

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO</u> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <u>7607 SOMERSET ROAD</u> City or town, state or country, and ZIP + 4 <u>SAN ANTONIO, TX 78211</u>	D Employer identification number <u>74-6106876</u>
		E Telephone number <u>(210) 334-2300</u>
F Name and address of principal officer <u>LARRY MEJIA, PRESIDENT /CEO</u> <u>7607 SOMERSET ROAD, TX 78211</u>		G Gross receipts \$ <u>5,424,325.</u>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)
J Website <u>WWW.DCSSA.ORG</u>		H(c) Group exemption number
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation <u>1987 M State of legal domicile <u>TX</u> </u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>FAITHFUL TO THE VINCENTIAN TRADITION, THE DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO WILL ESTABLISH AND MAINTAIN NEIGHBORHOOD-BASED PROGRAMS (CONTINUED ON SCHEDULE O)</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>10</u>
	5	Total number of employees (Part V, line 2a)	<u>5</u> <u>127</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u> <u>10</u>
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year: <u>5,617,932.</u> Current Year: <u>4,379,101.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>953,700.</u> <u>1,040,795.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>87,057.</u> <u>-113,283.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>12,659.</u> <u>4,429.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>6,671,348.</u> <u>5,311,042.</u>
	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)	<u>NONE</u> <u>NONE</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>2,561,835.</u> <u>2,682,873.</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u> <u>NONE</u>
16b		Total fundraising expenses, Part IX, column (D), line 25	<u>123,026.</u>
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>1,972,334.</u> <u>1,672,572.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>4,534,169.</u> <u>4,355,445.</u>
	19	Revenue less expenses Subtract line 18 from line 12	<u>2,137,179.</u> <u>955,597.</u>
	20	Total assets (Part X, line 16)	Beginning of Year: <u>6,228,549.</u> End of Year: <u>7,818,920.</u>
21	Total liabilities (Part X, line 26)	<u>598,666.</u> <u>1,611,098.</u>	
22	Net assets or fund balances Subtract line 21 from line 20	<u>5,629,883.</u> <u>6,207,822.</u>	

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: [Signature] Date: 1/5/12/10
 Type or print name and title: _____

Paid Preparer's Use Only Preparer's signature: <u>Chris H. King</u> Date: <u>5/14/10</u> Firm's name (or yours if self-employed) address, and ZIP + 4: <u>BKD, LLP</u> <u>10001 REUNION PLACE, SUITE 400 SAN ANTONIO, TX 78216-4137</u>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions): <u>P00300892</u> EIN: <u>44-0160260</u> Phone no: <u>210.341.9400</u>
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May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED JUL 20 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

FAITHFUL TO THE VINCENTIAN TRADITION, THE DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO WILL ESTABLISH AND MAINTAIN NEIGHBORHOOD-BASED PROGRAMS (CONTINUED ON SCHEDULE O)

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 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 No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 1,494,789 including grants of \$ 462,448) (Revenue \$ 585,662)
THE DAUGHTERS PROVIDE CHILD CARE SERVICES AT TWO LOCATIONS TO APPROXIMATELY 200 CHILDREN. THE DAUGHTERS ALSO DISTRIBUTE USDA COMMODITIES, EMERGENCY FOOD AND UTILITY ASSISTANCE. 53,585 CHILD CARE DAYS.

4b (Code _____) (Expenses \$ 2,180,821 including grants of \$ 326,156) (Revenue \$ 455,133)
THE DAUGHTERS PROVIDE HEALTH & SOCIAL SERVICES AT THEIR TWO CLINICS. THE SERVICES ARE PROVIDED TO THE PUBLIC BASED UPON THE RECIPIENTS' S ABILITY TO PAY. 13,243 CLIENT VISITS

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 ► \$ 3,675,610. (Must equal Part IX, Line 25, column (B))

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, and Form 990 in lieu of Form 1041.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	11	
b	Enter the number of voting members that are independent	10	
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ RICHARD C LUNA 7607 SOMERSET ROAD SAN ANTONIO, TX 78211 210-334-2300	

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER MARIE TERESE SEDGWICK DC DC CHAIR	2.	X		X				NONE	NONE	NONE
SANDRA SARGENT ENDERS VICE CHAIR	2.	X		X				NONE	NONE	NONE
JOHN POST, CPA, CCIM SECRETARY / TREASURER	2.	X		X				NONE	NONE	NONE
LEE BAILEY, CPA TRUSTEE	2.	X						NONE	NONE	NONE
RICHARD BARRETT, CPA TRUSTEE	2.	X						NONE	NONE	NONE
JUANITA VASQUEZ-GARDNER, JD. TRUSTEE	2.	X						NONE	NONE	NONE
SISTER ELLEN MCREDMOND DC TRUSTEE	2.	X						NONE	NONE	NONE
MCWILLIAMS, GARY, M.D. TRUSTEE	2.	X						NONE	NONE	NONE
DIANA MONTEMAYOR TRUSTEE	2.	X						NONE	NONE	NONE
SISTER MARY JO SWIFT, DC TRUSTEE	2.	X						NONE	NONE	NONE
LARRY MEJIA PRES/CEO/TRUSTEE	40.	X		X				122,831.	NONE	15,130.
FRED CARDENAS VP EDUCATIONS AND SOCIAL SVCS	40.			X				76,722.	NONE	10,281.
RICHARD LUNA VP OF FINANCE	40.			X				89,978.	NONE	10,359.
GRACIE O MOLINA, RN VP OF CLINICAL SERVICES	40.			X				59,524.	NONE	6,963.

Part VIII Statement of Revenue				74-6106876				
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	216,755				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,538,222				
	e	Government grants (contributions)	1e	592,402				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,031,722				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			4,379,101			
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code	624100	1,040,795	1,040,795		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,040,795			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			NONE			
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties			NONE			
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)				NONE		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses			113,283			
	c	Gain or (loss)			-113,283			
	d	Net gain or (loss)			-113,283		-113,283	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
c	Net income or (loss) from fundraising events				NONE			
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities				NONE			
10a	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				NONE			
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE	624100		4,429	4,429			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			4,429				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c and 11e			5,311,042	1,045,224		-113,283	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	410,214.	160,660.	249,554.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,954,876.	1,787,902.	101,873.	65,101.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	110,171.	76,932.	30,418.	2,821.
9 Other employee benefits	61,320.	49,808.	7,507.	4,005.
10 Payroll taxes	146,292.	131,133.	10,289.	4,870.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	23,490.	20,997.	1,746.	747.
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	659,475.	589,499.	49,012.	20,964.
12 Advertising and promotion	NONE			
13 Office expenses	154,278.	84,552.	49,519.	20,207.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	218,269.	210,223.	7,520.	526.
17 Travel	22,773.	15,732.	6,509.	532.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	19,298.	5,979.	10,694.	2,625.
20 Interest	4,595.		4,595.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	222,048.	205,963.	16,085.	
23 Insurance	21,078.	20,149.	867.	62.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES -----	224,377.	213,140.	10,698.	539.
b SPECIFIC ASSISTANCE -----	26,457.	26,777.	-320.	
c BAD DEBT EXPENSE -----	76,163.	76,163.		
d OTHER -- LESS THAN 5% OF TOTAL -----	271.	1.	243.	27.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	4,355,445.	3,675,610.	556,809.	123,026.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	979,139.	1	670.
	2 Savings and temporary cash investments	896,902.	2	2,336,723.
	3 Pledges and grants receivable, net	1,497,307.	3	280,042.
	4 Accounts receivable, net	25,778.	4	40,460.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	39,199.	8	27,657.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis	10a 7,411,865.		
	b Less accumulated depreciation Complete Part VI of Schedule D.	10b 2,278,497.	2,790,224.	10c 5,133,368.
	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		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,228,549.	16	7,818,920.	
Liabilities	17 Accounts payable and accrued expenses	465,108.	17	1,479,197.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities Complete Part X of Schedule D	133,558.	25	131,901.
	26 Total liabilities. Add lines 17 through 25.	598,666.	26	1,611,098.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,365,432.	27	5,856,135.
	28 Temporarily restricted net assets	2,264,451.	28	351,687.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,629,883.	33	6,207,822.	
34 Total liabilities and net assets/fund balances.	6,228,549.	34	7,818,920.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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	
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?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO	Employer identification number 74-6106876
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Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 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)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)

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 that describes the type of supporting organization and complete lines 11e through 11h

- a Type I b Type II c Type III - Functionally Integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the organizations the organization supports

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,701,938	3,395,065	3,506,423	5,617,932	4,379,101	19,600,459
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 1-3	2,701,938	3,395,065	3,506,423	5,617,932	4,379,101	19,600,459
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)						2,034,143
6 Public support. Subtract line 5 from line 4						17,566,316

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,701,938	3,395,065	3,506,423	5,617,932	4,379,101	19,600,459
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,274	38,805	127,056	88,998		295,133
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 IV)	3,649	5,559	18,600	12,659	4,429	44,896
11 Total support. Add lines 7 through 10						19,940,488
12 Gross receipts from related activities, etc. (See instructions)					12	4,620,552
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f))	14	88.09 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	89.73 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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.
19b 33 1/3% support tests - 2007. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER REVENUE	3,649	3,359	8,604	4,377	4,429	24,418
SPECIAL EVENT REVENUE, NET		2,200	9,996	8,262		20,478
TOTALS	3,649	5,559	18,600	12,659	4,429	44,896

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

74-6106876

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 Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements, including checkboxes for preservation types and a table for 'Held at the End of the Year' with rows 2a-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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

Schedule D (Form 990) 2008

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if 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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	NONE	52,657.		52,657.
b Buildings	NONE	2,726,207.	1,233,221.	1,492,986.
c Leasehold improvements	NONE	4,213.		4,213.
d Equipment	NONE	1,385,589.	872,033.	513,556.
e Other	NONE	3,243,199.	173,243.	3,069,956.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				5,133,368.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,311,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,355,445.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	955,597.
4	Net unrealized gains (losses) on investments	4	-112,625.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-265,035.
9	Total adjustments (net) Add lines 4-8	9	-377,660.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9.	10	577,937.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,198,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-112,625.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-112,625.
3	Subtract line 2e from line 1	3	5,311,042.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,311,042.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,355,445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,355,445.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,355,445.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

PENSION RELATED CHANGES

SCH D, PART XI, LINE 8

PENSION RELATED CHANGES OTHER THAN NET PERODIC PENSION COSTS

SCH. D, PART X

FIN 48 DISCLOSURE

FIN 48 DISCLOSURE WAS NOT INCLUDED IN THE AUDITED FINANCIAL STATEMENTS

BECAUSE IT WAS NOT APPLICABLE TO THE ORGANIZATION.

Name of the organization

Employer identification number

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

74-6106876

PART VI, QUESTION 12C

DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED & ENFORCED

QUESTION IS ASKED AT EVERY QUARTERLY BOARD MEETING, AND WRITTEN CONFLICT

OF INTEREST DISCLOSURE PROVIDED AT LEAST ANNUALLY.

Multiple horizontal dashed lines for text entry.

Name of the organization

Employer identification number

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

74-6106876

PART VI, QUESTION 15A

DESCRIBE PROCESS FOR DETERMINING COMPENSATION

FOR THE CEO, A REVIEW IS DONE BY THE ENTIRE BOARD OF DIRECTORS IN

EXECUTIVE SESSION AFTER THE AUDITED FINANCIAL STATEMENTS ARE PRESENTED. A

COMPENSATION REVIEW IS DONE PERIODICALLY BY AN INDEPENDENT CONSULTANT,

INTELLIGENT COMPENSATION, LLC.

Name of the organization

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

Employer identification number

74-6106876

PART VI, QUESTION 15B

DESCRIBE PROCESS FOR DETERMINING COMPENSATION

DIRECTORS SALARIES ARE REVIEWED BY IMMEDIATE SUPERVISORS AND A FINAL

REVIEW AND APPROVAL BY THE CEO. ALL EVALUATIONS ARE BASED ON ESTABLISHED

GOALS IN THE PRECEDING YEAR. A COMPENSATION REVIEW IS DONE PERIODICALLY

BY AN INDEPENDENT CONSULTANT, INTELLIGENT COMPENSATION, LLC.

Name of the organization

Employer identification number

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

74-6106876

PART VI, LINE 6

DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS

THE ORGANIZATION HAS ONE MEMBER, ASCENSION HEALTH.

Name of the organization DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO	Employer identification number 74-6106876
--	--

PART VI, QUESTION 7A

DOES THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS OR OTHER PERSONS WHO MAY
 ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY (OTHER THAN THE
 ORGANIZATION'S GOVERNING BODY ITSELF)?

THE ORGANIZATION HAS ONE MEMBER, ASCENSION HEALTH, WHO HAS SOLE AUTHORITY
 IN MAKING THE DECISIONS FOR ELECTING THE MEMBERS OF THE GOVERNING BODY.

Name of the organization

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

Employer identification number

74-6106876

PART VI, QUESTION 7B

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBER

THE BYLAWS STATE THAT THE BOARD OF TRUSTEES OF THE CORPORATION SHALL NOT

TAKE ACTION ON THE FOLLOWING LIST OF ITEMS WITHOUT THE APPROVAL OF THE

MEMBER:

1. APPROVE THE MISSION AND VISION STATEMENTS FOR THE CORPORATION,

2. APPROVE THE FORMATION OR ACQUISITION OF NEW LEGAL ENTITIES FOR WHICH

ASCENSION HEALTH WILL SERVE AS THE SOLE OR CONTROLLING ENTITY AND,

SUBJECT TO CANONICAL REQUIREMENTS, APPROVE THE SALE, TRANSFER, OR

SUBSTANTIAL CHANGE IN USE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF

THE CORPORATION OR THE DIVESTITURE, DISSOLUTION, CLOSURE, MERGER,

CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, OR CORPORATE

REORGANIZATION OF THE CORPORATION,

3. APPROVE REQUIREMENTS, APPROVE CHANGES, AND ASSURE COMPLIANCE WITH

REQUIREMENTS FOR GOVERNING DOCUMENTS OF THE CORPORATION AND ITS

SUBSIDIARY ORGANIZATIONS,

4. APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR OF THE BOARD OF

THE CORPORATION,

5. APPROVE THE TRANSFER OF ASSETS AND THE REALLOCATION OF DEBT AMONG THE

CORPORATION AND OTHER REGIONAL/LOCAL HEALTH MINISTRY ORGANIZATIONS IN

ACCORDANCE WITH THE NATIONAL SYSTEM AUTHORITY MATRIX,

6. APPROVE THE TRANSFER OR ENCUMBRANCE OF THE ASSETS OF THE CORPORATION

AND ITS SUBSIDIARY HOSPITAL CORPORATIONS, IF ANY, IN ACCORDANCE WITH THE

NATIONAL SYSTEM AUTHORITY MATRIX,

7. APPROVE THE STRATEGIC AND FINANCIAL PLANS AND CONSOLIDATED CAPITAL

AND OPERATING BUDGETS FOR THE CORPORATION, OR

8. APPROVE THE INCURRENCE OF DEBT OF THE CORPORATION OR ITS SUBSIDIARY

Name of the organization DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO	Employer identification number 74-6106876
--	--

PART VIII, LINE 7B

HEALTH SYSTEM DEPOSITORY ACCOUNT ACTIVITY

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO (DCSSA) DEPOSITS EXCESS

OPERATING CASH IN THE ASCENSION HEALTH DEPOSITORY ACCOUNT. AT JUNE 30,

2009, THE ACCOUNT WAS EARNING A WEIGHTED AVERAGE INVESTMENT RETURN OF

-0.11%. AT JUNE 30, 2009, DCSSA HAD \$1,899,484 DEPOSITED IN THIS ACCOUNT.

ALL OF THESE FUNDS ARE READILY AVAILABLE, AND, THEREFORE, HAVE BEEN

INCLUDED AS SAVINGS AND TEMPORARY CASH INVESTMENTS ON THE BALANCE SHEET.

Name of the organization

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

Employer identification number

74-6106876

SCHEDULE R, PART II, COLUMN (B)

PRIMARY ACTIVITY

ASCENSION HEALTH - ASCENSION HEALTH IS A MISSION-FOCUSED ORGANIZATION

GUIDED BY ITS RELIGIOUS SPONSORS IN TRANSFORMING HEALTH CARE BY PROVIDING

THE HIGHEST QUALITY CARE TO ALL, WITH SPECIAL ATTENTION TO THOSE WHO ARE

POOR AND VULNERABLE.

THE DAUGHTERS OF CHARITY FOUNDATION OF ST. LOUIS - SUPPORTS PROGRAMS THAT

IMPACT PERSONS WHO ARE POOR AND VULNERABLE IN ORDER TO IMPROVE BEHAVIORS,

ENHANCE HEALTHY LIFESTYLES AND ENABLE INDIVIDUALS AND COMMUNITIES TO HELP

THEMSELVES.

Name of the organization

Employer identification number

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

74-6106876

PART VI, QUESTION 10

REVIEW PROCESS FOR FORM 990

MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE

FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER. MANAGEMENT

PRESENTS THE FORM TO THE BOARD, OR A DESIGNATED COMMITTEE, TO REVIEW.

PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990

AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS

QUESTIONS.

Name of the organization DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO	Employer identification number 74-6106876
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PART VII

COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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PECO CONSTRUCTION P. O. BOX 276530 SAN ANTONIO, TX 78227	CONSTRUCTION	1,498,742
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BURTON & ASSOCIATES, LLC 1627 BROADWAY SAN ANTONIO, TX 78215	ARCHITECT	107,858
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COMMUNITY MEDICAL ASSOCIATES P. O. BOX 87 SAN ANTONIO, TX 78291	MEDICAL PROVIDERS	353,858
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TOTAL COMPENSATION		1,960,458
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Name of the organization

Employer identification number

DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO

74-6106876

PART III, QUESTION 1

CONTINUATION OF MISSION STATEMENT

TO INCREASE ACCESSIBILITY TO PRIMARY HEALTH CARE AND HUMAN SERVICES ON
 THE PART OF THE POOR. THESE PROGRAMS WILL HAVE A STRONG HOLISTIC
 ORIENTATION AND CONSIDER PARTICIPATION AND EMPOWERMENT AS AN INTEGRAL
 DIMENSION OF THE DELIVERY OF SERVICE. WHILE SERVICES WILL BE RENDERED
 WITH PREFERENTIAL OPTION FOR THE POOR, IT IS NOT TO THE EXCLUSION OF
 OTHERS.

Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- 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**

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO	Employer identification number 74-6106876
	Number, street, and room or suite no. If a P O box, see instructions 7607 SOMERSET ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN ANTONIO, TX 78211	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► RICHARD C LUNA

Telephone No ► 210 334-2300 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

► calendar year _____ or
► tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- 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 extended due date for filing the return See instructions	Name of Exempt Organization DAUGHTERS OF CHARITY SERVICES OF SAN ANTONIO	Employer identification number 74-6106876
	Number, street, and room or suite no If a P O box, see instructions 7607 SOMERSET ROAD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN ANTONIO, TX 78211	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **RICHARD C LUNA**
Telephone No **210 334-2300** 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

- I request an additional 3-month extension of time until **05/15/2010**
- For calendar year _____, or other tax year beginning **07/01/2008**, and ending **06/30/2009**
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 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 \$ NONE
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

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 **Chris R Ky** Title **CPA** Date **2/3/10**

BKD, LLP
10001 REUNION PLACE, SUITE 400
SAN ANTONIO, TX 78216-4137