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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

STM127
Department of the Treasury
Internal Revenue Service

2007

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

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

A For the 2007 calendar year, or tax year beginning

10-01, 2007, and ending

09-30, 2008

B Check if applicable

 Address change Name change Initial return Termination Amended return Application pending

C Name of organization

St Vincent DePaul Traverse Bay Area

Number and street (or PO box, if mail is not delivered to street address)

715 Beitner Street

D Employer identification number

38-2968718

E Telephone number

(231) 947-6069

F Group Exemption

Number . . . ►

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

G Accounting method Cash Accrual
Other (specify) ►I Website: ► www.tcsvdp.orgJ Organization type (check only one) - 501(c)(3) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ 54,759

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See page 55 of the instructions)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 2,038
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c
6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c
7a Gross sales of inventory, less returns and allowances	7a 52,721
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c 52,721
8 Other revenue (describe ►)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 54,759
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 11,186
13 Professional fees and other payments to independent contractors	13 600
14 Occupancy, rent, utilities, and maintenance	14 9,690
15 Printing, publications, postage, and shipping	15 1,068
16 Other expenses (describe ► STM130)	16 24,344
17 Total expenses. Add lines 10 through 16	17 46,888
18 Excess or (deficit) for the year Subtract line 17 from line 9	18 7,871
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 95,221
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 103,092

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	95,221	22 103,092
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	95,221	25 103,092
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,221	27 103,092

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2007)

REVENUE JAN 06 2012

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Aid to the Poor</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	Aid to the poor includes assisting individuals and families <u>obtaining food, shelter, access to medical help, rent</u> <u>payment assistance and assistance with the cost of gas.</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 13,692
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a		13,692

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Mary Flohe	President			
9881 E Cherry Be Traverse C MI 49684	40	10,400	0	0
Bernadette Michaels	Secretary			
715 Beitner St Traverse C MI 49685	10	0	0	0
Noel Flohe	Treasurer			
9881 E Cherry Be Traverse C MI 49684	10	0	0	0
Margaret Sophiea	Vice Presiden			
715 Beitner St Traverse C MI 49685	10	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		33	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		34	<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		35a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		36	<input checked="" type="checkbox"/>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		37b	
b	Did the organization file Form 1120-POL for this year?			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a	<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		38b	
39	501(c)(7) organizations. Enter		39a	
a	Initiation fees and capital contributions included on line 9		39b	
b	Gross receipts, included on line 9, for public use of club facilities			

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	<table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr> <tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr> </table>					Yes	No
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation						
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Enter amount of tax on line 40c reimbursed by the organization						
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?						
41	List the states with which a copy of this return is filed ► MI							
42 a	The books are in care of ► % Carol Ebright	Telephone no	► 231-947-6069					
	Located at ► 715 Beitner St	Traverse City	MI	ZIP + 4 ► 49686				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
	If "Yes," enter the name of the foreign country ► _____							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.							
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?						
	If "Yes," enter the name of the foreign country ► _____							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	□					

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.

Please Sign Here

Margaret Sophiea

12-13-2011

Signature of officer

Margaret Sophiea, President

Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Stephen D. Gallagher</i>	Date 12-08-2011	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00117518
	Firm's name (or yours if self-employed), address, and ZIP + 4 10850 E. Traverse Hwy, Suite 2200 Traverse City, MI 49684	EEA 49684	EIN	Phone no ► 2319228995

Form 990-EZ (2007)

Department of the Treasury
Internal Revenue Service
Name of the organization

St. Vincent De

St Vincent DePaul Traverse Bay Area

Employer identification number

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
			</	

Total number of other employees paid over \$50,000 ►

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

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

Total number of others receiving over \$50,000 for professional services ►

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions)

Total number of other contractors receiving over
\$50,000 for other services • • • • • ►

Part III Statements About Activities (See page 2 of the instructions)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		<input checked="" type="checkbox"/>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
2a	Sale, exchange, or leasing of property?			<input checked="" type="checkbox"/>
2b	Lending of money or other extension of credit?			<input checked="" type="checkbox"/>
2c	Furnishing of goods, services, or facilities?			<input checked="" type="checkbox"/>
See Part IV, Form 990EZ				
2d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			<input checked="" type="checkbox"/>
2e	Transfer of any part of its income or assets?			<input checked="" type="checkbox"/>
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)			<input checked="" type="checkbox"/>
3b	Did the organization have a section 403(b) annuity plan for its employees?			<input checked="" type="checkbox"/>
3c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			<input checked="" type="checkbox"/>
3d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?			<input checked="" type="checkbox"/>
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g			<input checked="" type="checkbox"/>
4b	Did the organization make any taxable distributions under section 4966?			<input checked="" type="checkbox"/>
4c	Did the organization make a distribution to a donor, donor advisor, or related person?			<input checked="" type="checkbox"/>
d	Enter the total number of donor advised funds owned at the end of the tax year ►			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

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

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

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

8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

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

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

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

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

12 An organization that normally receives **(1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975** See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A: **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	0	0	0	0	0
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►	26a	0			
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts . . . ►	26b				
c Total support for section 509(a)(1) test Enter line 24, column (e) ►	26c				
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ►	26d				
e Public support (line 26c minus line 26d total) ►	26e				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►	26f	%			
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year	(2006) _____ (2005) _____ (2004) _____ (2003) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2006) _____ (2005) _____ (2004) _____ (2003) _____				
c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ►	27c				
d Add Line 27a total . . . and line 27b total ►	27d				
e Public support (line 27c total minus line 27d total) ►	27e				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ►	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►	27g	%			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►	27h	%			
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) _____ _____ _____	31	
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32a	
	32b	
	32c	
	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) _____		
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33a	
	33b	
	33c	
	33d	
	33e	
	33f	
	33g	
	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____		
34a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34a	
	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

Essential Expenditures by Existing Public Charities
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) . .	~		~	~	
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) .	~	~	~	~	
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

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

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash . . .
- (ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Federal Supporting Statements**2007 PG 01**

Name(s) as shown on return

St Vincent DePaul Traverse Bay Area

FEIN

38-2968718**FORM 990EZ, GENERAL EXPENSES SCHEDULE**

Statement #127

Cash draws of \$8586 listed as other expenses. St Vincent has been conducting an investigation of mis-management of cash funds. The amount of \$8,586 is an unexplained outflow of cash during this tax period. The president of St Vincent at the time is no longer affiliated with St Vincent.

PG 01

Statement #130

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

Description	Amount
Aid to the Poor	<u>13,692</u>
Cash draws	<u>8,586</u>
Sales Tax	<u>2,066</u>
TOTAL	<u>24,344</u>

990

Overflow Statement

2007
Page 1

Name(s) as shown on return

St Vincent DePaul Traverse Bay Area

FEIN

38-2968718

Description	Amount
Payroll	\$ 8,802
Fed Payroll taxes	1,851
State Payroll taxes	533
Total:	\$ 11,186

Description	Amount
Insurance	\$ 3,107
Telephone	1,235
Trash	1,048
Snow Plow	600
Utilities	3,700
Total:	\$ 9,690

Description	Amount
Bank Fee	\$ 60
Advertising	280
Office Expense	605
Postage	123
Total:	\$ 1,068