,074.49	29,571.58	144,841.78
<b>Grand Total</b>	<u>4,009,275.89</u>	<u>817,295.33</u>	<u>29,571.58</u>	<u>4,796,999.64</u>	<u>1,298,802.20</u>	<u>160,373.12</u>	<u>29,571.58</u>	<u>1,429,603.74</u>