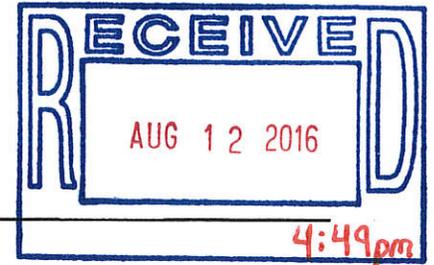


City of St. Louis
2016 REQUEST FOR PROPOSALS (RFP)
Application



1. Name of Applicant: DEPAUL USA
2. Name of Program: ST. LAZARE HOUSE
3. Program Address: 2912 ARSENAL STREET, ST LOUIS
4. Phone: 312-282-8953 Fax: N/A E-mail: charles.levesque@depaul
usa.
com
5. Contact Person & Title: CHARLES W. LEVESQUE, PRES/EXEC. DIRECTOR

6. **SELECT ONLY ONE CATEGORY.** An agency may request funds from multiple funding sources and from multiple categories. The agency **MUST** complete a separate application for each category. To select a category, double click on the box and under the default value select "checked".

2016 Continuum of Care (CoC): **NEW PROJECTS ONLY**

Permanent Supportive Housing (PSH) for chronically homeless households, including individuals and families, and unaccompanied youth

Rapid Re-Housing (RRH) for individuals and families, including unaccompanied youth who are residing on the streets or in emergency shelters or who are fleeing domestic violence

7. Target Population(s):

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Single Men | <input type="checkbox"/> Women w/ children | <input type="checkbox"/> Veterans | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Single Women | <input type="checkbox"/> Battered Spouse | <input type="checkbox"/> Persons with Physical Disabilities | <input checked="" type="checkbox"/> Drug Dependent |
| <input type="checkbox"/> Families | <input checked="" type="checkbox"/> Alcohol Dependent | <input type="checkbox"/> Elderly | <input checked="" type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Teenage Mothers | <input checked="" type="checkbox"/> Chronically Mentally Ill | | <input type="checkbox"/> Other |

8. Housing:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Barracks | <input type="checkbox"/> Scattered Site Apartments | <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Detached House |
| <input type="checkbox"/> Group/Large House | | <input checked="" type="checkbox"/> On-site Apartments | <input type="checkbox"/> Other |

9. Requested amount reflects: 75 % of the program/project budget of \$ 262,000
Requested amount reflects: 4.6 % of the total agency's budget of \$ 4,255,434
Is this program/project currently in existence? Yes How many years? _____ No
Annual amount of funds received from other City Department/Agencies? \$ 0



Project Proposal

RESPONSE TO THE 2016 RFP

New Projects

2016 Continuum of Care

Competitive Grant Program

St. Lazare House

Project Narrative

Depaul USA proposes to establish and operate a permanent supportive housing (PSH) program at 2912 Arsenal Street in St. Louis, MO 63116. Depaul USA is currently in the process of securing funding to purchase the property from the Congregation of the Mission. 2912 Arsenal Street, which will be called St. Lazare House, is a congregate-site apartment building with 15 one-bedroom units and a finished basement with a full kitchen. St. Lazare House will house single, chronic homeless men and women prioritizing unaccompanied youth, 18 to 26 years of age.

St. Lazare House will create systemic change at two distinct levels. At the "micro-level," St. Lazare House will allow residents to break the cycle of poverty and transition to lives of greater independence and dignity. Systemic change at the "macro-level" requires altering larger structures and systems that perpetuate poverty. The lack of safe, affordable housing reinforces poverty. By establishing St. Lazare House, Depaul USA hopes to add to the St. Louis inventory of affordable and safe housing.

Depaul USA staff are active members of the St. Louis City Continuum of Care (CoC). Unaccompanied youth are a priority population for the CoC as well as HUD. Our community needs additional permanent supportive programs to end homelessness. Currently, there are no permanent supportive housing programs that prioritize unaccompanied youth in our CoC. The consequences of ignoring homeless youth in our society are great. The National Network for Youth has stated:

A significant number of homeless and runaway youth found in programs exhibit characteristics which are predictors of delinquent behavior, adult homelessness, addictive behaviors and mental illness. In addition, they are subjected to cultures of violence in their families and on the streets. Homeless youth living on their own are at a higher risk for anxiety disorders, depression, PTSD, suicide attempts and other health problems. (Website, National Network for Youth.)

St. Lazare House will be a "Housing First" program and will adopt the performance measures established by the CoC planning committee. Depaul USA will participate in the coordinated entry process. All referrals will come from the CoC's front door entry housing wait list. First preference will be given to persons who meet the chronic, unaccompanied homeless youth standard. If there is no one who meets this criterion, St. Lazare House will accept the next person on the housing wait list who meets the chronic homeless standard.

Participants will live in their own fully furnished one bedroom apartments. This will be the primary place where services will be delivered. Staff will provide services "in vivo" and in real time. Participants will practice how to be good tenants, helpful neighbors and positive community participants. In addition to the one-on-one wrap around support services provided to each participant, St. Lazare House will offer a variety of curricula, programs and support groups in our common space in the finished basement. This area has a full kitchen and dining area for cooking classes and community meals, a large living room for

support and recovery groups, and a meeting room for classes and programs focused on increasing independent living skills such as financial literacy, tenant rights, and GED classes. Additionally, there is a laundry room in the basement for program participants. Depaul USA estimates the annual operating costs of the program to be \$262,000.

Client Population

The target population for this permanent supportive housing program will be the chronic homeless. Common characteristics of this population include mental illness, addiction, involvement with the criminal justice system, inadequate support systems, low educational attainment, spotty job histories and untreated health issues. We will house both single adult males and females who meet this standard. The most recent Point in Time count (PIT) conducted on January 27, 2016 identified 100 persons on the streets of St. Louis who met the chronic homeless standard despite the fact that the Mayor's 10 Year Plan to End Chronic Homelessness intended to eradicate chronic homelessness by 2015. Additionally, the Mental Health Board contracted the Corporation for Supportive Housing to research the need for permanent supportive housing in our community in 2012. That report recommended the creation of an additional 1,227 units of PSH to meet the needs of the estimated homeless population in St. Louis. St. Lazare House will create more PSH units and reduce the city's chronic homeless population.

St. Lazare House will not only provide 15 additional units of PSH for the chronic homeless. It will also prioritize housing for the unaccompanied youth population. St. Louis' most recent PIT count identified 104 unaccompanied homeless youth (ages 18-24). This figure most likely underestimates the number of such young people because homeless youth are not often found in the traditional homeless settings such as emergency shelters where they often experience greater rates of victimization. They often couch surf, move from house to house and "hide" in out-of-sight places in the city.

Although they exhibit many of the issues similar to the general chronic homeless population, the unaccompanied youth population typically has additional issues that make them particularly vulnerable. These young people have often spent years in unstable, inadequate housing situations where they have constantly been forced to move. They often come from households where they were abused, neglected and/or grew up in the foster care system. They have not had consistent, responsible and caring role models in their lives and have not learned how to be successful adults. They have often not completed high school and have histories of unaddressed mental illness, drug and alcohol addiction and sexual identity issues. Depaul USA decided to prioritize housing the chronic, unaccompanied homeless youth population due to the limited resources and housing available to this population in St. Louis. St. Louis City only has one emergency shelter and one transitional housing program to serve this population. The HUD Exchange web site from the 2014 PIT reports the following characteristics and needs of this very vulnerable population:

- 45,205 homeless youth in 2014 were unaccompanied;
- 66% of males and 33% of females report to being assaulted on the streets, and 47% of the females report to having been sexually assaulted;
- Homeless youth experience rape and assault two to three times higher than the general youth population;
- More than one-third of homeless youth engage in survival sex; 162,000 homeless youth are estimated to be victims of commercial sexual exploitation;
- 45% of homeless youth report having mental health problems and 50% to 56% experience mental health issues over the course of their lifetimes;



- Homeless youth are three times more likely to use marijuana and 18 times more likely to use crack cocaine than non-homeless youth;
- Homeless youth are seven times more likely to die from AIDS and 16 times as likely to be diagnosed with HIV as compared to the general youth population;
- 41% have been abandoned by their parents; 43% have been beaten by a care giver; and over 50% have been forced or asked to leave by their parents; and
- 40% identify as LGBT.

Organizational Capacity and Experience

Depaul USA was founded in 2008 and began providing services in Philadelphia in 2009. Since then, Depaul USA has grown from a single program with a budget of \$600,000 to an organization with programs in six states and a budget of \$3.7 million. Depaul USA is also a part of Depaul International which was founded 26 years ago and is developing a global response to homelessness. In addition to the United States, Depaul International has subsidiaries in the United Kingdom, Ireland, Slovakia, Ukraine and France.

Depaul USA has a FY 2016 budget of \$3.7 million. Approximately, 52% of total income comes from earned revenue including HUD contracts and service contracts with municipalities. Thirty (30) percent of income comes from foundations and the remaining 18 percent comes from individuals and events. Depaul USA's mission is to offer homeless and disadvantaged people the opportunity to fulfill their potential. It is our vision to live in a world where everyone has a place to call home and a stake in his or her community. Depaul USA has four overarching goals: 1) to help homeless men and women overcome the immediate crisis of homelessness 2) to assist participants to become economically more self-sufficient 3) to enable participants to improve their health and well-being 4) to help participants attain and maintain housing. Depaul USA achieves these goals in a variety of ways through a range of programs:

- Depaul House, Philadelphia, Depaul USA's first program, is a 27-room transitional housing facility for men and is innovative in its employment-focused approach to help men exit homelessness. Depaul House also features a medical respite that provides homeless men with a place to recover after discharge from area hospitals.
- St. Raymond's House, Philadelphia, is a permanent supportive housing program for 27 formerly chronic homeless men and women with disabilities.
- Daybreak is a day/resource center in Macon, Georgia that provides homeless individuals with laundry and hygiene services, comprehensive case management, employment readiness training, free health care, and access to housing.
- Projects MORE & PLUS, St. Louis, MO, are two scattered-site permanent supportive housing programs for 70 formerly chronic homeless individuals with disabilities.
- The RRCHI Program in New Orleans, LA, provides scattered-site units and case management for homeless individuals for 24 months.
- Coming Home, New Orleans, LA, is a permanent supportive housing, scattered-site program.
- Jericho Way, Little Rock, AR, is a day/resource center for homeless men and women.
- The Dax "host-home" program, Chicago, IL, provides alternative housing options for DePaul University students facing homelessness.

As noted above, Depaul USA operates two successful scattered-site, leasing, permanent supportive housing programs in St. Louis. Project MORE is in its tenth year of operation and Project PLUS is in its seventh year of operation. The chronic homeless population requires a variety of support services delivered in a holistic manner in order to end homelessness and move to permanent housing. Many chronic homeless people have relied on dysfunctional coping mechanisms that resulted in them becoming and remaining homeless for long periods of time. Trained, professional staff members provide wrap around community support services in addition to housing supports to help participants increase not only their monthly income but their control over their lives in order to be successful when they move into permanent housing. The two programs have excellent outcomes. In 2015, these outcomes included:

- 100% occupancy rate;
- 97% housing retention rate of a year or more;
- 97% of current clients retained and/or increased monthly income;
- 70% of leavers had income at exit;
- 100% of current clients had health benefits;
- 80% of leavers had health benefits at exit;
- 47% of leavers exited into permanent housing successfully;
- 29% of current clients have additional income and/or sole income from some type of employment;
- 80% of current clients have at least two or more outside supports; and
- 90% of current clients remain compliant with their leases.

Service Plan

Depaul USA participates in the St. Louis City CoC coordinated entry process. As such, all referrals for St. Lazare House will come from the CoC's front door entry housing wait list. Eligible participants must score high acuity on the VI-SPDAT and meet the standard for chronic homelessness. Program staff will ensure that each referral meets the specific HUD criteria for program eligibility, mainly the chronic standard and verification of disability. Of the people on the housing wait list who meet these PSH eligibility requirements, staff will request prioritization be given to the person who additionally meets the unaccompanied youth (18-26 years) homeless criteria. All documentation to confirm participant eligibility will be maintained in each participant's chart.

Once a participant has been accepted, he/she will move into his/her own fully furnished one bedroom apartment that he/she will begin to make his/her home. The program will be a "Housing First" program using the housing-based case management model. Staff will also be trained in trauma-informed case management, harm reduction principles, stages of change and motivational interviewing. These are all best practices. At entry, staff will conduct a thorough psychosocial assessment using screening tools for drug/alcohol and behavioral health concerns. This not only will help participants and staff identify goals and certain domains of the person's life that need attention, it will also establish baseline functioning measures from which to evaluate participants' progress as they participate in the programming offered at St. Lazare House. When participants move into permanent housing from St. Lazare House, Depaul USA staff will provide six months of after-care support to help with their transition. Additionally, participants will be encouraged to continue to participate in groups offered at the building.

We have designed a program that will address each participant's individual needs and goals in a caring, respectful and safe environment. Some of the program features will be:

- 24/7 monitoring by trained house monitors to help keep the participants and the building safe.
- 1- FTE- Program Director who will work individually with each participant on his/her identified needs and goal setting. The Program Director will also be responsible for program development and networking with other providers, professionals and interns.
- 1-PT Life Coach who will act as a positive change agent in holistically assisting participants in achieving and maintaining housing while concurrently promoting awareness and teaching strategies that reduce the likelihood of a return to homelessness in the future.
- On-site support services, support groups and workshops will be coordinated and provided through a network of other homeless providers, support group facilitators, health professionals and other professionals/educators trained to teach and address some of the particular concerns of the participants such as trauma, wellness, drug/alcohol use, sexual identity, social skills, stress and anxiety. Classes will also be offered including GED, adult literacy, financial literacy, cooking, nutrition, exercise, health, medication and symptom management, resume writing, vocational assistance, and how to be a good tenant and neighbor.
- Residents will be encouraged to participate in appropriate groups and classes via an incentive program that rewards ongoing participation. Housing, however, will not be conditioned on participation in any programming. Classes will be held in the common space in the basement. There is a separate entrance to the basement that ensures that housing participants will not be disturbed and allows non-residents to easily attend these support groups and classes as well.

As identified in best practices of housing-based case management, staff will:

- Perform First Aid and CPR, and maintain certification in both areas;
- Use universal precautions in specific situations;
- Assess risks and develop appropriate plans to help ensure continuation of service;
- Complete incident reports in response to specific situations;
- De-escalate and learn from conflict through effective de-briefing;
- Respect privacy and confidentiality in accord with all relevant legislation;
- Perform duties in a culturally competent manner;
- Follow all relevant legislation and comply with all HUD guidelines;
- Practice motivational interviewing and exercise active listening;
- Practice assertive engagement;
- Assist participants in working through the stages of change;
- Teach, model and reflect on actions and attitudes in a range of settings;
- Broker and advocate for services as appropriate;
- Help participants establish goals and an individualized service plan;
- Appropriately prepare documentation;
- Organize and chair case conferences;
- Perform duties safely, including working alone safely;
- Coordinate care with other involved providers; and
- Support participants in developing a "move on" plan and help them move into permanent housing when they are ready.

Participant Tracking and Reporting

Depaul USA-St. Louis currently enters all data as recommended and required into the HMIS system in conjunction with the CoC's guidelines. St. Lazare House staff will be trained and certified to enter all required data elements in the HMIS system. Additionally, the St. Lazare House program will adopt the performance measures as voted on by the CoC for its permanent supportive housing programs and system performance measures as the program's performance measures. We will use them as a way to measure our success in helping our community meet its goal of ending chronic homelessness.

Staff will continue to be active members of the CoC in an effort to remain educated about the CoC's PSH performance measures. Staff members will also adjust the program's performance measures to be in sync with the CoC. These outcomes will be noted in the Annual Performance Report conducted at the end of each grant year.

Staff will conduct an initial, in depth psychosocial assessment using behavioral health screening tools to establish baseline functioning measures at entry, along with the development of an individualized treatment plan, within the first 30 days of being housed. A yearly assessment and treatment plan will be conducted with a six month review of progress towards treatment goals. Each participant will have a clinical and housing chart that will hold the necessary documents to remain in grant compliance and show participant progress. Case notes will be kept after each session with a participant to track progress toward goal achievement and housing stability.

Staff will provide all other required reports to ensure grant compliance and renewal (for example, monthly finance and activity reports due to the Department of Homeless Services and the Annual Performance Report). Staff will store all documents in a locked cabinet behind a locked door to ensure confidentiality.

501 (c) 3 status

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 04 2009**

DEPAUL USA INC
C/O FRESHFIELDS BRUCKHAUS DERINGER LLP
ANGELA SELLMAN
520 MADISON AVE 34TH FLR
NEW YORK, NY 10022

Employer Identification Number:
35-2338110
DLN:
17053234331038
Contact Person:
KAREN T HOOD ID# 75069
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 20, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DC/CG)

State of Missouri

LIMITED EXEMPTION FROM MISSOURI SALES AND USE TAX ON PURCHASES AND SALES (Charitable)

Issued to:

Missouri Tax I.D.: 22061029

DEPAUL USA INC
5725 SPRAGUE STREET
PHILADELPHIA PA 19138

Effective Date: 11/19/2013

Expiration Date: 11/19/2016

Your application for sales/use tax exempt status has been approved pursuant to Section 144.030.2(20), RSMo. This letter is issued as documentation of the exempt status of your organization. The organization above must adhere to the requirements of this exempt status.

As noted above, this is an expiring exemption subject to legislative changes and review by the Director of Revenue. Outlined below are specific requirements regarding this exemption. This summary is not intended as a complete restatement of the law. You should review the law to ensure your understanding and compliance.

- This exemption is not assignable or transferable. It is an exemption from sales and use taxes only and is not an exemption from real or personal property tax.
- Purchases by your organization are not subject to sales or use tax if conducted within your organization's exempt charitable, religious and educational functions and activities. When purchasing with this exemption, furnish all sellers or vendors a copy of this letter.
- Individuals making personal purchases may not use this exemption.
- A contractor may purchase and pay for construction materials exempt from sales tax when fulfilling a contract with your organization only if your organization issues a project exemption certificate and the contractor makes purchases in compliance with the provisions of Section 144.062, RSMo.
- Sales by your organization are not subject to sales or use tax if conducted within your organization's exempt charitable, religious and educational functions and activities.
- Sales intended to raise funds, not related to the exempt function of your organization, may be exempt only if such sales are occasional or isolated sales.
- If your organization engages in a competitive commercial business that serves the general public, even if the profits are used for your exempt charitable, religious and educational functions, you must obtain a Missouri Retail Sales Tax License and collect and remit sales tax.
- Any alteration to this exemption letter renders it invalid.

If you have any questions regarding the use of this letter, please contact the Taxation Division, P.O. Box 358, Jefferson City, Missouri 65105-0358, Email salestaxexemptions@dor.mo.gov, or call 573-751-2836.

STATE OF MISSOURI



Jason Kander
Secretary of State

CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

DEPAUL USA INC.

using in Missouri the name

DEPAUL USA INC.
E01339552

a DELAWARE entity was created under the laws of this State on the 3rd day of September, 2013, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of January, 2015.

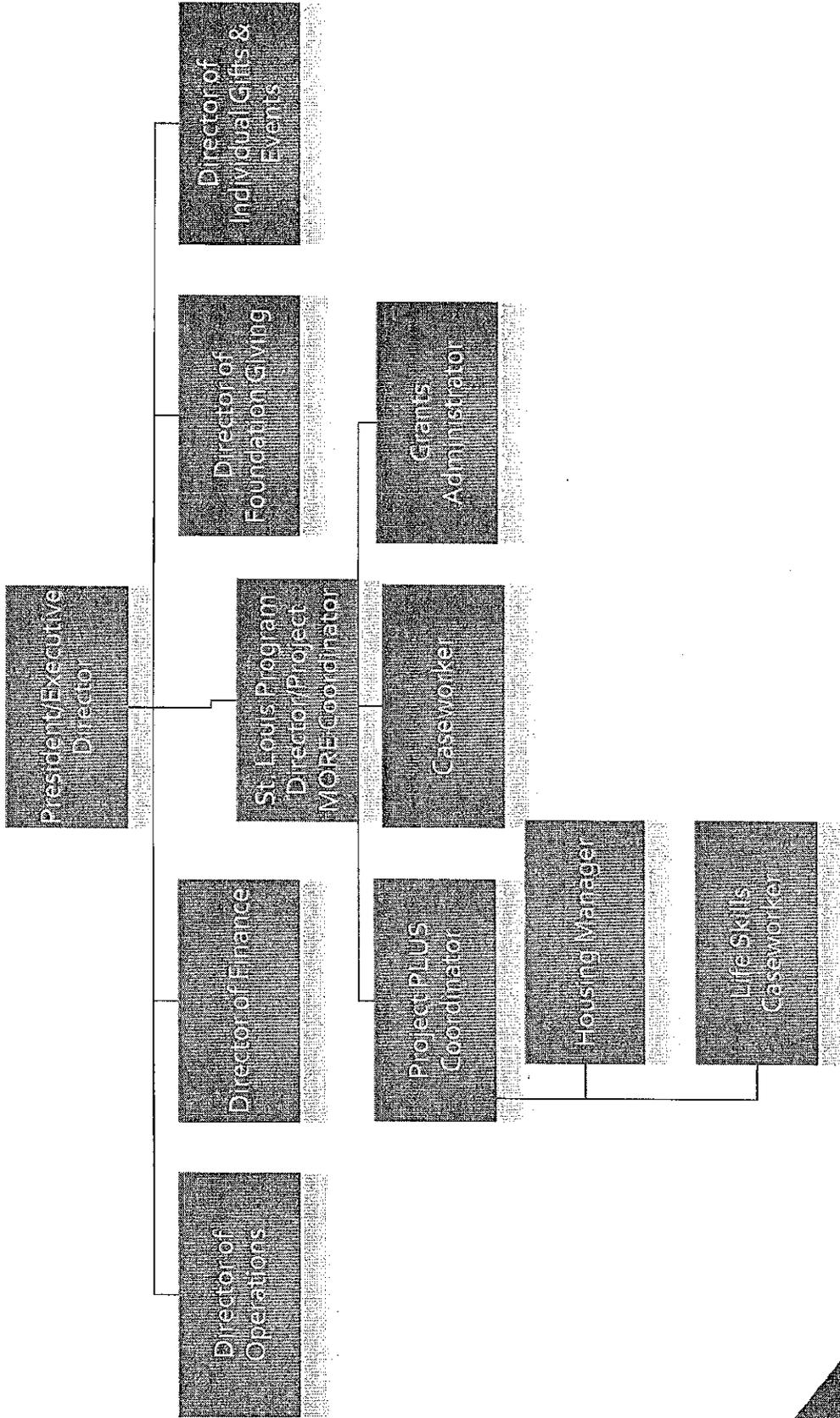



Secretary of State

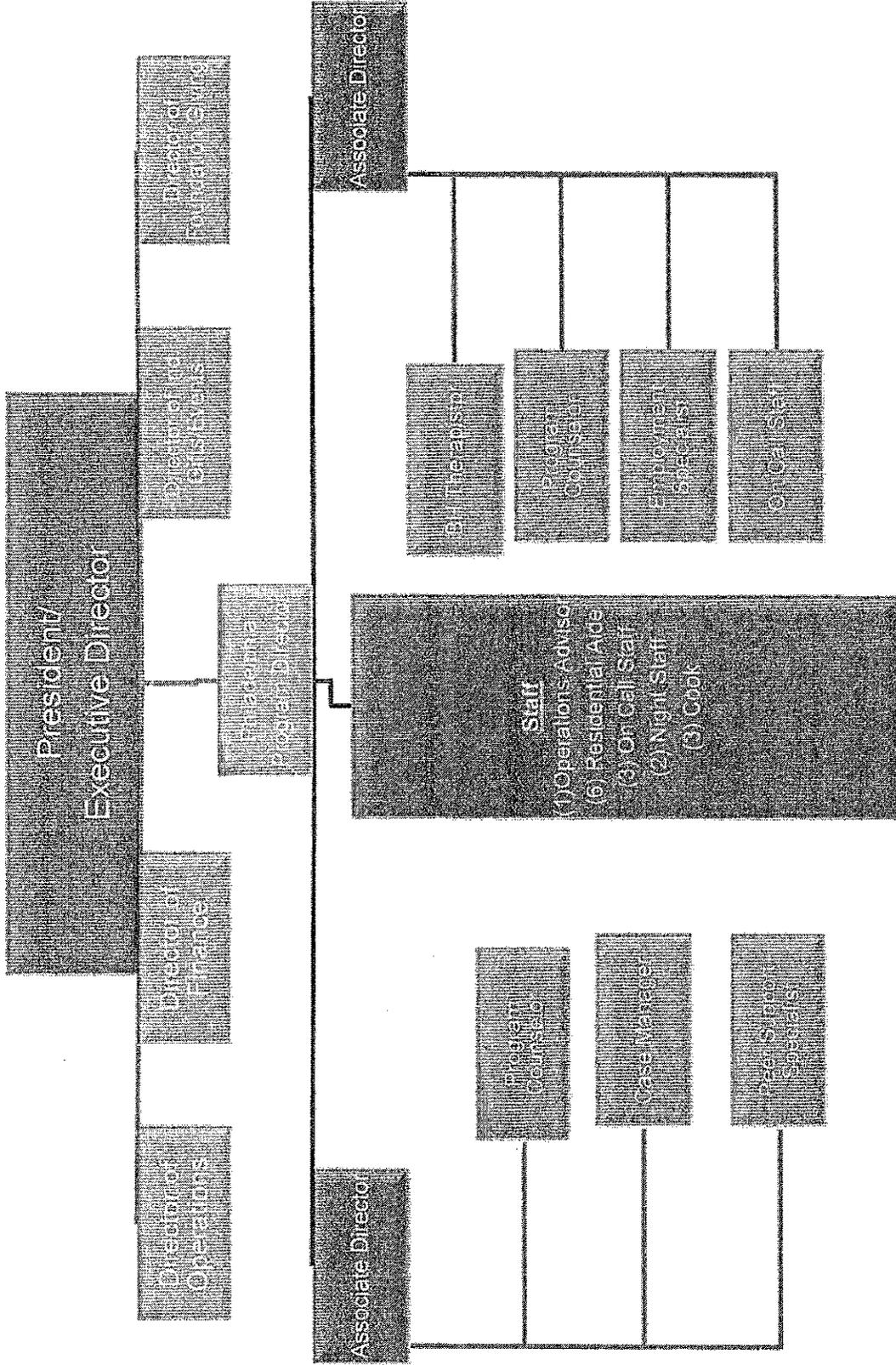
Certification Number: CERT-01122015-0080

Organizational Chart

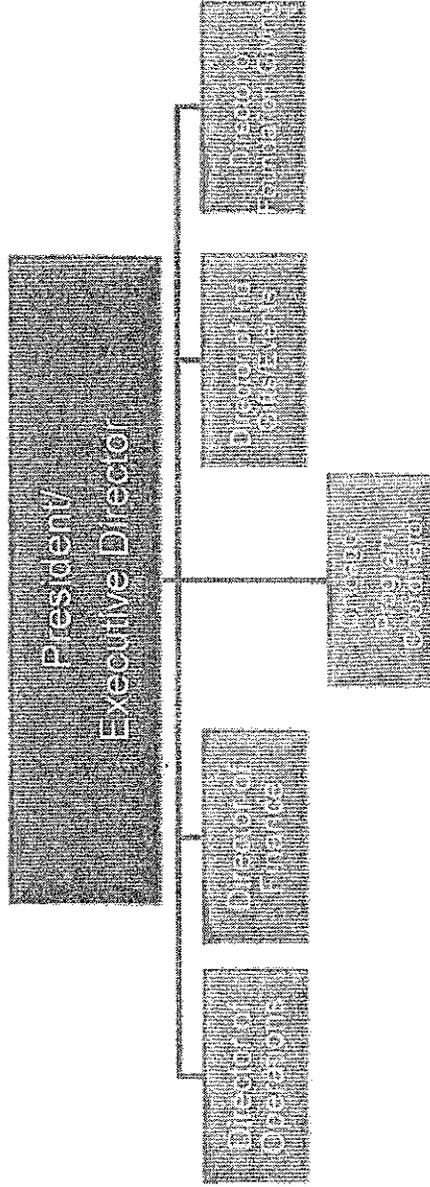
Depaul USA St. Louis



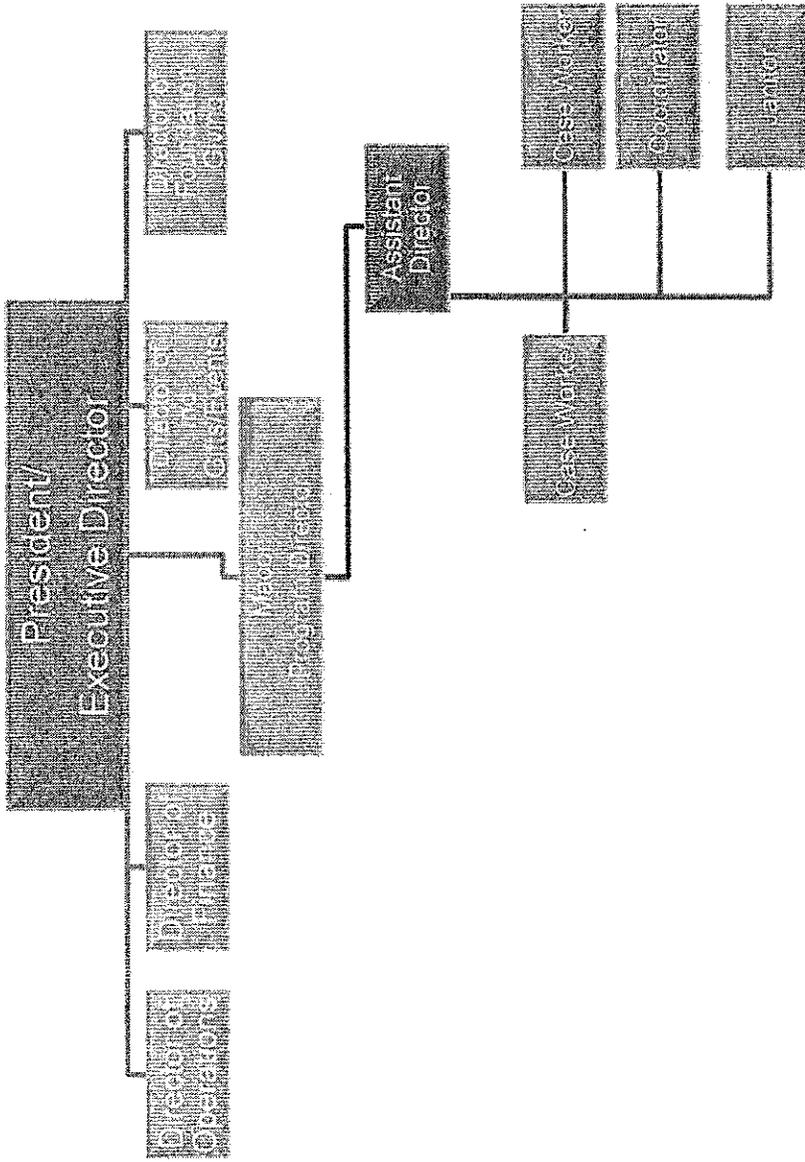
Depaul USA Philadelphia



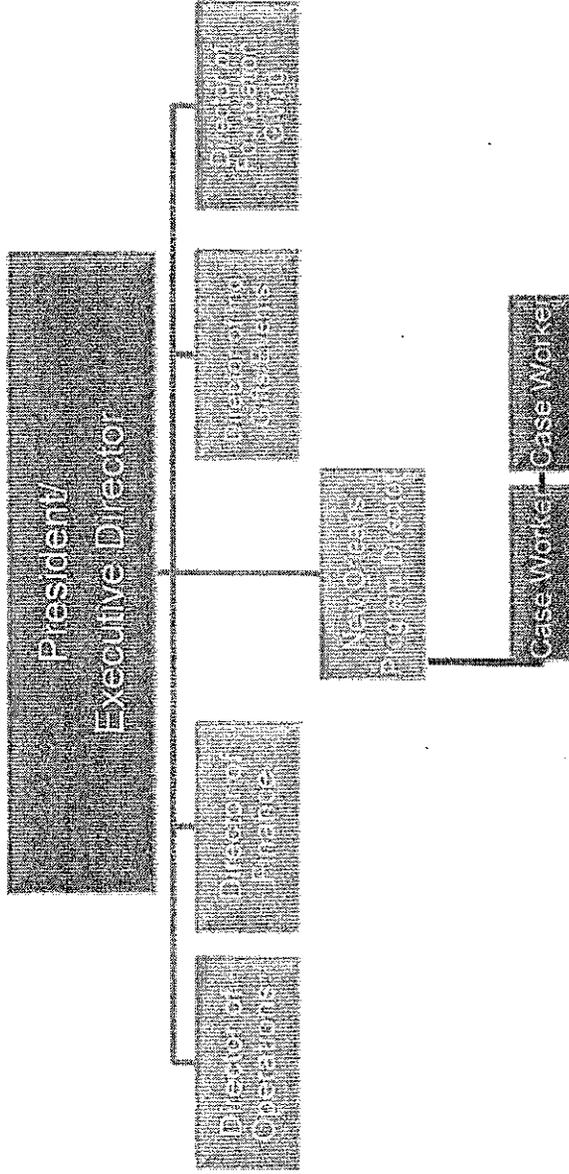
Depaul USA Chicago



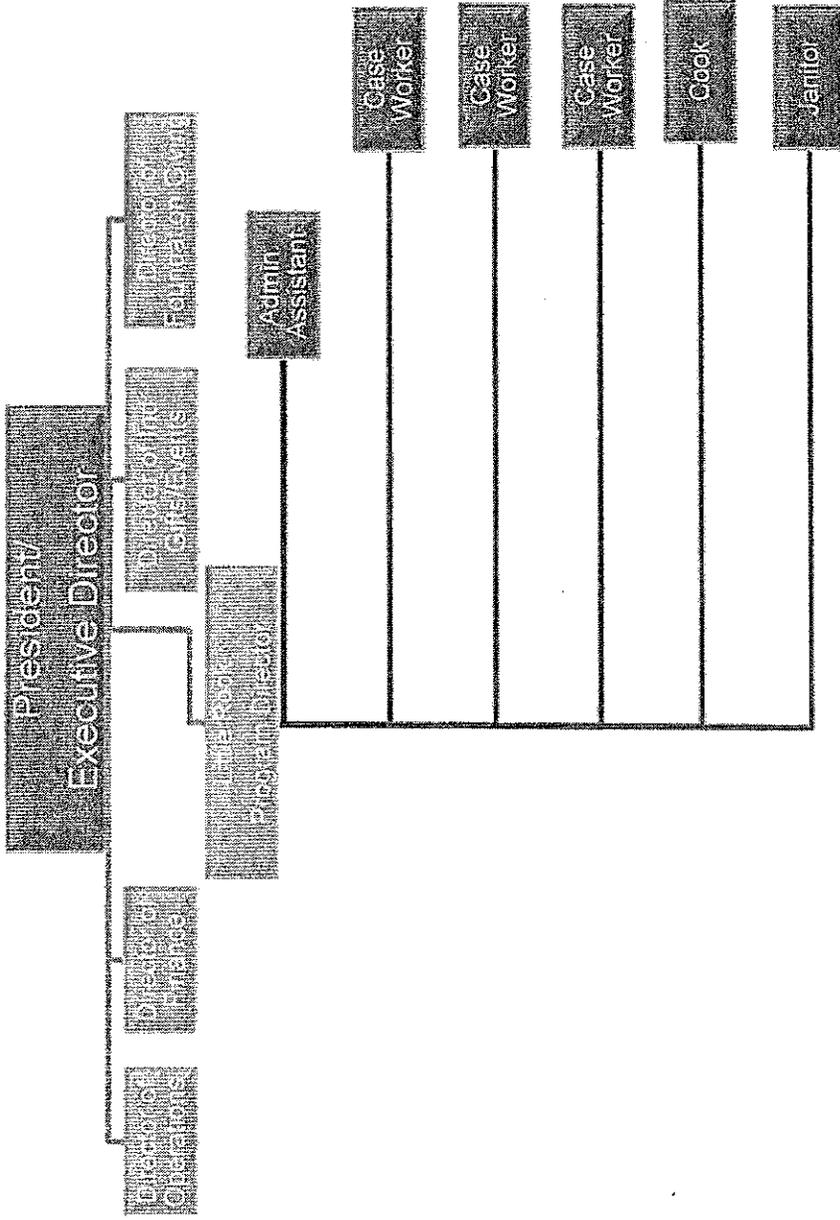
Depaul USA Macon



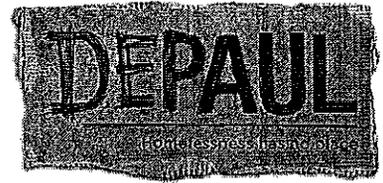
Depaul USA New Orleans



Depaul USA Little Rock



Current List of Board of Directors



BOARD OF DIRECTORS

Kathryn McBrearty Gerhardt, *Board Chair*
Attorney, Harris & James, LLP

Rev. Bernard M. Tracey, C.M., *Former Board Chair*
Executive Vice President for Mission, St. John's University

Gary Musolf, *Board Treasurer*
Retired GEICO Officer

Larry Pearlman, *Board Secretary*
Strategic Planning; Business Development, Operations Management Consultant

Sister Martha Beaudoin, D.C.
Social Worker, St. Joseph's House

Michael A. Frigo
President & CEO, Mayslake Village

Bon S. Ku, MD, MPP
Assistant Professor in Emergency Medicine, Thomas Jefferson University

James "Jim" Lammers
Retired Caterpillar Financial Services

Sister Jean Maher, D.C.
School Community Liaison, St. Athanasius

Tony Romero
Student, DePaul University

Curtis J. Tarver II
Attorney at Law, Salter Tarver LLP

Charles W. Levesque
President/Executive Director, Depaul USA, Inc.

Depaul International Leadership

Mark McGreevy
Group Chief Executive, Depaul International



Homelessness has no place

Depaul USA-St. Louis Local Advisory Council

Board Members job title (past/present) contact information

1. **Greg Vogelweid**- Chair of LAC- St. Patrick Center COO/CFO/CEO-(retired)
gvogelweid@gmail.com- 4954 Lindell B.vd. 6W-63108; (314) 581-8667
2. **Janet Zachritz**- Finance Chair of LAC- Vincentian Volunteer- Monsanto accountant-(retired)
jzachritz@att.net- 2864 Spring Water Dr.- 63129; (314) 846-0456
3. **Sr. Joanne Vasa, DC**- Secretary of LAC- Daughter of Charity- joanne.Vasa@doc.org; 4330 Olive St.- 63108; (314) 825-2970
4. **Barb Doering**- Volunteer; retired from US Bank; sqrlcg2010@gmail.com; 901 Ridgetree Ln.- 63131- (314) 966-5963
5. **Linda McCrackin**- volunteer; retired nurse; lindamccrackin@gmail.com; 1033 Babler Park Dr.-63005; (636) 405-1033
6. **Jim Ryan**- Volunteer case manager with Project PLUS; retired Director of Gateway Vincentian Volunteers; jimgeriryan@gmail.com; 5314 S. Broadway- 63111; (314) 865-0907
7. **Joe Elking**- Owner of Plumbing Masters; joeelking@yahoo.com; 4411 Forder Ridge Dr.- 63129; (314) 351-4373
8. **Jim Lammers**- Vice President at Caterpillar Financials (retired);parishioner @ St. Vincent's Parish; jim.lammers1@gmail.com; phone: 314-842-5518
9. **Anne Milne**- Master's in Public Health; former practicum student; 4027 Shaw Blvd. Apt. 1E- 63110; amilne1@gmail.com; #614-327-1181
10. **Linda Alexander**- Peer Specialist/intake @ Places for People; graduate of Project PLUS; 250 Reasor Dr.- 63135; #314-327-8593; karmaldarrell6@gmail.com;
11. **Kelly Brown**- Data Analysis for Centene; former Gateway Vincentian Volunteer; #314-564-5140; kellycarblom@gmail.com
12. **AnnieMcCance**- Web designer @Atomicdust; former Vincentian Volunteer; anniemccance@gmail.com; #
13. **Chuck Levesque**- CEO of DPUSA- Charles.levesque@depaulusa.org; (312) 362-5191
14. **Gretchen Shipp**- Program Coordinator for Project MORE- DPUSA-STL- gretchen.shipp@depaulusa.org; 314-766-2748
15. **Rich LaPlume**- Program Coordinator for Project PLUS- DPUSA-STL- rich.laplume@depaulusa.org; (314) 539-1788
16. **Ralph Glaser**- Accountant/Compliance for DPUSA-STL- ralph.glaser@depaulusa.org; (314) 369-4965

Federal Form 990

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. DEPAUL USA INC.	Enter filer's identifying number Employer identification number (EIN) or 35-2338110
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 756	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60690	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **P.O. BOX 756 - CHICAGO, IL 60690**
Telephone No. ▶ **312-282-8953** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 17, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Product: Exempt Extension

Category:

IRS Center: Ogden

Name: DEPAUL USA INC.

e-Postmark: 5/11/2015 11:13:03 AM

FEIN: *****8110

Notification:

Fiscal Year

Fiscal Year

Begin Date: 1/1/2014

End Date: 12/31/2014

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
5/11/2015	Upload Started			
5/11/2015	Ready to Release by Customer			
5/11/2015	Upload Started			
5/11/2015	Ready to Release by Customer			
5/11/2015	Released for Transmission - Validation In Progress			781445
5/11/2015	Ready to transmit - Validation Complete			
5/11/2015	Transmitted to FD	433580201510034de82		
5/11/2015	Accepted by FD on 5/11/2015			

COPY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. DEPAUL USA INC.	Employer identification number (EIN) or 35-2338110
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 756	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60690	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **P.O. BOX 756 - CHICAGO, IL 60690**
Telephone No. **312-282-8953** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 16, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature **James Stern** Title **CPA**

Date **8/10/15**

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

COPY



Mr. Charles W. Levesque
DePaul USA Inc.
P.O. Box 756
Chicago, IL 60690

Dear Mr. Levesque:

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2015.

GEORGIA COPY OF THE FORM 990 RETURN:

Georgia requires a copy of the Federal Form 990 to be filed with the Georgia Department of Revenue. No amount is due with Form 990.

Please mail on or before November 16, 2015.

Mail to - Georgia Department of Revenue
P.O. Box 740395
Atlanta, GA 30374-0395

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Best regards,

Thomas S. Helm, CPA
Anders Minkler Huber & Helm LLP

COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20____

2014

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

DEPAUL USA INC.

35-2338110

Name and title of officer

**CHARLES W. LEVESQUE
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,518,567.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **ANDERS MINKLER HUBER & HELM LLP** to enter my PIN **31507**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

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

43358031507
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DEPAUL USA INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 756 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60690		D Employer identification number 35-2338110
	F Name and address of principal officer: CHARLES W. LEVESQUE P.O. BOX 756, CHICAGO, IL 60690		E Telephone number 312-282-8953
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 3,537,123.
	J Website: WWW.DEPAULUSA.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2008 M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES AND PROGRAMS FOR HOMELESS INDIVIDUALS. THE ORGANIZATION'S CURRENT PROGRAMS		
	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)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of individuals employed in calendar year 2014 (Part VII, line 2a)	58
	6	Total number of volunteers (estimate if necessary)	292
	7a	Total unrelated business revenue from Part VIII, column (C), lines 1-12	0.
	b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,011,244. Current Year: 3,379,031.
	9	Program service revenue (Part VIII, line 2g)	655,441. 120,331.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,257. 890.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	0. 18,315.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,667,942. 3,518,567.
	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)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	866,286. 1,219,963.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25)	178,253.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	771,673. 590,508.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,637,959. 2,573,628.
	19	Revenue less expenses. Subtract line 18 from line 12	29,983. 944,939.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,566,622. End of Year: 2,682,946.
	21	Total liabilities (Part X, line 26)	818,362. 989,747.
	22	Net assets or fund balances. Subtract line 21 from line 20	748,260. 1,693,199.

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 CHARLES W. LEVESQUE, EXECUTIVE DIRECTOR Type or print name and title		Date
	Print/Type preparer's name THOMAS S. HELM, CPA	Preparer's signature	Date
Paid Preparer Use Only	Firm's name ANDERS MINKLER HUBER & HELM LLP	Firm's EIN 43-0831507	Check if self-employed <input type="checkbox"/> PTIN P00177916
	Firm's address 800 MARKET STREET, SUITE 500 ST. LOUIS, MO 63101-2501		Phone no. (314) 655-5500

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE SERVICES AND PROGRAMS FOR HOMELESS INDIVIDUALS. THE ORGANIZATION'S CURRENT PROGRAMS PROVIDE TRANSITIONAL HOUSING FOR MEN IN THE GERMANTOWN SECTION OF PHILADELPHIA, PENNSYLVANIA, PERMANENT, SUPPORTIVE HOUSING TO HOMELESS MEN AND WOMEN IN ST. LOUIS, MISSOURI,

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

4a (Code:) (Expenses \$ 2,068,684. Including grants of \$ 763,157.) (Revenue \$ 138,646.) IN PHILADELPHIA, PENNSYLVANIA, THE ORGANIZATION PROVIDES TRANSITIONAL HOUSING AT DEPAUL HOUSE FOR UP TO 27 MEN AGED 18 YEARS AND OVER WHO SEEK TO ESCAPE HOMELESSNESS THROUGH SETTLED ACCOMMODATION AND EMPLOYMENT. IN MACON, GEORGIA, THE ORGANIZATION OPERATES DAYBREAK, A DAY/RESOURCE CENTER FOR HOMESLESS MEN AND WOMEN, THAT OFFERS COMPREHENSIVE SERVICES AT A SINGLE SITE. IN NEW ORLEANS, LOUISIANA, THE ORGANIZATION OPERATES 1) A TRANSPORTATION AND CASE WORKER PROGRAM THAT LINKS HOMELESS MEN AND WOMEN WITH CRITICAL SERVICES INCLUDING HOUSING AND 2) A RAPID REHOUSING PROGRAM FOR 15 HOMELESS INDIVIDUALS. IN ST. LOUIS, MISSOURI, THE ORGANIZATION PROVIDES PERMANENT, SUPPORTIVE HOUSING TO HOMELESS MEN AND WOMEN.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,068,684.

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 <i>Schedule B, Schedule of Contributors</i> ?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are Independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, GA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 312-282-8953 P.O. BOX 756, CHICAGO, IL 60690

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

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

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

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

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

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

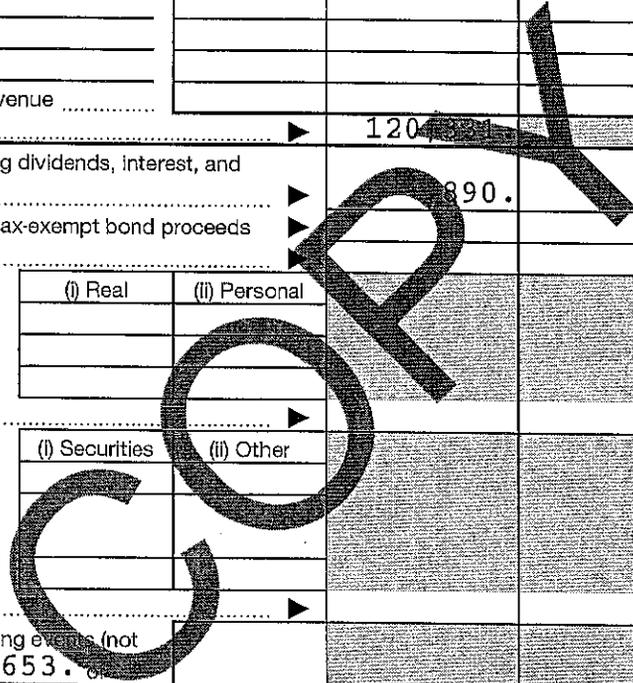
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES W. LEVESQUE EXECUTIVE DIRECTOR	40.00	X		X			109,188.	0.	4,156.	
(2) KATHRYN MCBREARTY GERHARDT BOARD CHAIR	7.50	X		X			0.	0.	0.	
(3) REV. BERNARD M. TRACEY BOARD MEMBER	5.00	X					0.	0.	0.	
(4) LARRY PEARLMAN SECRETARY	5.00	X		X			0.	0.	0.	
(5) SR. MARTHA BEAUDOIN, D.C. BOARD TRUSTEE	5.00	X					0.	0.	0.	
(6) DR. BON S. KU BOARD TRUSTEE	5.00	X					0.	0.	0.	
(7) SR. JEAN MAHER, D.C. BOARD TRUSTEE	5.00	X					0.	0.	0.	
(8) GARY MUSOLF BOARD TRUSTEE	7.50	X					0.	0.	0.	
(9) REV. LARRY SNYDER BOARD TRUSTEE	5.00	X					0.	0.	0.	
(10) CURTIS J. TARVER, II BOARD TRUSTEE	5.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	99,653.				
	d	Related organizations					
	e	Government grants (contributions)	1,191,191.				
	f	All other contributions, gifts, grants, and similar amounts not included above	2,088,187.				
	g	Noncash contributions included in lines 1a-1f: \$	83,008.				
	h	Total. Add lines 1a-1f		3,379,031.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code 721000	120,331.	120,331.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		120,331.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		890.		890.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			Less: rental expenses				
			Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less: cost or other basis and sales expenses				
			Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 99,653. of contributions reported on line 1c). See Part IV, line 18	a	18,556.			
b			Less: direct expenses	18,556.			
c			Net income or (loss) from fundraising events		0.		
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	OTHER INCOME	900099	18,315.	18,315.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		18,315.				
12	Total revenue. See instructions.		3,518,567.	138,646.	0.	890.	



Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	763,157.	763,157.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,344.	85,777.	14,490.	13,077.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	935,270.	707,803.	119,565.	107,902.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	78,602.	58,033.	11,230.	9,339.
10 Payroll taxes	92,747.	75,929.	3,996.	12,822.
11 Fees for services (non-employees):				
a Management				
b Legal	35,164.	11,508.	23,656.	
c Accounting	29,722.	9,727.	19,995.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,039.	2,958.	6,081.	
12 Advertising and promotion	48,162.	31,575.	13,977.	2,610.
13 Office expenses	19,041.	6,956.	10,142.	1,943.
14 Information technology				
15 Royalties				
16 Occupancy	132,765.	126,797.	2,984.	2,984.
17 Travel	58,068.	28,789.	29,083.	196.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,276.	1,081.	195.	
20 Interest	1,430.	36.	1,394.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,578.	42,578.		
23 Insurance	85,721.	64,778.	20,943.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS EXPENSE	66,447.		39,067.	27,380.
b REPAIRS AND MAINTENANCE	31,144.	31,109.	35.	
c ROYALTY & MANAGEMENT FE	15,185.	15,185.		
d FOREIGN CURRENCY EXCHAN	9,858.		9,858.	
e All other expenses	4,908.	4,908.		
25 Total functional expenses. Add lines 1 through 24e	2,573,628.	2,068,684.	326,691.	178,253.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	153,092.	1	133,426.
	2	Savings and temporary cash investments	693,175.	2	135,900.
	3	Pledges and grants receivable, net	33,342.	3	1,162,513.
	4	Accounts receivable, net	188,823.	4	8,357.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	475.	9	51,472.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,320,041.		
	b	Less: accumulated depreciation	10b 163,758.		
			466,790.	10c	1,156,283.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	26,000.	14	24,000.
15	Other assets. See Part IV, line 11	4,925.	15	10,995.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,566,622.	16	2,682,946.	
Liabilities	17	Accounts payable and accrued expenses	72,956.	17	141,544.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule		22	30,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	511,040.
	24	Unsecured notes and loans payable to unrelated third parties	740,481.	24	226,000.
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,925.	25	81,163.
	26	Total liabilities. Add lines 17 through 25	818,362.	26	989,747.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	599,628.	27	445,017.
	28	Temporarily restricted net assets	148,632.	28	1,248,182.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	748,260.	33	1,693,199.	
34	Total liabilities and net assets/fund balances	1,566,622.	34	2,682,946.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,518,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,573,628.
3	Revenue less expenses. Subtract line 2 from line 1	3	944,939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	748,260.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,693,199.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

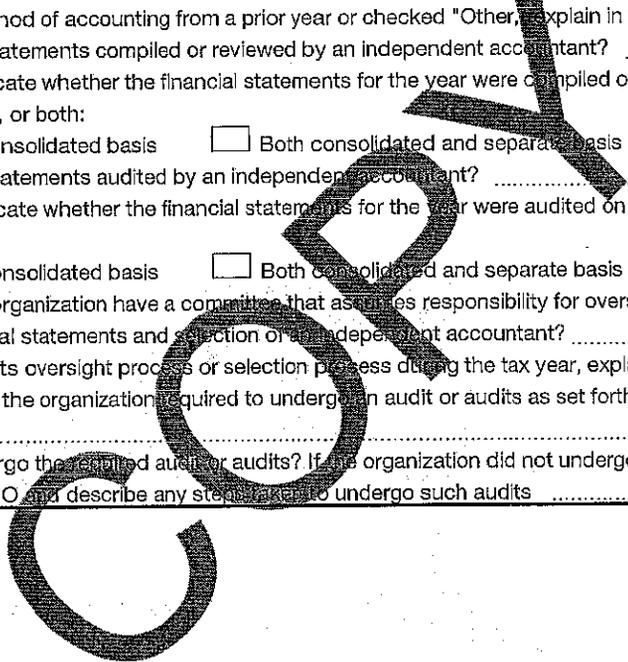
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2014)



Public Charity Status and Public Support

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **DEPAUL USA INC.** Employer identification number **35-2338110**

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 nonexempt activities required 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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization, and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	729,032.	786,144.	1,479,393.	1,666,685.	3,379,031.	8,040,285.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	729,032.	786,144.	1,479,393.	1,666,685.	3,379,031.	8,040,285.
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)						70,034.
6 Public support. Subtract line 5 from line 4.						7,970,251.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	729,032.	786,144.	1,479,393.	1,666,685.	3,379,031.	8,040,285.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,126.	1,036.	742.	1,257.	890.	5,051.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					18,315.	18,315.
11 Total support. Add lines 7 through 10						8,063,651.
12 Gross receipts from related activities, etc. (See instructions)					12	775,772.
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.84 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.50 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

Schedule A (Form 990 or 990-EZ) 2014

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 year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the first day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 3j (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part V **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

COPY

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

DEPAUL USA INC.

Employer identification number

35-2338110

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization DEPAUL USA INC.	Employer identification number 35-2338110
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$ 753,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MISSION & MINISTRY, INC. 9404 NEW HARMONY ROAD EVANSVILLE, IN 47720	\$ 74,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE PEYTON ANDERSON FOUNDATION 577 MULBERRY STREET, SUITE 830 MACON, GA 31201	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OFFICE OF SUPPORTIVE HOUSING 1401 JFK BOULEVARD - 10TH FLOOR PHILADELPHIA, PA 19102	\$ 264,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DAUGHTERS OF CHARITY 4330 OLIVE STREET ST. LOUIS, MO 63108	\$ 950,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE PEW CHARITABLE TRUST 2005 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19103	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DEPAUL USA INC.

35-2338110

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MS. LORALEE WEST 12 GREENBRIAR LANE PAOLI, PA 19301	\$ 99,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization DEPAUL USA INC.

Employer identification number 35-2338110

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

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

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

Table: Held at the End of the Tax Year. Rows: 2a, 2b, 2c, 2d.

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.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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 XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT SAVING LIABILITY	10,520.
(3) DUE TO DEPAUL INTERNATIONAL	70,643.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	81,163.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,542,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	24,170.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	24,170.	
3	Subtract line 2e from line 1	3	3,518,567.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,518,567.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,597,798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	24,170.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	24,170.	
3	Subtract line 2e from line 1	3	2,573,628.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18.)	5	2,573,628.	

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE.

ACCORDINGLY, THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION. HOWEVER, THE ORGANIZATION IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION PAID NO UNRELATED BUSINESS INCOME TAX IN 2014 AND 2013.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS

Part XIII Supplemental Information (continued)

NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS FOR TAX YEARS 2011 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

COPY

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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	MACON SLEEP OVER (event type)	8 (total number)		
Revenue	1	Gross receipts	43,468.	45,035.	29,706.	118,209.
	2	Less: Contributions	29,949.	45,035.	24,669.	99,653.
	3	Gross income (line 1 minus line 2)	13,519.		5,037.	18,556.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,519.		5,037.	18,556.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				18,556.
	11	Net income summary. Subtract line 10 from line 3, column (c)				0.

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.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information (continued)

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

DEPAUL USA INC.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number
35-2338110

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPAUL USA INC.							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) **DEPAUL USA INC.**

Part II Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD SUPPLY ASSISTANCE, MEDICAL ASSISTANCE, TRAVEL ASSISTANCE AND RENT AND UTILITY ASSISTANCE.	1841	0.	763,157.	COST OF ITEMS AND SERVICES PROVIDED	FOOD SUPPLY ASSISTANCE, TRAVEL ASSISTANCE AND RENT AND UTILITY ASSISTANCE.

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:
 INDIVIDUALS WHO SEEK HOUSING SERVICES MUST DEMONSTRATE HOMELESSNESS, RESPOND TO INTAKE QUESTIONS, AND THE ORGANIZATION THEN WILL COMPLETE ITS DUE DILLIGENCE TO ASCERTAIN ELIGIBILITY FOR HOUSING.
 INDIVIDUALS WHO SEEK THE ORGANIZATION'S CRISIS SERVICES (FOOD, MEDICAL CONSULTS, SOCIAL WORKER CONSULTS & HYGIENE) ARE SELF-SELECTING.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

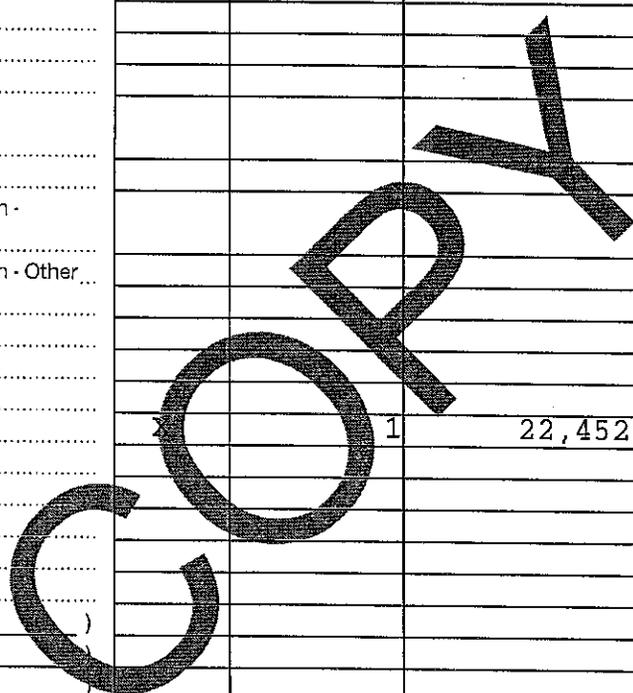
- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DEPAUL USA INC.

Employer identification number
35-2338110

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		53,556.	FAIR MARKET VALUE
6	Cars and other vehicles	X	1	7,000.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	22,452.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				



29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

DEPAUL USA INC.

Employer identification number

35-2338110

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE TRANSITIONAL HOUSING FOR MEN IN THE GERMANTOWN SECTION OF
PHILADELPHIA, PENNSYLVANIA, PERMANENT, SUPPORTIVE HOUSING TO HOMELESS
MEN AND WOMEN IN ST. LOUIS, MISSOURI, AND SERVICES FOR THE HOMELESS IN
MACON, GEORGIA AND NEW ORLEANS, LOUISIANA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SERVICES FOR THE HOMELESS IN MACON, GEORGIA AND NEW ORLEANS,
LOUISIANA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPAUL USA ALSO OPERATES IMMACULATE CLEANING SERVICES, LLC, A
COMMERCIAL CLEANING BUSINESS THAT PROVIDES REVENUE FOR PROGRAMS AND
EMPLOYMENT FOR DEPAUL HOUSE RESIDENTS AND GRADUATES.

FORM 990, PART VI, SECTION A, LINE 6:

DEPAUL INTERNATIONAL IS A MEMBER OF THE ORGANIZATION. DEPAUL INTERNATIONAL
HAS THE RIGHT TO APPOINT ALL OR A MAJORITY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A:

DEPAUL INTERNATIONAL HAS THE POWER TO ELECT ALL OR THE MAJORITY OF THE
BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

BYLAWS MAY BE ALTERED OR REPEALED BY DEPAUL INTERNATIONAL.

Name of the organization

DEPAUL USA INC.

Employer identification number
35-2338110

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION SENT OUT A COPY OF THE 990 VIA E-MAIL TO ITS BOARD OF DIRECTORS BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

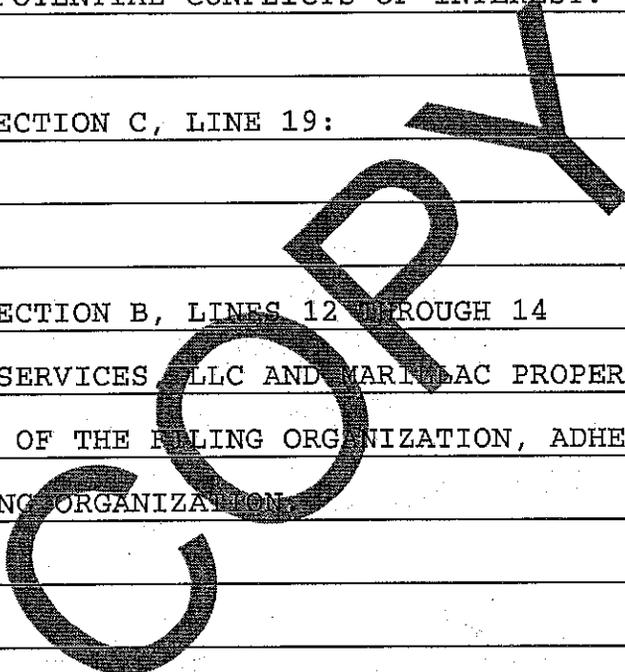
OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS. THEY ARE PROHIBITED FROM ENGAGING IN ANY ACTIVITY THAT MAY RESULT IN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

BY REQUEST.

FORM 990, PART VI, SECTION B, LINES 12 THROUGH 14

IMMACULATE CLEANING SERVICES, LLC AND MARTELLAC PROPERTIES, LLC, DISREGARDED ENTITIES OF THE FILING ORGANIZATION, ADHERE TO THE SAME POLICIES OF THE FILING ORGANIZATION.



FORM 990, PART XII LINE 2C

NO CHANGE FROM PRIOR YEAR.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DEPAUL USA INC.

Employer identification number
35-2338110

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IMMACULATE CLEANING SERVICES, LLC - 45-5200542, 5725 SPRAGUE STREET, PHILADELPHIA, PA 19138	COMMERCIAL CLEANING COMPANY ESTABLISHED TO SUPPORT DEPAUL USA PROGRAMS	PENNSYLVANIA	101,235.	17,110.	DEPAUL USA INC.
MARILLAC PROPERTIES, LLC PO BOX 204 MACON, GA 31202	HOLDING COMPANY FOR REAL ESTATE IN MACON, GEORGIA	GEORGIA	0.	384,732.	DEPAUL USA INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DEPAUL INTERNATIONAL 291-299 BOROUGH HIGH STREET LONDON, ENGLAND, UNITED KINGDOM	SUPPORTING HOMELESS AND MARGINALIZED PEOPLE AROUND THE WORLD.	UNITED KINGDOM	501(C)(3)				X

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

SEE PART VII FOR CONTINUATIONS

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

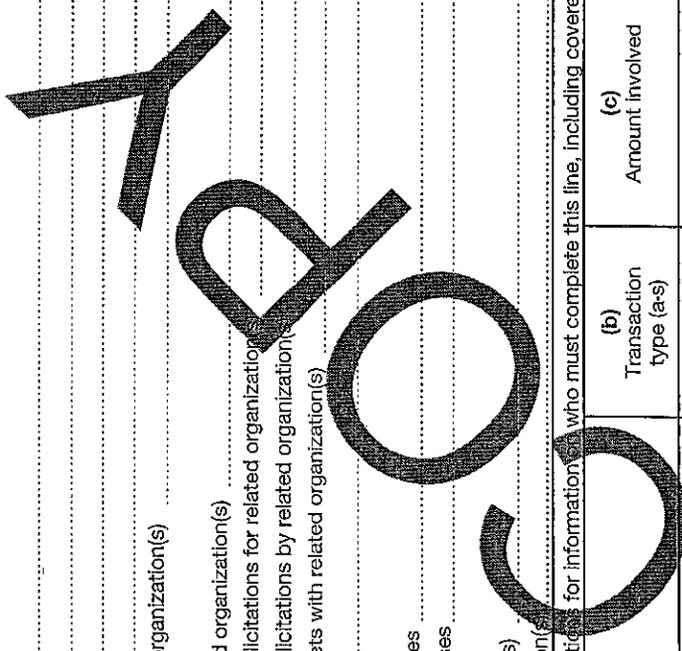
r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m	X	
1n		X
1o		X
1p		X
1q		X
1r	X	
1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

IMMACULATE CLEANING SERVICES, LLC

EIN: 45-5200542

5725 SPRAGUE STREET

PHILADEPHIA, PA 19138

PRIMARY ACTIVITY: COMMERCIAL CLEANING COMPANY ESTABLISHED TO SUPPORT
DEPAUL USA PROGRAMS

DIRECT CONTROLLING ENTITY: DEPAUL USA INC.

NAME AND ADDRESS OF DISREGARDED ENTITY:

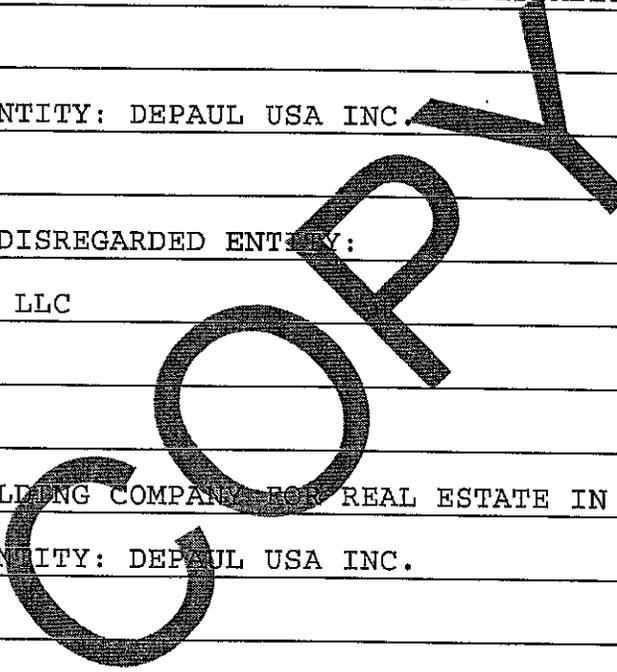
MARILLAC PROPERTIES, LLC

PO BOX 204

MACON, GA 31202

PRIMARY ACTIVITY: HOLDING COMPANY FOR REAL ESTATE IN MACON, GEORGIA

DIRECT CONTROLLING ENTITY: DEPAUL USA INC.



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STATE COPY

COPY



Mr. Charles W. Levesque
DePaul USA Inc.
P.O. Box 756
Chicago, IL 60690

Dear Mr. Levesque:

Enclosed is the organization's 2014 Pennsylvania Charitable Organization Registration Statement. The report should be signed, dated, and mailed as indicated.

PENNSYLVANIA FORM BCO-10 RETURN

Please sign and mail Form BCO-10 as soon as possible.

Mail to - Bureau of Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

Enclose a check for \$250. Include the organization's Pennsylvania Certificate Number on the check or money order.

Make check payable to Commonwealth of Pennsylvania.

A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Best regards,

Thomas S. Helm, CPA
Anders Minkler Huber & Helm LLP

DEPAUL USA INC.
P.O. BOX 756
CHICAGO, IL 60690

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17109

COPY

FORM BCO-10

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014

Website: www.dos.state.pa.us/charities

For Official Use Only

Approved: _____

RF: _____

AF: _____

LF: _____

Fee Received: _____

Commonwealth of
Pennsylvania
Department of State

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily

(See note under "important information")

Certificate Number: 38960

(Renewals Only)

Fiscal Year Ended: 12/31/2014

Employer Identification Number (EIN): 35-2338110

1. Legal name of organization: DEPAUL USA INC.

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

N/A

3. Contact person: CHARLES W. LEVESQUE

Contact's E-mail: CHARLES.LEVESQUE@DEPAULUSA.ORG

Physical address of organization: (Required) _____ Mailing address: (if different than physical) _____

55 E. JACKSON BLVD. SUITE 800

P.O. BOX 756

City: CHICAGO

City: CHICAGO

State: IL ZIP code: 60604

State: IL ZIP code: 60690

County: _____

800 number: _____

Phone number: 312-282-8953

Fax number: _____

E-mail (if different than Contact's E-mail): _____

Website: WWW.DEPAULUSA.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

DEPAUL USA, INC.

5725 SPRAGUE STREET, PHILADELPHIA, PA 19138

215-438-1955

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1) 162.7(a)(2)
- 162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : CORPORATION
 Where established: DELAWARE Date established:** 05/20/2008

** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No
 (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. 08/01/2008

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

9. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000.

*Includes contributions received both within and outside Pennsylvania.

10. Has organization been granted IRS tax-exempt status? Yes No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

IN PHILADELPHIA, PENNSYLVANIA, THE ORGANIZATION PROVIDES TRANSITIONAL HOUSING AT THE DEPAUL HOUSE FOR UP TO 27 MEN AGED 18 YEARS AND OVER WHO SEEK TO ESCAPE HOMELESSNESS THROUGH SETTLED ACCOMMODATION AND EMPLOYMENT.

PROGRAMS ARE CURRENTLY IN EXISTENCE.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, Internet, etc.) :

DIRECT SOLCITATION OF FOUNDATIONS, CHURCHES AND GOVERNMENT GRANTS.

14. Is organization registered to solicit contributions in any other state or municipality? Yes No
(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

DELAWARE

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

SEE STATEMENT 1

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

SEE STATEMENT 2

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

NONE

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
SEE STATEMENT 3

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
SEE STATEMENT 4

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 5

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

CHARLES W. LEVESQUE

P.O. BOX 756 CHICAGO, IL 60690

B. Individual(s) with final responsibility for the custody of contributions:

CHARLES W. LEVESQUE

P.O. BOX 756 CHICAGO, IL 60690

C. Individual(s) with final responsibility for final distribution of contributions:

CHARLES W. LEVESQUE

P.O. BOX 756 CHICAGO, IL 60690

D. Individual(s) responsible for custody of financial records:

CHARLES W. LEVESQUE

P.O. BOX 756 CHICAGO, IL 60690

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

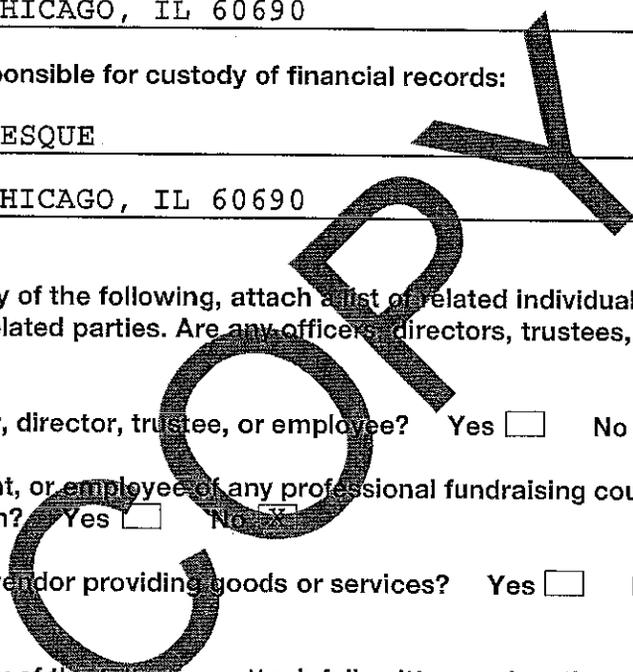
C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No



I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Date _____

Signature of Chief Fiscal Officer

CHARLES W. LEVESQUE, EXECUTIVE DIRECTOR

Type or Print Name and Title of Chief Fiscal Officer

Date _____

Signature of Another Authorized Officer

DIDIER GUIGON, DIRECTOR OF FINANCE

Type or Print Name and Title of Another Authorized Officer

Checklist

- Original Registration Statement Properly Signed and Dated
- A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
- Form BCO-23, if Required
- Applicable Financial Statements
- Registration Fee and any Late Filing Fees
- Additional Filings, if an Initial Registrant

COPY

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

COPY

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

COPY

FORM BCO-10

DOMESTIC OR FOREIGN ORGANIZATION
OWNING 10% OR GREATER INTEREST

STATEMENT 3

NAME

DEPAUL INTERNATIONAL

TYPE OF ORGANIZATION

PROFIT/NONPROFIT

NON-PROFIT CORP.

NONPROFIT

RELATIONSHIP TO ORGANIZATION

PARENT ORGANIZATION

COPY

FORM BCO-10

DOMESTIC OR FOREIGN ORGANIZATIONS THAT THE ORGANIZATION OWNS 10% OR GREATER INTEREST IN

STATEMENT 4

NAME

IMMACULATE CLEANING SERVICES, LLC

TYPE OF ORGANIZATION PROFIT/NONPROFIT

LLC NONPROFIT

RELATIONSHIP TO ORGANIZATION

DISREG. ENTITY-100% OWNED BY NONPROFIT

NAME

MARILLAC PROPERTIES, LLC

TYPE OF ORGANIZATION PROFIT/NONPROFIT

LLC NONPROFIT

RELATIONSHIP TO ORGANIZATION

DISREG. ENTITY-100% OWNED BY NONPROFIT

COPY

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 5

NAME AND ADDRESS

TITLE

CHARLES W. LEVESQUE
P.O. BOX 756
CHICAGO, IL 60690

EXECUTIVE DIRECTOR

NAME AND ADDRESS

TITLE

KATHRYN MCBREARTY GERHARDT
P.O. BOX 756
CHICAGO, IL 60690

BOARD CHAIR

NAME AND ADDRESS

TITLE

REV. BERNARD M. TRACEY
P.O. BOX 756
CHICAGO, IL 60690

BOARD MEMBER

NAME AND ADDRESS

TITLE

LARRY PEARLMAN
P.O. BOX 756
CHICAGO, IL 60690

SECRETARY

NAME AND ADDRESS

TITLE

SR. MARTHA BEAUDOIN, D.C.
P.O. BOX 756
CHICAGO, IL 60690

BOARD TRUSTEE

NAME AND ADDRESS

TITLE

DR. BON S. KU
P.O. BOX 756
CHICAGO, IL 60690

BOARD TRUSTEE

NAME AND ADDRESS

TITLE

SR. JEAN MAHER, D.C.
P.O. BOX 756
CHICAGO, IL 60690

BOARD TRUSTEE

NAME AND ADDRESS

TITLE

GARY MUSOLF
P.O. BOX 756
CHICAGO, IL 60690

BOARD TRUSTEE

COPY

NAME AND ADDRESS

TITLE

REV. LARRY SNYDER
P.O. BOX 756
CHICAGO, IL 60690

BOARD TRUSTEE

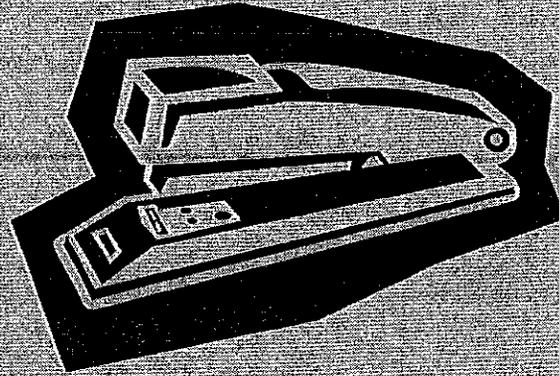
NAME AND ADDRESS

TITLE

CURTIS J. TARVER, II
P.O. BOX 756
CHICAGO, IL 60690

BOARD TRUSTEE

COPY



RETURN ATTACHMENTS

REVIEWER / PREPARER:

Please complete this form for documents that are not generated by ProFX that are to be scanned into the ANDERS copy and attached to the filing and client copies of the return.

Attach document(s) to:

Federal Return

State Return: PA Form 800-10

Other (specify): _____

DEPAUL USA, INC.

CONSOLIDATED FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2011
(with comparative information for 2010)

COPY

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COPY

Independent Auditors' Report

Board of Directors
Depaul USA, Inc.
Chicago, Illinois

Report on the Financial Statements

We have audited the accompanying financial statements of Depaul USA, Inc. (a nonprofit organization) and its wholly-owned subsidiaries, Immaculate Services, LLC ("ICS") and Marillac Properties, LLC ("Marillac"), (collectively, "the organization"), which comprise the statement of financial position as of December 31, 2013, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audit contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

The consolidated financial statements of the Organization as of December 31, 2013, were audited by other auditors whose report dated June 19, 2014, expressed an unmodified opinion on those statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2013, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of federal awards, as required by Office of Management and Personnel Audits of States, Local Governments, and Non-Profit Organizations, is presented for purposes of additional analysis and is not a required part of the financial statements. The responsibility of management and was derived from a review of the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements, and the consolidated financial statements themselves, and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated June 4, 2015, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Organization's internal control over financial reporting and compliance.

Anders Mindelaker Heber & Helm LLP

June 4, 2015

Depaul USA, Inc.
Consolidated Statement of Financial Position
December 31, 2014
 (with comparative totals for 2013)

Assets

	2014	2013
Current Assets		
Cash	\$ 269,326	\$ 815,229
Accounts receivable	5,664	6,597
Grants receivable	134,195	182,226
Unconditional promises to give	516,436	33,342
Other current assets	54,165	31,038
Total Current Assets	979,786	1,068,432
Unconditional Promises to Give, net	511,882	-
Property and Equipment, net	283	466,790
Intangibles, net		26,000
Other Assets	25	5,400
Total Assets	2,682,946	\$ 1,566,622

Liabilities

Current Liabilities		
Line of credit	\$ 47,040	\$ -
Current portion of long-term debt	7,000	6,000
Short-term debt	694,000	708,481
Due to related party	70,643	7,395
Accounts payable	70,488	32,848
Accrued expenses	71,056	32,713
Total Current Liabilities	960,227	787,437
Clients Savings Liability	10,520	4,925
Long-term Debt	19,000	26,000
Total Liabilities	989,747	818,362
Net Assets		
Unrestricted	445,017	599,628
Temporarily restricted	1,248,182	148,632
Total Net Assets	1,693,199	748,260
Total Liabilities and Net Assets	\$ 2,682,946	\$ 1,566,622

Depaul USA, Inc.
Consolidated Statement of Activities
Year Ended December 31, 2014
(with comparative totals for 2013)

	Unrestricted	Temporarily Restricted	Totals	
			2014	2013
Revenue and Other Support				
Program	\$ 1,209,081	\$ -	\$ 1,209,081	\$ 653,516
Grants and unconditional promises to give	835,489	1,272,131	2,107,620	850,877
Special events, net	99,653	-	99,653	39,338
In-kind contributions	107,178	-	107,178	108,221
Other	19,205	-	19,205	15,990
	<u>2,270,606</u>	<u>1,272,131</u>	<u>3,542,737</u>	<u>1,667,942</u>
Net assets released from restrictions:				
Satisfaction of time and usage restrictions	172,581	-	-	-
Total Revenue and Other Support	<u>2,443,187</u>		<u>737</u>	<u>1,667,942</u>
Expenses				
Program services	2,072,934	-	2,072,934	1,247,864
Supporting activities				
Management and general	-	-	346,611	213,444
Fundraising	-	-	178,253	176,651
Total Supporting Activities	-	-	<u>524,864</u>	<u>390,095</u>
Total Expenses			<u>2,597,798</u>	<u>1,637,959</u>
Change in Net Assets		1,099,550	944,939	29,983
Net Assets, Beginning of Year	748,260	148,632	748,260	718,277
Net Assets, End of Year	<u>445,017</u>	<u>\$ 1,248,182</u>	<u>\$ 1,693,199</u>	<u>\$ 748,260</u>

Depaul USA, Inc.
Consolidated Statement of Functional Expenses
Year Ended December 31, 2014
(with comparative totals for 2013)

	Supporting Activities			Total Expenses	
	Program Services	Management and General	Fundraising	2014	2013
Salaries	\$ 790	133,524	\$ 120,499	\$ 1,044,458	\$ 733,626
Payroll taxes		3,996	12,822	92,747	64,569
Employee benefits		11,761	9,819	82,758	68,089
Travel		283	196	58,068	34,966
Professional fees		-	-	85,264	49,102
Rent		-	-	87,395	66,000
Utilities		-	-	64,591	45,921
Repairs and maintenance		35	-	31,144	26,600
Insurance		-	-	85,721	59,837
Cable TV		-	-	699	669
Computer expenses		-	-	7,702	3,628
Office expenses		-	-	48,162	43,422
Meetings		-	-	1,276	1,262
Subscription fees		-	-	66,447	52,500
Food supplies		-	-	767,407	282,899
Royalty and management fees		-	-	15,185	18,229
Interest		-	-	1,430	329
Foreign currency		-	-	9,858	35,563
Other expense		-	-	4,908	-
Total Expense Before Depreciation and Amortization	2,030,356	346,611	178,253	2,555,220	1,587,211
Depreciation and amortization		-	-	42,578	50,750
Total Expenses	\$ 2,072,934	\$ 346,611	\$ 178,253	\$ 2,597,798	\$ 1,637,961

Depaul USA, Inc.
Consolidated Statement of Cash Flows
Year Ended December 31, 2014
(with comparative totals for 2013)

	2014	2013
Cash Flows From Operating Activities		
Change in net assets	\$ 944,939	\$ 29,983
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	42,578	50,750
(Increase) decrease in assets:		
Accounts receivable	933	(6,597)
Grants receivable	48,031	(133,470)
Unconditional promises to give	(4,976)	(33,342)
Other current assets	(27)	(23,468)
Other assets	-	1,744
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	5,983	(8,488)
Client savings liability	5,595	(1,744)
Net Cash Provided By (Used In) Op	94,361	(124,632)
Cash Flows From Investing Activities		
Purchases of property and equipment	(266,071)	(169,525)
Advances from related party	63,248	-
Net Cash Used In Invest	(202,823)	(169,525)
Cash Flows From Financing Activities		
Borrowings on line of credit	47,040	-
Proceeds from debt	30,000	672,918
Payments on debt	(524,339)	(5,000)
Net Cash Provided By (Used In) Financing Activities	(447,299)	667,918
Effect of Exchange Rate Change on Cash	9,858	35,563
Net Increase (Decrease) in Cash	(545,903)	409,324
Cash, Beginning of Year	815,229	405,905
Cash, End of Year	\$ 269,326	\$ 815,229

Noncash Investing and Financing Activities

During 2014, the Organization financed the acquisition of a building in the amount of \$464,000.

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

1. Nature of Operations and Basis of Presentation

Organization

Depaul USA, Inc. ("Depaul") is a not-for-profit organization whose mission is to provide services and programs for homeless individuals. Depaul's current programs provide transitional housing for men in the Germantown section of Philadelphia, PA, permanent, supportive housing to homeless men and women in St. Louis, Missouri, and services for the homeless in Macon, Georgia and New Orleans, Louisiana.

Immaculate Cleaning Services, LLC ("ICS") operates a franchise cleaning company and provides employment to residents of the Germantown transitional housing program.

Marillac Properties, LLC ("Marillac") is a holding company with real estate in Macon, Georgia.

Basis of Presentation

The accompanying consolidated financial statements have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification ("ASC"), which is the source of authoritative, non-governmental accounting standards generally accepted in the United States of America ("GAAP"). The authoritative accounting guidance contained in our disclosures is the general accounting topics within the FASB ASC.

Net assets and gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and its subsidiaries are classified into three categories of net assets, as applicable, and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations. Board designated funds are established by the Board of Directors and represent unrestricted net assets that have been set aside for a particular use.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations required to be maintained permanently by the Organization. The income earned on any related investments would also be subject to donor-imposed stipulations. As of December 31, 2014, there were no permanently restricted net assets.

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

The consolidated financial statements include certain prior-year summarized comparative information in total, but not by class of net assets. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended December 31, 2013, from which the summarized information was derived.

Principles of Consolidation

The consolidated financial statements include the accounts of Depaul and its wholly-owned subsidiaries. All significant intercompany accounts and transactions have been eliminated in consolidation.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurement

The Organization follows the guidance by the FASB on fair value measurements, which establishes standards for measuring fair value, clarifies the definition of fair value within the standards, and expands disclosures about the use of fair value measurement. The guidance applies whenever fair value is the applicable measurement. The valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Carrying amounts of certain financial instruments such as cash, accounts receivable, grants receivable, unconditional promises to give, accounts payable, accrued expenses and other liabilities, and notes payable approximate fair value due to their short maturities or because the terms are similar to market terms. There have been no changes in the methodologies used at December 31, 2014.

Accounts Receivable

Accounts receivable are uncollateralized customer obligations due under normal trade terms.

The Organization provides an allowance for doubtful accounts equal to the estimated losses that will be incurred in the collection of accounts receivable, if any. When necessary, this estimate is based on historical experience coupled with a review of the current status of existing receivables. The allowance and associated accounts receivable are reduced when the receivables are determined to be uncollectible. Currently, the Organization considers accounts receivable to be fully collectible.

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

Grants Receivable

Grants receivable include amounts due from various funding sources under binding contracts with the Organization for services rendered prior to year-end.

Unconditional Promises to Give

Unconditional promises to give due in the next year are recorded at their net realizable value. Unconditional promises to give due in subsequent years are reported at the present value of their net realizable value using risk-free interest rates applicable to the years in which the promises are to be received.

The Organization provides an allowance for doubtful promises to give equal to the estimated losses that will be incurred in the collection of unconditional promises to give. This estimate is based on historical experience and the status of the current status of existing promises. The allowance is reduced when the promises are determined to be collectible. When the organization considers unconditional promises to give to be collectible, no allowance for doubtful promises to give is deemed necessary.

Property and Equipment

Purchased property and equipment at cost and donated assets are recorded at fair value at the date of acquisition. Donations are reported as increases in unrestricted net assets unless the donor has restricted the donated asset to a specific purpose. Major additions and improvements are capitalized, while maintenance and repairs are expensed. When assets are sold or otherwise disposed of, the related cost and accumulated depreciation are removed from the accounts. Any gain or loss arising from the disposition is included as income or expense in the year of disposition.

Depreciation is computed using the straight line method over the estimated useful lives of the assets. Leasehold improvements are amortized over the shorter of the life of the related asset or the term of the lease.

The estimated lives for computing depreciation and amortization on property and equipment are:

<u>Classification</u>	<u>Years</u>
Buildings	39
Leasehold improvements	3
Office equipment	3
Automobiles	3

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

Intangible Assets

An intangible asset consists of \$30,000 related to a franchise fee. The associated costs are amortized on a straight-line basis over the term of the franchise agreement. The Organization periodically reviews its amortizable intangible assets for impairment when events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Management does not believe any impairment exists as of December 31, 2014.

Long-Lived Asset Impairment

The Organization evaluates the recoverability of the carrying amount of long-lived assets whenever events or circumstances indicate that the carrying amount may not be recoverable. If a long-lived asset is tested for impairment and the undiscounted estimated future cash flows expected to result from the use of the asset and its eventual disposition are less than the carrying amount, the carrying amount is adjusted to fair value and an impairment loss is recognized. An impairment loss is recognized if the carrying amount of a long-lived asset exceeds its fair value. The amount of impairment was recognized during the year ended December 31, 2014.

Support and Revenue

Contributions, including contributions from individuals and corporations, are recorded as received. All contributions are available for general use unless specifically restricted by the donor. When a restriction expires, restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction. Contributions to give are recognized when the conditions on which they depend are met.

Government contracts are generally recognized as income in the period that specific services are provided.

Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support.

Donated Materials and Services (In Kind)

Donated noncash assets are recorded as contributions at their fair values at the date of donation. The estimated fair values of donated rent and program supplies were \$107,178 for the year ended December 31, 2014.

Donated services are recognized as contributions if the services create or enhance nonfinancial assets or require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. Volunteers provided various services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria were not met.

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

Functional Expense Allocation

The Organization allocates expenses on a functional basis among various programs and supporting activities. Expenses that can be identified with a specific program and supporting activity are allocated directly according to their natural expenditure classifications. Other expenses that are common to several functions are allocated by various statistical bases.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code"), except on net income derived from unrelated business activities as defined in the Code. Accordingly, the Organization files as a tax exempt organization. However, the Organization pays taxes on unrelated business income. The Organization paid no such tax in 2014 and 2013.

The Organization follows guidance issued by the Internal Revenue Service regarding accounting for income taxes and has evaluated its tax positions based on applicable law, regulations, and court decisions. In addition, the Organization has consulted with independent tax consultants, accountants, and attorneys regarding tax positions, audits, proposed settlements, changes in tax law, and other tax matters. The Organization believes that no provision for income taxes is necessary for the financial statements. The Organization's returns for tax years 2012 and 2013 remain subject to examination by taxing authorities.

Reclassifications

Certain amounts in the consolidated financial statements have been reclassified to conform to the current presentation.

Subsequent Events

The Organization has evaluated subsequent events through June 4, 2015, the date the financial statements were available to be issued.

3. Unconditional Promises to Give

Unconditional promises to give at December 31, 2014, are as follows:

Less than one year	\$	516,436
One to five years		<u>540,000</u>
		1,056,436
Less:		
Unamortized discount		<u>28,118</u>
Net unconditional promises to give	\$	<u><u>1,028,318</u></u>

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

Unconditional promises to give due in more than one year are reflected at the present value of estimated future cash flows using a discount rate of 5 percent each year. The amounts are classified on the statements of financial position as follows:

Unconditional promises to give - current	\$ 516,436
Unconditional promises to give - long-term	<u>511,882</u>
	<u>\$ 1,028,318</u>

4. Property and Equipment

Property and equipment at December 31, 2014, is as follows:

Land	\$ 30,000
Buildings	374,161
Leasehold improvements	75,727
Construction in progress - St. Raymond	721,347
Office equipment	66,897
Automobiles	<u>51,909</u>
	1,320,041
Less accumulated depreciation	<u>163,758</u>
	<u>\$ 1,156,283</u>

Depreciation and amortization expense for the year ended December 31, 2014 totaled \$40,578.

5. Line of Credit

The Organization has a credit agreement (the "Agreement") of \$50,000, scheduled monthly principal and interest payments maturing September 2019, borrowings are charged interest at the prime rate (3.25 percent at December 31, 2014) plus 3.5 percent, but not less than 4 percent per annum.

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

6. Short-term Debt

Short-term debt at December 31, 2014 is as follows:

Note payable, non-interest bearing, principal balance due in 2015 when permanent financing is obtained for the purchase of the St. Raymond Building. The note was subsequently paid on February 20, 2015.	\$ 200,000
Note payable, related party from officer, non-interest bearing, principal balance due February 1, 2015. The note was subsequently paid on January 5, 2015.	30,000
Note payable, interest at 6 percent, secured by the Organization's personal property and rights in the Philadelphia Redevelopment Authority's bonds, principal balance due in 2015. The note was paid in February 2015 by issuance of a PF	464,000
	\$ 694,000

7. Long-term Debt

Long-term debt at December 31, 2014 is as follows:

Note payable maturing in April 2017, principal payments via the note agreement.	\$ 26,000
Less current maturities	7,000
	\$ 19,000

Maturities of long-term debt as of December 31, 2014, are as follows:

<u>December 31,</u>	
2015	\$ 7,000
2016	9,000
2017	10,000
	\$ 26,000

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

8. Related Party Transactions

Depaul International is related to the Organization by common management. The Organization entered into an agreement with Depaul International requiring the payment of a subscription and fundraising fee. These fees vary in accordance with the agreement. Subscription and fundraising fee expense for the year ended December 31, 2014 totaled \$66,447.

The Organization entered into a note payable, related party from officer, which is shown in note 6.

9. Restricted Net Assets

Temporarily restricted net assets as of December 31, 2014, are as follows:

Purpose restrictions	1,300
Time restrictions	<u>96,882</u>
	<u>1,248,182</u>

Assets released from restrictions as of December 31, 2014, are as follows:

Released from	<u>\$ 172,581</u>
---------------	-------------------

10. Risks and Uncertainties

Concentration.

Contributions from one major grantor was approximately 45 percent of the Organization's program income during the year ended December 31, 2014. Contributions from one donor was approximately 45 percent of the Organization's Grants and unconditional promises to give income during the year ended December 31, 2014. Unconditional promises to give from one donor was approximately 80 percent of the Organization's grants receivable at December 31, 2014.

Concentration of Credit Risk

Financial instruments, which potentially subject the Organization to concentrations of credit risk, consist principally of cash, accounts and grants receivable, and unconditional promises to give. The Organization maintains its cash primarily with one financial institution. Deposits at this bank are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. The Organization performs ongoing credit evaluations of its customers and donors and maintains allowances, as needed, for potential credit losses. Although the Organization is directly affected by the financial stability of its customer and donor base, management does not believe significant credit risk exists at December 31, 2014.

Depaul USA, Inc.
Notes to Consolidated Financial Statements
December 31, 2014

11. Commitments and Contingencies

Franchise Agreement

The Organization entered into a ten-year franchise agreement with an unrelated party. Under this agreement, fifteen percent of the cleaning service revenue from ICS is payable to the franchiser for management services and royalties. Management services and royalty expense for the year ended December 31, 2014 totaled \$15,185.

Leases

The Organization leases its Germantown facility on a month lease agreement requiring monthly payments of \$5,500. Rent expense for the year ended December 31, 2014 totaled \$66,000. This is operating lease for

The Organization entered into a 99 year lease agreement on December 18, 2014, for the use of real property located in the City of Philadelphia. The lease term is for 99 years. The asset totaled \$500,000 and has not been placed in service. The lessor \$500,000, the asset totaled \$500,000

COPY

Depaul USA, Inc.
Schedule of Expenditures of Federal Awards
Year Ended December 31, 2014

Federal Grantor/Pass-through Grantor/ Program title	Federal CFDA Number	Pass-Through Entity Identifying Number/ Federal Award Number	Federal Expenditures 2014
U.S. Department of Housing and Urban Development/City of St. Louis/Supportive Housing Program	14.267	MO0114L7E011305	\$ 101,744
		MO0114B7E011204	195,505
		MO0006L7E011303	29,571
		MO0006L7E011202	<u>341,172</u>
			<u>667,992</u>
U.S. Department of Housing and Urban Development/UNITY of Greater New Orleans, Inc./Rapid Rehousing for Chronically Homeless Persons Project	14.235	'6H031200	85,743
Department of Health and Human Services/Office of Supportive Housing - City of Philadelphia/Homeless Assistance Case Management Funds			32,100
Department of Health and Human Services/Office of Supportive Housing - C of Philadelphia/Homeless Assis PennFree Program Funds		1520162	<u>23,960</u>
Total			<u>\$ 809,795</u>

COPY

Depaul USA, Inc.
Notes to the Schedule of Expenditures of Federal Awards
Year Ended December 31, 2014

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of Depaul USA, Inc. under programs of the federal government for the year ended December 31, 2014. The information in this Schedule is presented in accordance with the requirements of the Office of Management and Budget ("OMB") Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of Depaul USA, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of Depaul USA, Inc.

2. Summary of Significant Accounting Policies

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*. Certain types of expenditures are not allowable or are limited.

3. Noncash Assistance

No federal awards were expended for noncash assistance.

COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **DEPAUL USA INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 756
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60690

D Employer identification number: **35-2338110**

E Telephone number: **312-282-8953**

G Gross receipts \$: **3,537,123.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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.DEPAULUSA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2008** **M** State of legal domicile: **DE**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES AND PROGRAMS FOR HOMELESS INDIVIDUALS. THE ORGANIZATION'S CURRENT PROGRAMS			
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 10		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9		
5 Total number of individuals employed in calendar year 2014 (Part VIII, line 2a)	5 58		
6 Total number of volunteers (estimate if necessary)	6 292		
7 a 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)	Prior Year: 1,011,244.	Current Year: 3,379,031.
	9 Program service revenue (Part VIII, line 2g)	655,441.	120,331.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,257.	890.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 10c, and 11)	0.	18,315.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,667,942.	3,518,567.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), line 1)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		866,286.	1,219,963.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		178,253.	
17 Other expenses (Part IX, column (A), lines 11d, 11f-11g, 11i-11j, 11l-11m, 11o-11p, 11r-11s, 11u-11v, 11x-11y, 11z, 12a-12c, 12e-12f, 12h-12i, 12k-12l, 12n-12o, 12r-12s, 12u-12v, 12x-12y, 12z, 13a-13c, 13e-13f, 13h-13i, 13k-13l, 13n-13o, 13r-13s, 13u-13v, 13x-13y, 13z, 14a-14c, 14e-14f, 14h-14i, 14k-14l, 14n-14o, 14r-14s, 14u-14v, 14x-14y, 14z, 15a-15c, 15e-15f, 15h-15i, 15k-15l, 15n-15o, 15r-15s, 15u-15v, 15x-15y, 15z, 16a-16c, 16e-16f, 16h-16i, 16k-16l, 16n-16o, 16r-16s, 16u-16v, 16x-16y, 16z, 17a-17c, 17e-17f, 17h-17i, 17k-17l, 17n-17o, 17r-17s, 17u-17v, 17x-17y, 17z, 18a-18c, 18e-18f, 18h-18i, 18k-18l, 18n-18o, 18r-18s, 18u-18v, 18x-18y, 18z, 19a-19c, 19e-19f, 19h-19i, 19k-19l, 19n-19o, 19r-19s, 19u-19v, 19x-19y, 19z, 20a-20c, 20e-20f, 20h-20i, 20k-20l, 20n-20o, 20r-20s, 20u-20v, 20x-20y, 20z, 21a-21c, 21e-21f, 21h-21i, 21k-21l, 21n-21o, 21r-21s, 21u-21v, 21x-21y, 21z, 22a-22c, 22e-22f, 22h-22i, 22k-22l, 22n-22o, 22r-22s, 22u-22v, 22x-22y, 22z, 23a-23c, 23e-23f, 23h-23i, 23k-23l, 23n-23o, 23r-23s, 23u-23v, 23x-23y, 23z, 24a-24c, 24e-24f, 24h-24i, 24k-24l, 24n-24o, 24r-24s, 24u-24v, 24x-24y, 24z, 25a-25c, 25e-25f, 25h-25i, 25k-25l, 25n-25o, 25r-25s, 25u-25v, 25x-25y, 25z, 26a-26c, 26e-26f, 26h-26i, 26k-26l, 26n-26o, 26r-26s, 26u-26v, 26x-26y, 26z, 27a-27c, 27e-27f, 27h-27i, 27k-27l, 27n-27o, 27r-27s, 27u-27v, 27x-27y, 27z, 28a-28c, 28e-28f, 28h-28i, 28k-28l, 28n-28o, 28r-28s, 28u-28v, 28x-28y, 28z, 29a-29c, 29e-29f, 29h-29i, 29k-29l, 29n-29o, 29r-29s, 29u-29v, 29x-29y, 29z, 30a-30c, 30e-30f, 30h-30i, 30k-30l, 30n-30o, 30r-30s, 30u-30v, 30x-30y, 30z, 31a-31c, 31e-31f, 31h-31i, 31k-31l, 31n-31o, 31r-31s, 31u-31v, 31x-31y, 31z, 32a-32c, 32e-32f, 32h-32i, 32k-32l, 32n-32o, 32r-32s, 32u-32v, 32x-32y, 32z, 33a-33c, 33e-33f, 33h-33i, 33k-33l, 33n-33o, 33r-33s, 33u-33v, 33x-33y, 33z, 34a-34c, 34e-34f, 34h-34i, 34k-34l, 34n-34o, 34r-34s, 34u-34v, 34x-34y, 34z, 35a-35c, 35e-35f, 35h-35i, 35k-35l, 35n-35o, 35r-35s, 35u-35v, 35x-35y, 35z, 36a-36c, 36e-36f, 36h-36i, 36k-36l, 36n-36o, 36r-36s, 36u-36v, 36x-36y, 36z, 37a-37c, 37e-37f, 37h-37i, 37k-37l, 37n-37o, 37r-37s, 37u-37v, 37x-37y, 37z, 38a-38c, 38e-38f, 38h-38i, 38k-38l, 38n-38o, 38r-38s, 38u-38v, 38x-38y, 38z, 39a-39c, 39e-39f, 39h-39i, 39k-39l, 39n-39o, 39r-39s, 39u-39v, 39x-39y, 39z, 40a-40c, 40e-40f, 40h-40i, 40k-40l, 40n-40o, 40r-40s, 40u-40v, 40x-40y, 40z, 41a-41c, 41e-41f, 41h-41i, 41k-41l, 41n-41o, 41r-41s, 41u-41v, 41x-41y, 41z, 42a-42c, 42e-42f, 42h-42i, 42k-42l, 42n-42o, 42r-42s, 42u-42v, 42x-42y, 42z, 43a-43c, 43e-43f, 43h-43i, 43k-43l, 43n-43o, 43r-43s, 43u-43v, 43x-43y, 43z, 44a-44c, 44e-44f, 44h-44i, 44k-44l, 44n-44o, 44r-44s, 44u-44v, 44x-44y, 44z, 45a-45c, 45e-45f, 45h-45i, 45k-45l, 45n-45o, 45r-45s, 45u-45v, 45x-45y, 45z, 46a-46c, 46e-46f, 46h-46i, 46k-46l, 46n-46o, 46r-46s, 46u-46v, 46x-46y, 46z, 47a-47c, 47e-47f, 47h-47i, 47k-47l, 47n-47o, 47r-47s, 47u-47v, 47x-47y, 47z, 48a-48c, 48e-48f, 48h-48i, 48k-48l, 48n-48o, 48r-48s, 48u-48v, 48x-48y, 48z, 49a-49c, 49e-49f, 49h-49i, 49k-49l, 49n-49o, 49r-49s, 49u-49v, 49x-49y, 49z, 50a-50c, 50e-50f, 50h-50i, 50k-50l, 50n-50o, 50r-50s, 50u-50v, 50x-50y, 50z, 51a-51c, 51e-51f, 51h-51i, 51k-51l, 51n-51o, 51r-51s, 51u-51v, 51x-51y, 51z, 52a-52c, 52e-52f, 52h-52i, 52k-52l, 52n-52o, 52r-52s, 52u-52v, 52x-52y, 52z, 53a-53c, 53e-53f, 53h-53i, 53k-53l, 53n-53o, 53r-53s, 53u-53v, 53x-53y, 53z, 54a-54c, 54e-54f, 54h-54i, 54k-54l, 54n-54o, 54r-54s, 54u-54v, 54x-54y, 54z, 55a-55c, 55e-55f, 55h-55i, 55k-55l, 55n-55o, 55r-55s, 55u-55v, 55x-55y, 55z, 56a-56c, 56e-56f, 56h-56i, 56k-56l, 56n-56o, 56r-56s, 56u-56v, 56x-56y, 56z, 57a-57c, 57e-57f, 57h-57i, 57k-57l, 57n-57o, 57r-57s, 57u-57v, 57x-57y, 57z, 58a-58c, 58e-58f, 58h-58i, 58k-58l, 58n-58o, 58r-58s, 58u-58v, 58x-58y, 58z, 59a-59c, 59e-59f, 59h-59i, 59k-59l, 59n-59o, 59r-59s, 59u-59v, 59x-59y, 59z, 60a-60c, 60e-60f, 60h-60i, 60k-60l, 60n-60o, 60r-60s, 60u-60v, 60x-60y, 60z, 61a-61c, 61e-61f, 61h-61i, 61k-61l, 61n-61o, 61r-61s, 61u-61v, 61x-61y, 61z, 62a-62c, 62e-62f, 62h-62i, 62k-62l, 62n-62o, 62r-62s, 62u-62v, 62x-62y, 62z, 63a-63c, 63e-63f, 63h-63i, 63k-63l, 63n-63o, 63r-63s, 63u-63v, 63x-63y, 63z, 64a-64c, 64e-64f, 64h-64i, 64k-64l, 64n-64o, 64r-64s, 64u-64v, 64x-64y, 64z, 65a-65c, 65e-65f, 65h-65i, 65k-65l, 65n-65o, 65r-65s, 65u-65v, 65x-65y, 65z, 66a-66c, 66e-66f, 66h-66i, 66k-66l, 66n-66o, 66r-66s, 66u-66v, 66x-66y, 66z, 67a-67c, 67e-67f, 67h-67i, 67k-67l, 67n-67o, 67r-67s, 67u-67v, 67x-67y, 67z, 68a-68c, 68e-68f, 68h-68i, 68k-68l, 68n-68o, 68r-68s, 68u-68v, 68x-68y, 68z, 69a-69c, 69e-69f, 69h-69i, 69k-69l, 69n-69o, 69r-69s, 69u-69v, 69x-69y, 69z, 70a-70c, 70e-70f, 70h-70i, 70k-70l, 70n-70o, 70r-70s, 70u-70v, 70x-70y, 70z, 71a-71c, 71e-71f, 71h-71i, 71k-71l, 71n-71o, 71r-71s, 71u-71v, 71x-71y, 71z, 72a-72c, 72e-72f, 72h-72i, 72k-72l, 72n-72o, 72r-72s, 72u-72v, 72x-72y, 72z, 73a-73c, 73e-73f, 73h-73i, 73k-73l, 73n-73o, 73r-73s, 73u-73v, 73x-73y, 73z, 74a-74c, 74e-74f, 74h-74i, 74k-74l, 74n-74o, 74r-74s, 74u-74v, 74x-74y, 74z, 75a-75c, 75e-75f, 75h-75i, 75k-75l, 75n-75o, 75r-75s, 75u-75v, 75x-75y, 75z, 76a-76c, 76e-76f, 76h-76i, 76k-76l, 76n-76o, 76r-76s, 76u-76v, 76x-76y, 76z, 77a-77c, 77e-77f, 77h-77i, 77k-77l, 77n-77o, 77r-77s, 77u-77v, 77x-77y, 77z, 78a-78c, 78e-78f, 78h-78i, 78k-78l, 78n-78o, 78r-78s, 78u-78v, 78x-78y, 78z, 79a-79c, 79e-79f, 79h-79i, 79k-79l, 79n-79o, 79r-79s, 79u-79v, 79x-79y, 79z, 80a-80c, 80e-80f, 80h-80i, 80k-80l, 80n-80o, 80r-80s, 80u-80v, 80x-80y, 80z, 81a-81c, 81e-81f, 81h-81i, 81k-81l, 81n-81o, 81r-81s, 81u-81v, 81x-81y, 81z, 82a-82c, 82e-82f, 82h-82i, 82k-82l, 82n-82o, 82r-82s, 82u-82v, 82x-82y, 82z, 83a-83c, 83e-83f, 83h-83i, 83k-83l, 83n-83o, 83r-83s, 83u-83v, 83x-83y, 83z, 84a-84c, 84e-84f, 84h-84i, 84k-84l, 84n-84o, 84r-84s, 84u-84v, 84x-84y, 84z, 85a-85c, 85e-85f, 85h-85i, 85k-85l, 85n-85o, 85r-85s, 85u-85v, 85x-85y, 85z, 86a-86c, 86e-86f, 86h-86i, 86k-86l, 86n-86o, 86r-86s, 86u-86v, 86x-86y, 86z, 87a-87c, 87e-87f, 87h-87i, 87k-87l, 87n-87o, 87r-87s, 87u-87v, 87x-87y, 87z, 88a-88c, 88e-88f, 88h-88i, 88k-88l, 88n-88o, 88r-88s, 88u-88v, 88x-88y, 88z, 89a-89c, 89e-89f, 89h-89i, 89k-89l, 89n-89o, 89r-89s, 89u-89v, 89x-89y, 89z, 90a-90c, 90e-90f, 90h-90i, 90k-90l, 90n-90o, 90r-90s, 90u-90v, 90x-90y, 90z, 91a-91c, 91e-91f, 91h-91i, 91k-91l, 91n-91o, 91r-91s, 91u-91v, 91x-91y, 91z, 92a-92c, 92e-92f, 92h-92i, 92k-92l, 92n-92o, 92r-92s, 92u-92v, 92x-92y, 92z, 93a-93c, 93e-93f, 93h-93i, 93k-93l, 93n-93o, 93r-93s, 93u-93v, 93x-93y, 93z, 94a-94c, 94e-94f, 94h-94i, 94k-94l, 94n-94o, 94r-94s, 94u-94v, 94x-94y, 94z, 95a-95c, 95e-95f, 95h-95i, 95k-95l, 95n-95o, 95r-95s, 95u-95v, 95x-95y, 95z, 96a-96c, 96e-96f, 96h-96i, 96k-96l, 96n-96o, 96r-96s, 96u-96v, 96x-96y, 96z, 97a-97c, 97e-97f, 97h-97i, 97k-97l, 97n-97o, 97r-97s, 97u-97v, 97x-97y, 97z, 98a-98c, 98e-98f, 98h-98i, 98k-98l, 98n-98o, 98r-98s, 98u-98v, 98x-98y, 98z, 99a-99c, 99e-99f, 99h-99i, 99k-99l, 99n-99o, 99r-99s, 99u-99v, 99x-99y, 99z, 100a-100c, 100e-100f, 100h-100i, 100k-100l, 100n-100o, 100r-100s, 100u-100v, 100x-100y, 100z			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,566,622.	End of Year: 2,682,946.
	21 Total liabilities (Part X, line 26)	818,362.	989,747.
	22 Net assets or fund balances. Subtract line 21 from line 20	748,260.	1,693,199.

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: **CHARLES W. LEVESQUE, EXECUTIVE DIRECTOR** Date: _____
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **THOMAS S. HELM, CPA** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00177916**
 Firm's name: **ANDERS MINKLER HUBER & HELM LLP** Firm's EIN: **43-0831507**
 Firm's address: **800 MARKET STREET, SUITE 500 ST. LOUIS, MO 63101-2501** Phone no.: **(314) 655-5500**

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE SERVICES AND PROGRAMS FOR HOMELESS INDIVIDUALS. THE ORGANIZATION'S CURRENT PROGRAMS PROVIDE TRANSITIONAL HOUSING FOR MEN IN THE GERMANTOWN SECTION OF PHILADELPHIA, PENNSYLVANIA, PERMANENT, SUPPORTIVE HOUSING TO HOMELESS MEN AND WOMEN IN ST. LOUIS, MISSOURI,

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

4a (Code:) (Expenses \$ 2,068,684. Including grants of \$ 763,157.) (Revenue \$ 138,646.) IN PHILADELPHIA, PENNSYLVANIA, THE ORGANIZATION PROVIDES TRANSITIONAL HOUSING AT DEPAUL HOUSE FOR UP TO 27 MEN AGED 18 YEARS AND OVER WHO SEEK TO ESCAPE HOMELESSNESS THROUGH SETTLED ACCOMMODATION AND EMPLOYMENT. IN MACON, GEORGIA, THE ORGANIZATION OPERATES DAYBREAK, A DAY/RESOURCE CENTER FOR HOMESLESS MEN AND WOMEN, THAT OFFERS COMPREHENSIVE SERVICES AT A SINGLE SITE IN NEW ORLEANS, LOUISIANA, THE ORGANIZATION OPERATES 1) A TRANSPORTATION AND CASE WORKER PROGRAM THAT LINKS HOMELESS MEN AND WOMEN WITH CRITICAL SERVICES INCLUDING HOUSING AND 2) A RAPID REHOUSING PROGRAM FOR 15 HOMELESS INDIVIDUALS. IN ST. LOUIS, MISSOURI, THE ORGANIZATION PROVIDES PERMANENT, SUPPORTIVE HOUSING TO HOMELESS MEN AND WOMEN.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses 2,068,684.

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 <i>Schedule B, Schedule of Contributors</i> ?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			X
c	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? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 (2014) with various sections (1a-14b) and a large 'COPY' watermark. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7) organizations, Form 501(c)(12) organizations, Form 4947(a)(1) non-exempt charitable trusts, and Form 501(c)(29) qualified nonprofit health insurance issuers.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 10, 1b: 9. 2: X. 3: X. 4: X. 5: X. 6: X. 7a: X, 7b: X. 8a: X, 8b: X. 9: X.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: X. 11a: X. 12a: X, 12b: X. 13: X. 14: X. 15a: X, 15b: X. 16a: X, 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, GA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 312-282-8953 P.O. BOX 756, CHICAGO, IL 60690

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

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

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

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

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

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

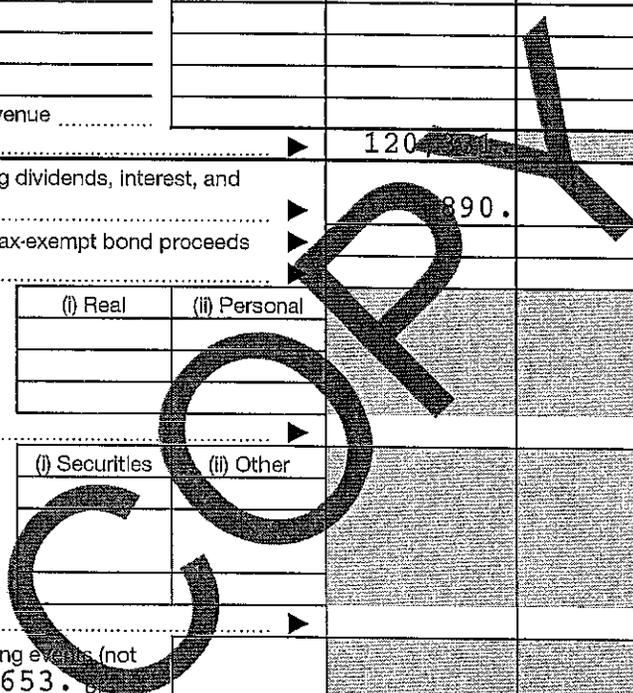
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES W. LEVESQUE EXECUTIVE DIRECTOR	40.00	X					109,188.	0.	4,156.	
(2) KATHRYN MCBREARTY GERHARDT BOARD CHAIR	7.50	X		X			0.	0.	0.	
(3) REV. BERNARD M. TRACEY BOARD MEMBER	5.00	X					0.	0.	0.	
(4) LARRY PEARLMAN SECRETARY	5.00	X		X			0.	0.	0.	
(5) SR. MARTHA BEAUDOIN, D.C. BOARD TRUSTEE	5.00						0.	0.	0.	
(6) DR. BON S. KU BOARD TRUSTEE	5.00	X					0.	0.	0.	
(7) SR. JEAN MAHER, D.C. BOARD TRUSTEE	5.00	X					0.	0.	0.	
(8) GARY MUSOLF BOARD TRUSTEE	7.50	X					0.	0.	0.	
(9) REV. LARRY SNYDER BOARD TRUSTEE	5.00	X					0.	0.	0.	
(10) CURTIS J. TARVER, II BOARD TRUSTEE	5.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 99,653.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,191,191.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,088,187.					
	g Noncash contributions included in lines 1a-1f: \$	83,008.					
	h Total. Add lines 1a-1f		3,379,031.				
Program Service Revenue	2 a PROGRAM FEES	Business Code 721000	120,331.	120,331.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		120,331.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		890.			890.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	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 \$ 99,653. contributions reported on line 1c). See Part IV, line 18	a	18,556.					
	b Less: direct expenses	b	18,556.				
	c Net income or (loss) from fundraising events		0.				
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 OTHER INCOME		900099	18,315.	18,315.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			18,315.				
12 Total revenue. See instructions.			3,518,567.	138,646.	0.	890.	

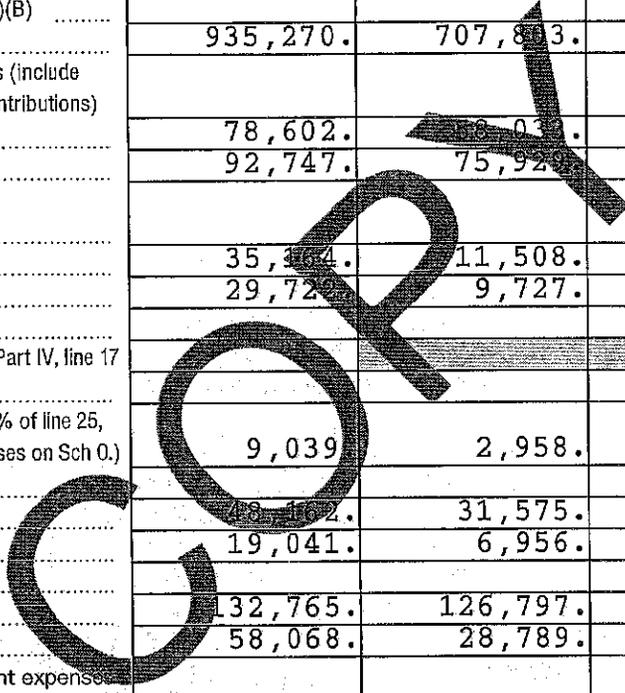


Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Office expenses, and Total functional expenses.



Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	153,092.	1	133,426.
	2	Savings and temporary cash investments	693,175.	2	135,900.
	3	Pledges and grants receivable, net	33,342.	3	1,162,513.
	4	Accounts receivable, net	188,823.	4	8,357.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	475.	9	51,472.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,320,041.		
	10b	Less: accumulated depreciation	163,758.		
	10c		466,790.	10c	1,156,283.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	26,000.	14	24,000.
15	Other assets. See Part IV, line 11	4,925.	15	10,995.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,566,622.	16	2,682,946.	
Liabilities	17	Accounts payable and accrued expenses	72,956.	17	141,544.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	30,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	511,040.
	24	Unsecured notes and loans payable to unrelated third parties	740,481.	24	226,000.
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,925.	25	81,163.
	26	Total liabilities. Add lines 17 through 25	818,362.	26	989,747.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	599,628.	27	445,017.
	28	Temporarily restricted net assets	148,632.	28	1,248,182.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	748,260.	33	1,693,199.	
34	Total liabilities and net assets/fund balances	1,566,622.	34	2,682,946.	

Part XI Reconciliation of Net Assets

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

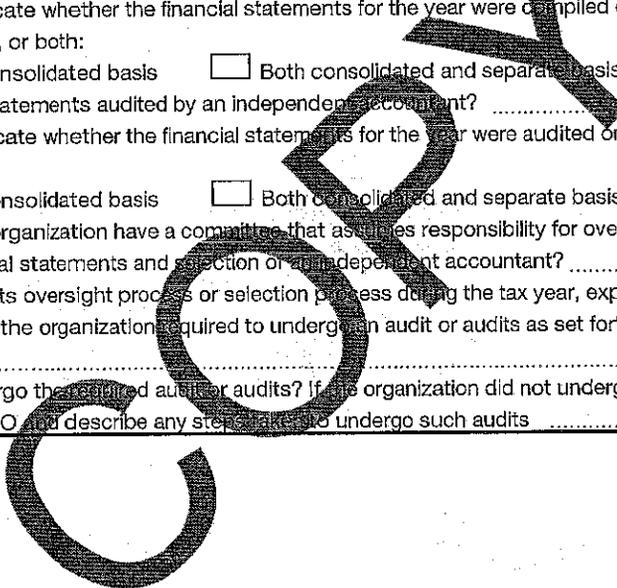
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,518,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,573,628.
3	Revenue less expenses. Subtract line 2 from line 1	3	944,939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	748,260.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,693,199.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2014)



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.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **DEPAUL USA INC.** Employer identification number **35-2338110**

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 **sources** required 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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	729,032.	786,144.	1,479,393.	1,666,685.	3,379,031.	8,040,285.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	729,032.	786,144.	1,479,393.	1,666,685.	3,379,031.	8,040,285.
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)						70,034.
6 Public support. Subtract line 5 from line 4.						7,970,251.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	729,032.	786,144.	1,479,393.	1,666,685.	3,379,031.	8,040,285.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,126.	1,034.	742.	1,257.	890.	5,051.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					18,315.	18,315.
11 Total support. Add lines 7 through 10						8,063,651.
12 Gross receipts from related activities, etc. (see instructions)					12	775,772.
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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.84 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.50 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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"/>		

Schedule A (Form 990 or 990-EZ) 2014

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 year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
b A family member of a person described in (a) above?
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also members of the directors or trustees of each of the organization's supported organization(s)?

Table with 3 columns: Question, Yes, No. Row 1.

Section D. Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
a The organization satisfied the Activities Test. Complete line 2 below.
b The organization is the parent of each of its supported organizations. Complete line 3 below.
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
3 Parent of Supported Organizations. Answer (a) and (b) below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

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

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

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

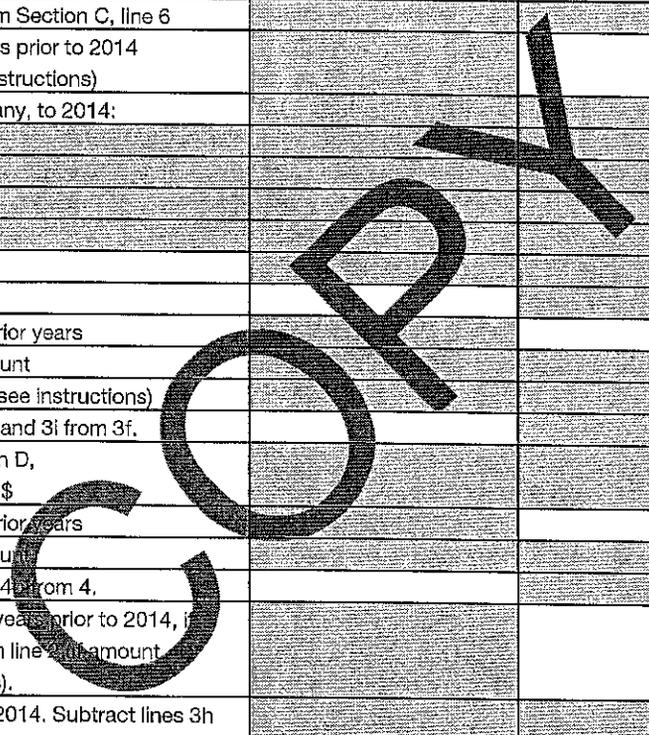
Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			



Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

COPY

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

DEPAUL USA INC.

Employer identification number

35-2338110

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Part I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

DEPAUL USA INC.

35-2338110

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$ 753,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MISSION & MINISTRY, INC. 9404 NEW HARMONY ROAD EVANSVILLE, IN 47720	\$ 74,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE PEYTON ANDERSON FOUNDATION 577 MULBERRY STREET, SUITE 850 MACON, GA 31201	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OFFICE OF SUPPORTIVE HOUSING 1401 JFK BOULEVARD - 10TH FLOOR PHILADELPHIA, PA 19102	\$ 264,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DAUGHTERS OF CHARITY 4330 OLIVE STREET ST. LOUIS, MO 63108	\$ 950,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE PEW CHARITABLE TRUST 2005 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19103	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

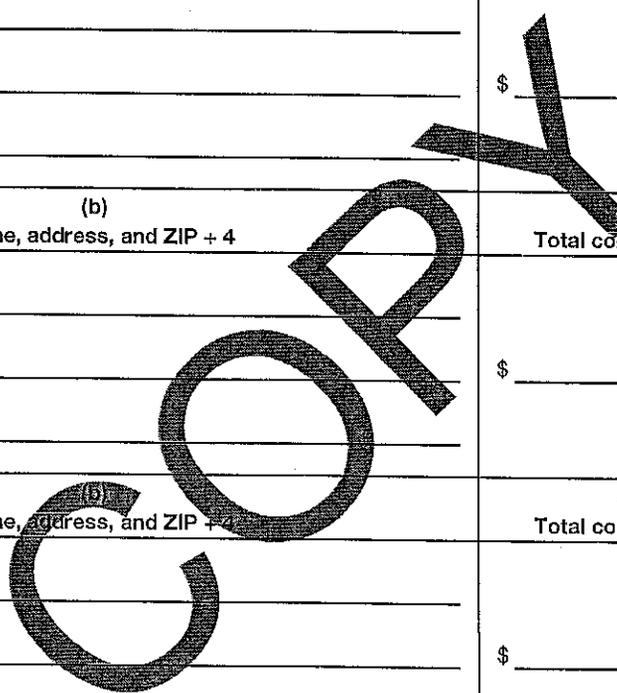
Employer identification number

DEPAUL USA INC.

35-2338110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MS. LORALEE WEST 12 GREENBRIAR LANE PAOLI, PA 19301	\$ 99,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

DEPAUL USA INC.

35-2338110

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	FOOD INVENTORY	\$ 22,452.	12/31/14

COPY

Name of organization

Employer identification number

DEPAUL USA INC.

35-2338110

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(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

(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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **DEPAUL USA INC.** Employer identification number **35-2338110**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 12/31/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(a) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,000.		30,000.
b Buildings		374,161.	19,429.	354,732.
c Leasehold improvements		75,727.	63,077.	12,650.
d Equipment		118,806.	81,252.	37,554.
e Other		721,347.		721,347.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,156,283.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT SAVING LIABILITY	10,520.
(3) DUE TO DEPAUL INTERNATIONAL	70,643.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	81,163.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,518,567.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 2,573,628.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 6; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE.

ACCORDINGLY, THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION. HOWEVER, THE ORGANIZATION IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION PAID NO UNRELATED BUSINESS INCOME TAX IN 2014 AND 2013.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS

Part XIII Supplemental Information *(continued)*

NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS FOR TAX YEARS 2011 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

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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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA	MACON SLEEP OVER	8	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	43,468.	45,035.	29,706.	118,209.
	2	Less: Contributions	29,949.	45,035.	24,669.	99,653.
	3	Gross income (line 1 minus line 2)	13,519.		5,037.	18,556.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,519.		5,037.	18,556.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				18,556.
	11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct 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 conducted 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 contract 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. 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 provide any additional information (see instructions).

Part IV Supplemental Information *(continued)*

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

DEPAUL USA INC.

Employer identification number
35-2338110

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRCS							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

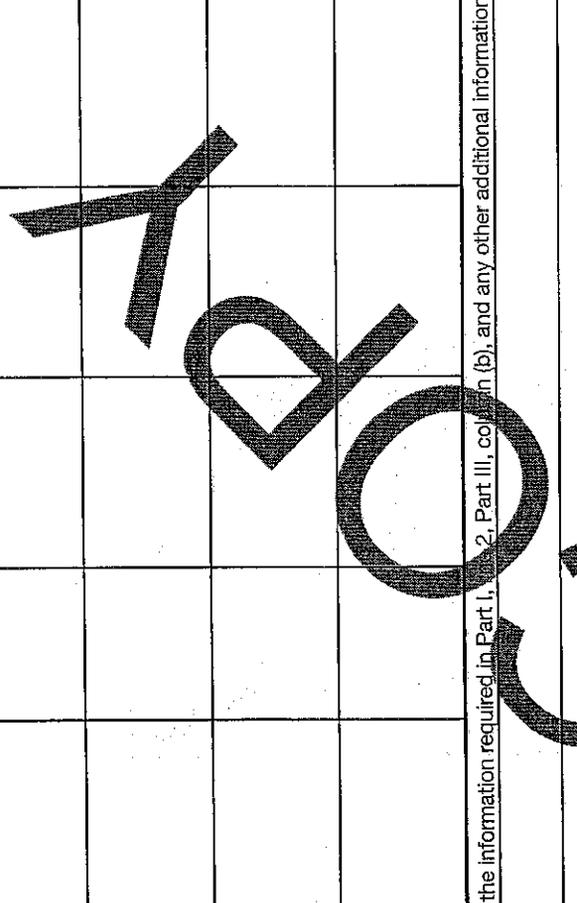
3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD SUPPLY ASSISTANCE, MEDICAL ASSISTANCE, TRAVEL ASSISTANCE AND RENT AND UTILITY ASSISTANCE.	1841	0.	763,157.	SERVICES PROVIDED	FOOD SUPPLY ASSISTANCE, TRAVEL ASSISTANCE AND RENT AND UTILITY ASSISTANCE.



Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:
 INDIVIDUALS WHO SEEK HOUSING SERVICES MUST DEMONSTRATE HOMELESSNESS,
 RESPOND TO INTAKE QUESTIONS, AND THE ORGANIZATION THEN WILL COMPLETE ITS
 DUE DILIGENCE TO ASCERTAIN ELIGIBILITY FOR HOUSING.
 INDIVIDUALS WHO SEEK THE ORGANIZATION'S CRISIS SERVICES (FOOD, MEDICAL
 CONSULTS, SOCIAL WORKER CONSULTS & HYGIENE) ARE SELF-SELECTING.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CHARLES W. LEVESQUE

(B) RELATIONSHIP WITH ORGANIZATION: CURRENT EXECUTIVE DIRECTOR OF THE ORGANIZATION

(C) PURPOSE OF LOAN: TO CONDUCT ORGANIZATIONAL PROGRAM ACTIVITIES

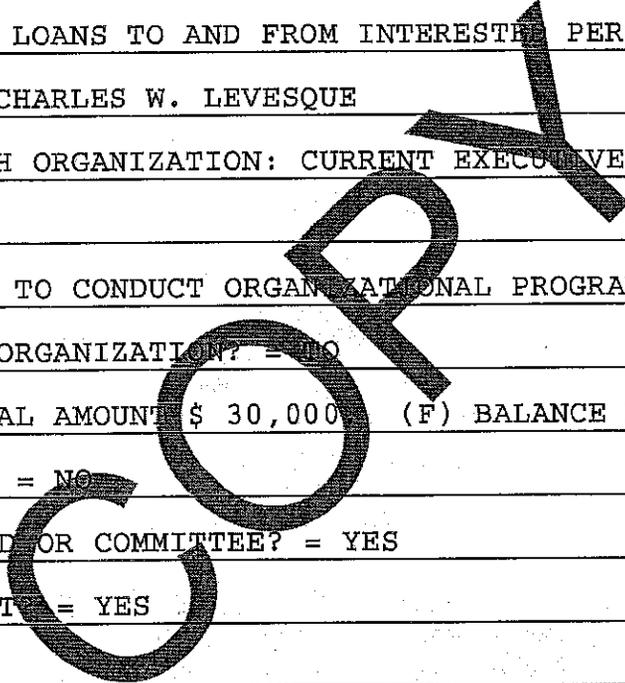
(D) LOAN TO OR FROM ORGANIZATION? = NO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 30,000 (F) BALANCE DUE \$ 30,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT = YES



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DEPAUL USA INC.

Employer identification number

35-2338110

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		53,556.	FAIR MARKET VALUE
6	Cars and other vehicles	X	1	7,000.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	22,452.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

DEPAUL USA INC.

Employer identification number
35-2338110

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE TRANSITIONAL HOUSING FOR MEN IN THE GERMANTOWN SECTION OF
PHILADELPHIA, PENNSYLVANIA, PERMANENT, SUPPORTIVE HOUSING TO HOMELESS
MEN AND WOMEN IN ST. LOUIS, MISSOURI, AND SERVICES FOR THE HOMELESS IN
MACON, GEORGIA AND NEW ORLEANS, LOUISIANA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SERVICES FOR THE HOMELESS IN MACON, GEORGIA AND NEW ORLEANS,
LOUISIANA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPAUL USA ALSO OPERATES IMMACULATE CLEANING SERVICES, LLC, A
COMMERCIAL CLEANING BUSINESS THAT PROVIDES REVENUE FOR PROGRAMS AND
EMPLOYMENT FOR DEPAUL HOUSE RESIDENTS AND GRADUATES.

FORM 990, PART VI, SECTION A, LINE 6:

DEPAUL INTERNATIONAL IS A MEMBER OF THE ORGANIZATION. DEPAUL INTERNATIONAL
HAS THE RIGHT TO APPOINT ALL OR A MAJORITY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A:

DEPAUL INTERNATIONAL HAS THE POWER TO ELECT ALL OR THE MAJORITY OF THE
BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

BYLAWS MAY BE ALTERED OR REPEALED BY DEPAUL INTERNATIONAL.

Name of the organization

DEPAUL USA INC.

Employer identification number

35-2338110

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION SENT OUT A COPY OF THE 990 VIA E-MAIL TO ITS BOARD OF DIRECTORS BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

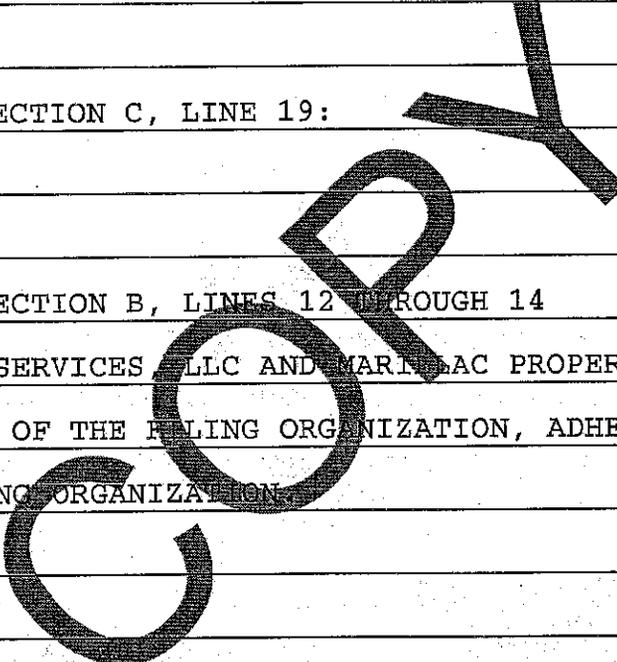
OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS. THEY ARE PROHIBITED FROM ENGAGING IN ANY ACTIVITY THAT MAY RESULT IN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

BY REQUEST.

FORM 990, PART VI, SECTION B, LINES 12 THROUGH 14

IMMACULATE CLEANING SERVICES, LLC AND MARIACAC PROPERTIES, LLC, DISREGARDED ENTITIES OF THE FILING ORGANIZATION, ADHERE TO THE SAME POLICIES OF THE FILING ORGANIZATION.



FORM 990, PART XII LINE 2C

NO CHANGE FROM PRIOR YEAR.

Related Organizations and Unrelated Partnerships

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **DEPAUL USA INC.** Employer identification number: **35-2338110**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IMMACULATE CLEANING SERVICES, LLC - 45-5200542, 5725 SPRAGUE STREET, PHILADELPHIA, PA 19138	COMMERCIAL CLEANING COMPANY ESTABLISHED TO SUPPORT DEPAUL USA PROGRAMS	PENNSYLVANIA	101,235.	17,110.	DEPAUL USA INC.
MARILLAC PROPERTIES, LLC PO BOX 204 MACON, GA 31202	HOLDING COMPANY FOR REAL ESTATE IN MACON, GEORGIA	GEORGIA	0.	384,732.	DEPAUL USA INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DEPAUL INTERNATIONAL 291-299 BOROUGH HIGH STREET LONDON, ENGLAND, UNITED KINGDOM	SUPPORTING HOMELESS AND MARGINALIZED PEOPLE AROUND THE WORLD.	UNITED KINGDOM	501(C)(3)				X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information who must complete this line, including covered relationships and transaction thresholds.

(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

IMMACULATE CLEANING SERVICES, LLC

EIN: 45-5200542

5725 SPRAGUE STREET

PHILADELPHIA, PA 19138

PRIMARY ACTIVITY: COMMERCIAL CLEANING COMPANY ESTABLISHED TO SUPPORT
DEPAUL USA PROGRAMS

DIRECT CONTROLLING ENTITY: DEPAUL USA INC.

NAME AND ADDRESS OF DISREGARDED ENTITY:

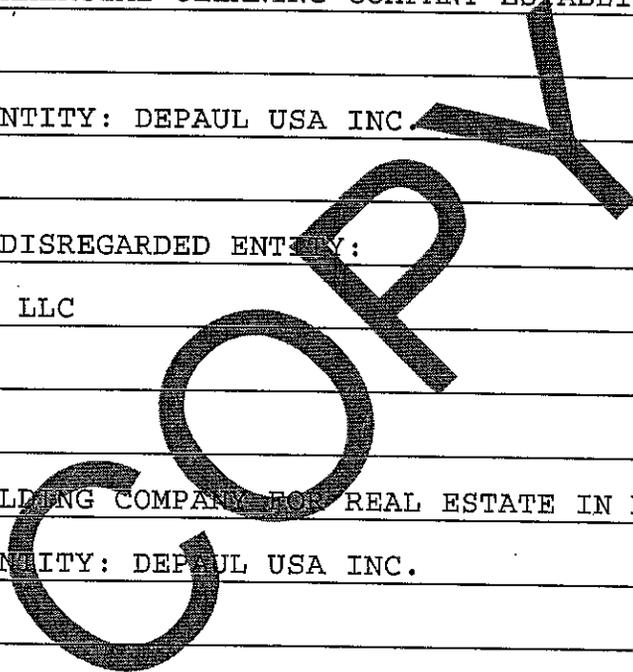
MARILLAC PROPERTIES, LLC

PO BOX 204

MACON, GA 31202

PRIMARY ACTIVITY: HOLDING COMPANY FOR REAL ESTATE IN MACON, GEORGIA

DIRECT CONTROLLING ENTITY: DEPAUL USA INC.





Job Descriptions With resumes

Depaul USA

Job Description

Job Title: Program Director

Department: St. Lazare House

Reports to: Depaul USA-St. Louis Director

Last Revision: August 2016

SUMMARY

Program Coordinator will develop, oversee and manage St. Lazare House. The position is a full time position.

PRIMARY RESPONSIBILITIES

- Set policy and programming to ensure that clients are getting the support that they need and that all guidelines are followed as outlined by the Grantor
- Outreach/screen potential clients for eligibility using the Coordinated Entry Front Door for all referrals
- Welcome new clients to program and educate them regarding program guidelines
- Provide tenant counseling; assist individuals in understanding leases, setting up utilities and helping them move in and get settled into their apartment
- Educate clients on how to be good tenants and neighbors
- Mediate problems that occur between tenants and/or tenants and staff
- Ensure ongoing compliance with HUD guidelines for PSH programs
- Ensure all required reports and documents are filed in a professional and timely manner to remain in grant compliance (ex. monthly activity and finance reports, Annual Progress Report, grant renewal etc)
- Ensure that all client charts have the required eligibility documents and all other required paperwork, progress notes after each visit, treatment plans and any other necessary documents to remain in grant compliance in chart in an ordered manner
- Work with maintenance to fix identified problems prior to clients move-in and while clients reside in units
- Conduct a psycho-social and needs assessment with each client at entry
- Develop with clients at entry and yearly thereafter an individualized housing and service plan, including planning a path to permanent housing
- Provide individual and group counseling to increase quality of life for clients; encourage clients to address past dysfunctional behaviors that led to their homelessness ; educate regarding better coping strategies
- Provide medication education and management
- Support clients in acquiring and maintaining all eligible benefits; in seeking job training, increasing job skills, going back to school, getting a GED and/or finding employment
- Connect clients to community resources and supports and encourage ongoing participation
- Coordinate care with other service providers and involved supports

- Supervise life coach and house monitors to ensure the use of good clinical care and respectful treatment of all clients
- Provide a means of communication that clients and staff may use 24/7 for emergencies
- Provide crisis intervention as needed
- Develop programming as needed to better meet the ever-changing need of the clients
- Provide transportation to clients as needed to achieve goals
- Serve as HMIS point person for program and enter all required data into the HMIS system with yearly updates and edits as required
- Attend community meetings; network with other service providers; participate in the St. Louis City CoC and act as a representative for Depaul USA in advocating for the needs of the homeless in our community
- Work with Depaul USA volunteers and practicum students to better serve clients in program
- Work closely with Depaul USA grant writer, accountant and book keeper to ensure good practices , grant renewal and help to secure financial stability for the ongoing needs of the program
- Perform other duties as assigned

KNOWLEDGE AND SKILL REQUIREMENTS

Minimum of a Master's degree in related field (ex. Social Work, psychology, etc.); 5 years' work experience in related field; Licensed Clinical Social Worker preferred

WORKING CONDITIONS

- Working conditions are normal for an office environment
- Work may require occasional weekend and/or evening work

ACCOUNTABILITY

- Support the Rule and By-Laws of Depaul USA
- Participate in annual self-evaluation and performance review
- Follows agency set financial policies
- Is aware of role in the agency's audit expectations
- Maintains all relevant program information current in both paper and electronic formats

Depaul USA

Job Description

Job Title: Life Coach

Department: St. Lazare House

Reports to: St. Lazare House- Program Director

Last Revision: August 2016

SUMMARY

Life Coach works under the Program Director and acts as the primary contact for all clients in St. Lazare House. The position is a part-time position.

PRIMARY RESPONSIBILITIES

- Helps with moving clients into apartments and getting them settled
- Welcomes clients to program and introduces them to the program and their new neighborhood
- Conducts regular apartment visits to assess how client is doing in housing and offer training to increase self sufficiency
- Coordinates care with other involved service providers
- Connects clients to community resources available to them to help them in meeting their goals and to better address their needs
- Educates/ provides practical assistance/training in life management skills (ex. Self-care, care of apartment, bill payments, good neighbor/ tenant, nutrition, conflict management etc.)
- Connects clients to community support groups and encourages ongoing participation
- Supports clients at appointments and in performing life skills like grocery shopping, doing laundry, budgeting etc.
- Schedules appointments, connects clients to and coordinates care with doctors/other professional staff.
- Encourages/monitors compliance with treatment suggestions, and medications in conjunction with other support team, if available.
- Supports clients in applying for and remaining eligible for all benefits available to them; Works with client to increase their monthly income
- Reconnects client to positive family and friends; support efforts to increase support system
- Explore with clients interests and set up a plan to participate in them
- Help clients establish a weekly routine and get out of the house regularly
- Maintains a daily progress note on all clients seen and completes other assigned paperwork in a timely manner
- Communicates regularly with program director in an effort to provide good/ appropriate clinical care and keep supervisor posted regarding any client concerns.
- Provide transportation to clients as needed to help meet goals and offer education on the public transportation system
- Plan and facilitate recreational and socializing opportunities for clients
- Plan and facilitate life skill groups (ex. cooking classes, financial literacy, how to write a resume etc)

- Attends and participates in meetings as required/ requested
- Perform other duties as assigned

KNOWLEDGE AND SKILL REQUIREMENTS

Minimum of Bachelor's degree in related field (ex. Social services, human resources etc.); 5 years' work experience in related field preferred

WORKING CONDITIONS

- Working conditions are normal for an office environment
- Work may require occasional weekend and/or evening work

ACCOUNTABILITY

- Support the Rule and By-Laws of Depaul USA
- Participate in annual self-evaluation and performance review
- Follows agency set financial policies
- Is aware of role in the agency's audit expectations
- Maintains all relevant program information current in both paper and electronic formats

Depaul USA

Job Description

Job Title: House Monitor

Department: St. Lazare House

Reports to: St. Lazare House- Program Director

Last Revision: August 2016

SUMMARY

House Monitor works under the Program Director and ensures the safety of all clients and the building. The position can be part-time and/or full- time.

PRIMARY RESPONSIBILITIES

- Performs hourly rounds of the entire facility to ensure that the building is safe and secure. Ensures a safe and secure environment and maintains high operational standards within the project. Reports any problems to the next shift and the Program Director.
- Provides guidance and support for project residents
- Ensures that the practical needs of residents are met ; i.e. providing food, laundry, clean bedding, etc.
- Maintains the Donations Closet including organizing, inventory and developing procedures to ensure the closet is orderly and all needed items are available to project residents. Works with Program Director to solicit donations from the community for clothing and toiletries when needed.
- Builds professional relationships with all residents and assists them with difficult or problematic situations in a sensitive manner
- Assists with reception and administration duties as scheduled.
- Ensures adherence to all quality assurance policies and procedures.
- Transitions pertinent information to other staff at the end of a shift
- Maintains all records of work necessary for the smooth running of the project
- Ensures that Depaul USA policies and procedures are upheld, particularly those relating to Health and Safety, Code of Practice, the Employee Handbook, and Confidentiality.
- Undertakes the role in a professional manner maintaining a high quality standard of work at all times, and to work always in accordance with the Vision, Mission and Values of Depaul USA.
- Attends and participates in meetings as required/ requested
- Perform other duties as assigned

KNOWLEDGE AND SKILL REQUIREMENTS

The ideal candidate will be a professional with at least one year of experience working with disadvantaged populations. Education in social work or a related field is also desirable. The ideal candidate will be able to respond calmly during difficult situations, and minimum requirements include:

- Minimum one year experience working with homeless, disabled or impoverished populations;
- High school diploma or GED equivalent;

- Certification in First Aid and CPR is preferred or the ability to obtain certification within 60 days of hire;
- Good communication skills—both oral and written;
- Computer literacy;
- Passing a criminal background check and a drug screening test.

ACCOUNTABILITY

- Support the Rule and By-Laws of Depaul USA
- Participate in annual self-evaluation and performance review
- Follows agency set financial policies
- Is aware of role in the agency's audit expectations
- Maintains all relevant program information current in both paper and electronic formats

Depaul USA

Job Description

Job Title: Director Of St. Louis Programs/
Project MORE Coordinator

Department: St. Louis Operations/Project MORE

Reports to: Depaul USA-ED

Last Revision: August 2016

SUMMARY

Director St. Louis Programs will serve as the liaison between the St. Louis Programs and the Depaul USA leadership team. Additionally, the St. Louis Director will ensure operations in St. Louis are going well and that programs are operating successfully. The Project Coordinator part of the position will develop, oversee and manage Project MORE. The position is a full time position.

PRIMARY RESPONSIBILITIES

Director of St. Louis Program responsibilities:

- Serve as the liaison between the leadership team and St. Louis staff- keeping all staff abreast of needed information from the leadership team
- Maintain on-site HR charts for St. Louis staff
- Oversee operations of St. Louis programs and ensure quality programs
- Work with project coordinators/director to ensure they have what they need for program success and grant renewal
- Serve as a clinical consultant for St. Louis staff
- Ensure all stats are completed for DPUSA , grants, foundations etc and filed in a professional and timely manner
- Prepare LAC meetings and ensure ongoing success of LAC-work with LAC chair
- Ensure St. Louis meets its fundraising goal that DPUSA sets
- Help in the planning and implementation of fundraisers
- Provide assistance in the writing of applications to foundations, for grants etc to ensure fiscal stability of St. Louis Programs
- Work directly with DPUSA- ED to set goals for the year, help with budgets and other duties as assigned
- Perform yearly performance evaluation for St. Louis program directors and Project MORE staff
- Serve as Agency Administrator for HMIS

Project MORE Coordinator responsibilities

- Set policy and programming to ensure that clients are getting the support that they need and that all guidelines are followed as outlined by the Grantor
- Outreach/screen potential clients for eligibility using the Coordinated Entry front door for all referrals
- Connect them to housing of their choice

- Network with area landlords to find and secure safe, appropriate and affordable housing for clients; Maintain a list of all landlords and available housing units
- Ensure landlords are paid and that the property remains habitable
- Check in with landlords regularly regarding tenants
- Assist eligible program participants to locate, obtain, and retain suitable housing
- Provide tenant counseling; assist individuals in understanding leases, securing and setting up utilities and making moving arrangements
- Educate clients on how to be good tenants and neighbors
- Mediate problems with clients and landlords to avoid evictions
- Follow HUD guidelines regarding housing clients (ex. what is acceptable, how to determine rents and utility allowances, rent reasonableness, FMR's, EPLS list etc.)
- Ensure program is successful in achieving identified outcomes as defined by the CoC for the PSH performance measure
- Conduct initial housing inspection and annual inspections to ensure that unit is safe
- Work with maintenance to fix identified problems prior to client move-in and while clients reside in units
- Complete housing paperwork/agreements with landlord prior to move-in; sign leases
- Conduct a psycho-social and needs assessment with each client
- Develop with clients at entry and yearly an individualized housing and service plan, including planning a path to permanent housing stability
- Provide individual and group counseling to increase quality of life for clients; encourage clients to address past dysfunctional behaviors that led to their homelessness ; educate regarding better coping strategies
- Welcome new clients to program and educate them regarding program guidelines
- Connect client to community resources and supports and encourage ongoing participation
- Supervise case manager to ensure the use of good clinical care and best practices
- Perform case management activities as needed to ensure a quality service to clients
- Provide a means of communication that clients and landlords may use 24/7 for emergencies
- Provide crisis intervention as needed
- Maintain a daily progress note after each visit
- Coordinate client care with other involved treatment providers
- Develop new programming as needed to better meet the ever-changing need of the clients
- Facilitate morning meeting and keep the weekly schedule up to date ensuring that each client is seen according to his need
- Oversees clinical and housing chart
- Attend community meetings; network with other service providers and act as a representative for Depaul USA in advocating for the needs of the homeless in our community
- Work with Depaul USA volunteers and practicum students to better serve clients in program

- Prepare and complete all required reports and paperwork to ensure grant compliance (ex. Monthly activity reports, APR, technical submissions, grant renewal etc.) in a timely and professional manner
- Work closely with Depaul USA grant writer, accountant and book keeper to ensure good practices and grant renewal
- Participate as an active member of the St. Louis City CoC
- Perform other duties as assigned

KNOWLEDGE AND SKILL REQUIREMENTS

Minimum of a Master's degree in related field (ex. Social Work, psychology, etc.); 5 years' work experience in related field; Licensed Clinical Social Worker preferred

WORKING CONDITIONS

- Working conditions are normal for an office environment
- Work may require occasional weekend and/or evening work

ACCOUNTABILITY

- Support the Rule and By-Laws of Depaul USA
- Participate in annual self-evaluation and performance review
- Follows agency set financial policies
- Is aware of role in the agency's audit expectations
- Maintains all relevant program information current in both paper and electronic formats

Suzanne R. Kenyon

6553 Marmaduke Ave. St. Louis, Missouri 63139

(314) 750-7220

Bluehwysgal@yahoo.com

SUMMARY OF QUALIFICATIONS

Dedicated, resourceful Licensed Clinical Social Worker with over 20 years of comprehensive social work experience. Proven team player with expertise in interdisciplinary assessment, treatment planning and intervention strategies. Excellent verbal and written communication abilities, and excels in building client/staff relationships. Experience with program development and management. Possess strong organizational and time management skills. Works well under pressure and in stressful situations.

EDUCATION & CREDENTIALS

- Licensed Clinical Social Worker, State of Missouri
- Master of Social Work, Saint Louis University, St. Louis, Missouri
- Bachelor of Science in Special Education/Elementary Education, K-8, University of Missouri, St. Louis, Missouri

Places for People, St. Louis, Missouri

Team therapist and Mental Health Specialist, IMPACT Team 01/2007 to present

- Provides individualized therapeutic interventions to Impact team clients.
- Dialectical Behavior Therapist, meeting weekly with DBT consult team and providing individual DBT Therapy to agency clients as referred.
- Assists clients in obtaining benefits, finding and maintaining housing, linking to community resources and advocating for them with community organizations.
- Responsible for all client documentation, including writing annual assessments, treatment plans and notes on daily client interventions.
- Provides crisis management as required and carry on-call crisis phone for after-hours/weekend support.

Peter & Paul Community Services, Inc., St. Louis, Missouri

Substance Abuse Counselor, Positive Directions Day Program 08/2006 to 01/2007

- Develop and implement curriculum for substance abuse program at day center.
- Facilitate drug and alcohol groups on bi-weekly basis.
- Provide individualized therapeutic substance abuse counseling.
- Advocate for clients and assist in accessing community inpatient/outpatient treatment.

Case Manager, Assertive Community Treatment Team

03/2001 to 10/2003

- Assessed referrals and linked all eligible clients to the Ryan White case management system serving as client case manager.
- Provided intensive community support to marginalized clients.
- Assumed supervisory and leadership responsibilities in absence of team supervisor.
- Provided crisis intervention and responded to crisis pager calls.
- Co-facilitated substance abuse and other client support groups.

Case Manager, Assertive Community Treatment Team

1/2000 to 7/2000

- Outreached and engaged homeless clients with severe and persistent mental illnesses.
- Assessed client progress and ongoing needs through regular home/community visits.

Suzanne R. Kenyon

St. Patrick Center, St. Louis, Missouri

Case Manager, Assertive Community Treatment Team

08/2004 to 08/2006

- Conducted comprehensive, ongoing assessments of client mental and physical health, housing status, and other relevant client needs; referred client as needed to appropriate community agencies.
- Provided direct clinical services to client on an individual and group basis in the office and community settings.
- Acted as liaison between client and community agencies: assisted clients in linking to services, and obtaining entitlements such as SSI, SSDI, Medicaid and food stamps.
- Maintained St. Patrick Center client tracking system and client files, documented client progress in a timely manner and maintained a permanent record of client activity.

Mobile Outreach Worker

(part-time) 03/1996 to 04/1998

- Provided street outreach to the homeless population and provided counseling and support services as needed.
- Referred individuals to the appropriate community support agencies.

Community Alternatives, St. Louis, Missouri

Housing Outreach Specialist

07/2000 to 02/2001

- Oversaw the development and administration of new Housing Assistance Program designed to prevent homelessness in the aged and disabled population residing in public housing.
- Worked in conjunction with the Missouri Department of Mental Health, the St. Louis Housing Authority and Community Alternatives to implement program.
- Developed advisory committee to aid in program development and to build collection of community resources.

BJC Behavioral Health Services, St. Louis, Missouri

Case Manager

05/1999 to 12/1999

- Worked collaboratively with professional team to monitor approximately 200 clients while independently maintained caseload of 40 clients.
- Regularly assessed client needs by conducting annual psychosocial assessments and individual treatment plans.
- Completed discharge summaries for clients including planning for follow-up treatment.
- Assessed emergency situations and provided crisis intervention/resolution.

Community Support Worker

06/1995 to 05/1999

- Consistently monitored client according to level of care needed including preparing Quarterly
- Review of client's goals to assess progress.
- Acted as a liaison between clients and various community agencies to obtain psychiatric services, housing, entitlements, health care, day programming and vocational services.

COMMUNITY INVOLVEMENT/VOLUNTEER

Interfaith Committee on Latin America, 1997 to 2004

El Salvador Community Immersion / House Building trip, 2003

Habitat for Humanity, Appalachian Home Construction trip, 1999

Training for and served as Volunteer on American Red Cross Disaster Action Team, St. Louis MO, 2006

TITLE:	Executive Director
FLSA CLASSIFICATION:	Exempt (Salary)
HOURS:	Full-Time
RESPONSIBLE TO:	Board of Directors

Job Summary

The Executive Director has ultimate responsibility for leading and managing Depaul USA in accordance with its Vincentian vision, mission and values, and enabling it to achieve its strategic objectives. She/he is accountable to Depaul USA Directors for the non-profit's effectiveness and achievements via the Chair of the Board of Directors. The Executive Director will receive support from Depaul International's Chief Executive and be accountable to him/her for activities relating to Depaul International. The broader management of the organization is collectively held and exercised by the Senior Management Group, of which the Executive Director is a member.

Primary Duties and Responsibilities:

1. Leadership and Management

- 1.1. Maintain the professional ethos and values of the organization.
- 1.2. Develop and ensure delivery of the strategic plan.
- 1.3. Actively engage and energize board members, event committees, partnering organizations, and funders.
- 1.4. Develop, maintain, and support a strong Board of Directors: seek and build board involvement with strategic direction for ongoing operations and national expansion. Work with the Board of Directors on governance policy issues by providing support and by initiating approved recommendations or actions.
- 1.5. Maintain a competent and effective managerial staff. Provide leadership to organization personnel through effective objective setting, delegation, and communication.
- 1.6. Ensure effective systems to track progress, and regularly evaluate program components, so as to measure successes that can be effectively communicated to the board, funders, and other constituents.
- 1.7. Provide leadership in relation to any proposed mergers, acquisitions or major partnerships.

2. Finance and Compliance

2.1. Maintain full awareness of the complete financial, statistical, and accounting records of the organization.

2.2. Ensure that operating results established in the annual budget are achieved and control operating expenses within budget.

2.3. Ensure the accuracy, integrity, and timeliness of all financial accounting and reporting.

2.4. Ensure the preparation of the annual budget for board approval.

2.5. Ensure compliance to minimum standards in accordance with all government legislation, regulations and guidelines pertinent to the organization's role as an employer and non-profit agency.

3. Fundraising and Communications

3.1. Expand local and national revenue generating and fundraising activities to support existing program operations and expansion.

3.2. Deepen and refine all aspects of communications—from web presence to external relations with the goal of creating a stronger brand.

3.3. Use external presence and relationships to garner new opportunities.

4. Quality Improvement

4.1. Work with senior managers to maximize the quality of services offered by Depaul USA in order to improve the lives of homeless people.

5. Planning

5.1. Design the national expansion and complete the strategic planning process for program expansion into new markets.

5.2. Begin to build partnerships in new markets, establishing relationships with the funders, and political and community leaders in each expansion city.

Executive Director

Date

Board of Directors, President

Date

CHARLES W. LEVESQUE
6133 SOUTH DREXEL UNIT 3A
CHICAGO, IL 60637
charles.levesque@depaulusa.org charleslevesque@hotmail.com
312-282-8953

Professional Experience

Depaul USA September 2010 – Present President/Executive Director

Responsible for vision, strategy, and direction of national non-profit that provides housing and services to homeless and low-income individuals. Grew organization's budget from \$700,000 to \$3.7 million by increasing earned revenue, grant funding, and individual giving. Expanded programming from a single project in Philadelphia to include a homeless resource center in Macon, GA featuring a health clinic and integrated services, rapid re-housing and permanent supportive housing programs in New Orleans, an 75-unit scattered site permanent supportive housing program in St. Louis, a day center in Little Rock, and a university student housing program in Chicago. Increased the number of persons served from 65 men per year in 2010 to 2,000 men and women annually in 2015. Founded Immaculate Cleaning Services, LLC, a profitable commercial cleaning business that generates revenue for Depaul USA and employs program participants in Philadelphia. Established "Wear, a boutique-style thrift store in Macon, GA that supports programming in Macon and Depaul USA Realty, LLC, an affordable housing company in St. Louis that provides financial support to Depaul USA's homeless services in that city.

Interfaith Youth Core, June 2007 – August 2010 Chief Operating Officer and General Counsel

Oversaw and managed all aspects of daily operations of rapidly expanding international non-profit dedicated to building religious cooperation and pluralism with 30 employees and a budget of \$4.3 million. Developed and implemented participatory, zero-based budget process and that forecast expenditures to within 2% of actual spending; implemented spending controls that reduced operating deficit by 50% in one fiscal year; established a grant allocation process to track grants and contracts and cover organization costs; established monthly financial tracking and reporting system; revised service contracts; created and implemented new employee evaluation process; implemented strategy to develop board of director's managerial oversight; finalized personnel policy and other human resource procedures; successfully identified foundation funding and assisted in design of international programming.

Chicago Housing Authority, August 2002 - February 2007 Deputy General Counsel, Office of the General Counsel

Led and managed the nine lawyers and support staff comprising the Housing Policy, Litigation and Legislation Section responsible for litigation, policy development, and counseling constituent departments of CHA in matters including labor and employment law, relocation rights, Fair Housing issues, and interpretation of federal regulations. Significant achievements include developing and implementing the legal strategy that permitted redevelopment of Cabrini Green to proceed, negotiating the first tenant selection plans and the "Minimum Tenant Selection Plan", development and implementation of the Grievance Procedure utilizing the City Department of Administrative Hearings, reducing backlog of complex cases filed against the CHA, and the recovery of hundreds of thousands of dollars for the CHA through litigation, investigations, and negotiations.

U.S. Department of State, Diplomat, 1996 – July 2002

Program Officer, Office of the Coordinator for Assistance to Europe and Eurasia; Washington, DC; October 2001 – July 2002

Responsible for U.S. assistance budget for Bosnia and Herzegovina; drafted FY 2002 budget of \$65 million; oversaw development of U.S. government assistance policy for Bosnia; implemented new system to manage U.S. grants to international organizations in Bosnia and Herzegovina and drafted waivers allowing U.S. to provide assistance to the Republika Srpska and Serbia.

Economic and Commercial Officer, U.S. Embassy Tirana, Albania; August 1999 – September 2001

In newly re-opened Embassy, established extensive U.S. contacts with Albania's fledgling commercial sector; advised and assisted Government of Albania on economic issues, including WTO membership and economic development; provided extensive reporting on all sectors of transitional Albanian economy; founded American Chamber of Commerce in Albania; proposed and secured funding for a training institute for Albanian insurance companies.

Consular and Economic Officer, U.S. Consulate General, Sao Paulo, Brazil; November 1996 – December 1998

As Consular Officer, adjudicated visa requests for travelers to the U.S.; provided assistance to U.S. citizens and developed and implemented new procedures including same day service for non-local visa applicants that led to improved customer relations. During one-year tour as Economic Officer, covered economic developments in Southern Brazil with an emphasis on Brazil's reaction to the Asian financial crisis.

City of Chicago, October 1993 – June 1996

Office of the Corporation Counsel

As an attorney in the Affirmative Litigation Division, drafted legal memoranda, motions and briefs; argued motions in court and participated in trials in a diverse practice that included contract, constitutional, police misconduct, and land use cases.

U.S. Federal District Court, September 1992 – September 1993

Law Clerk to the Honorable Harry D. Leinenweber, Federal District Court Judge for the Northern District of Illinois. Researched legal issues and drafted legal memoranda and opinions for Judge's review.

Education

Northwestern University, School of Law, JD 1992

Cum Laude; Editor-in-Chief, Journal of International Law and Business

University of Illinois, Masters of Arts in Public Administration, 1985

Georgetown University, School of Foreign Service, 1982

Magna cum Laude

Awards and Activities

March 2002 - The American Foreign Service Association Sinclaire Language Award for "Distinguished Achievement in the Study of a Hard Language (Albanian) and its Associated Culture"

June 2001 – Department of State Superior Honor Award for "Sustained Superior Performance and Creativity in Vigorously Promoting and Supporting American Economic and Commercial Interests and Providing the Inspirational Leadership for the Creation of the First American Chamber of Commerce in Albania"

November 1998 – Department of State Meritorious Honor Award for "Sustained Outstanding Performance Which Included Extensive Insightful Reporting on a Variety of Issues and the Application of Innovative Ideas/Solutions to Advance United States Government Objectives"

Author of articles published in *Chicago Tribune*, *Philadelphia Inquirer*, *Montreal Gazette*, *Chicago Journal* and other newspapers and periodicals

Former President of the Board and English Language Tutor, Aquinas Literacy Center, a community-based literacy center serving the immigrant population on Chicago's southwest side. Founded annual walk-a-thon that has raised approximately \$40,000, established Junior Board, and re-vamped governing Board; reduced \$47,000 deficit to \$3,000 surplus

Co-founder, Art on the Boulevard, a summer arts and education program for children living in the Drexel Boulevard community

Former Community Member, Local School Council, Reavis Math and Science Academy, Chicago, IL

Recipient of Kellogg Foundation – Partners of the Americas Fellowship in International Development, 1987-1989

Languages

Fluent in Albanian, German, and Portuguese; conversational Spanish, French

Detailed Budget

One Year Budget for St. Lazare House

Line Item	Cost	Explanation
Personnel (Salary & Benefits are included in these figures)	\$200,000	\$65,000 for Program Director; \$25,000 for a part-time Life Coach; \$110,000 for three building monitors (someone on site at all times)
Maintenance	\$4,000	\$14/hr for 5.5 hours a week
Utilities	\$12,000	\$50 per unit per month plus \$3,000/yr. for common area costs
Transportation	\$5,000	Bus passes and staff mileage
Food & Program Costs	\$6,000	\$300/mo. grocery assistance for all residents without income and \$2,400/yr. for community meals
Program Supplies	\$10,000	Cleaning supplies, household items, office supplies and equipment, furnishings, etc.
Insurance	\$20,000	Based on actual costs at St. Raymond's House, a permanent supportive housing program Depaul USA operates in Philadelphia
Reserves	\$5,000	Circa \$400 per month
TOTAL	\$262,000	
Amount Requested from CoC	\$196,500	70% of total cost

Depaul USA estimates that it will cost \$262,000 to operate St. Lazare House for a year. We are seeking 75% of total costs or \$196,500 in funding from the CoC. Depaul USA intends to raise the remaining program costs from foundations, events, individual gifts and our St. Louis social enterprise.

The vast majority (76%) of the total budget is personnel-related. Depaul USA proposes to hire a full-time program director and a half-time Life Coach. St. Lazare House will have a staff person on site at all times. Consequently, we have allocated \$110,000 for three monitor positions in addition to the programmatic staff.

The operational costs include \$4,000 for maintenance (we will contract for these services), \$12,000 for utilities, \$20,000 for insurance, and a reserve fund (\$5,000) intended to cover repairs costs.

We have budgeted \$21,000 for program costs. This includes \$5,000 for transportation so residents can access educational, employment and social opportunities. We anticipate spending \$6,000 a year on food. This includes \$300 a month in food assistance for residents who have no income as well as funds for shared meals that will help build community in the building. Finally, although we anticipate receiving donations for housewares and most of the units in the building are already furnished, we have a small (\$10,000) line item in the budget to purchase supplies and any necessary household items for the residents.

**Aldermanic/
Neighborhood Association
Support**

Benton Park West Neighborhood Association

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Department of Human Services
1520 Market St.- Rm. 4065
St. Louis, MO 63103

August 11, 2016

Attn: Director Eddie Roth

Dear Director Roth,

Recently the Benton Park West Neighborhood Association (BPWNA) was contacted by Gretchen Shipp of Depaul USA, whose offices are presently located in our neighborhood, concerning a desire to develop and operate a permanent supportive housing program at 2912 Arsenal.

The Depaul USA Staff was kind enough to meet with our Executive Board this past Monday, August 8th to update us about their proposal. They explained that Depaul USA has experience locally operating permanent supportive housing and nationally through their sites in other cities. Project MORE and Project PLUS, Depaul USA's permanent supportive housing programs in St. Louis, have been doing that by supporting 70 formerly homeless persons in scattered-site one bedroom apartments in St. Louis City for the past 10 years.

The building at 2912 Arsenal seems to be the ideal location for this housing and our neighborhood could certainly use more affordable housing and support services for our homeless and disadvantaged neighbors who want to establish themselves in a stable community. After all of our questions were answered, the BPWNA Board voted that we are in full support of this program being in Benton Park West and look forward to working with Depaul USA as our neighbors.

Thank you for your consideration. Please feel free to contact me with any questions regarding this matter.

Sincerely,

Linda Hennigh, President
Benton Park West Neighborhood Association

cc: Alderman Kenneth Ortmann, Gretchen Shipp, BPW Board

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