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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection**A For the 2008 calendar year, or tax year beginning****, 2008, and ending****B Check if applicable**

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

Please use IRS label or print or type See Specific Instructions.

C
THE PARTICULAR COUNCIL OF THE SOCIETY OF
ST. VINCENT DE PAUL OF SANTA CLARA COUNTY
749 STORY ROAD
SAN JOSE, CA 95122

D Employer identification number

94-1358301

E Telephone number

408-298-7290

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: ► [HTTP://WWW.SVDP.ORG/SANTACLARA/](http://www.svdp.org/santaclara/)**J Organization type** (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

H 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 131,652.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	131,216.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	436.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	131,652.	
EXPENSES	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	33,089.
	13	Professional fees and other payments to independent contractors	13	3,434.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	657.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	75,452.
	17	Total expenses (add lines 10 through 16)	17	112,632.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,020.
	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	0.
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	19,020.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	92,985.	115,434.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 2)	7,084.	
25 Total assets	100,069.	115,434.
26 Total liabilities (describe ► SEE STATEMENT 3)	100,069.	115,434.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	19,020.

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

Form 990-EZ (2008)

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
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.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9.		N/A
b Gross receipts, included on line 9, for public use of club facilities.		N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The books are in care of ▶ DIRECTOR OF FIN-JOHN BRONSO Telephone no. ▶ 408-298-7290
 Located at ▶ 749 STORY ROAD SAN JOSE CA ZIP + 4 ▶ 95122

	Yes	No
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: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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: ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 5**



	Yes	No
46 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.		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Sign Here	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.			
	 Signature of officer		8/16/10 Date	
	MINDY HARADA, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	 THOMAS C. BACON	Date	8/10/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	BACON FINANCIAL MANAGEMENT PO BOX 510 CUPERTINO, CA 95015-0510		
	Preparer's Identifying Number (See instructions)	Check if self-employed <input checked="" type="checkbox"/> 528-42-4815 EIN Phone no. (408) 253-5522		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization THE PARTICULAR COUNCIL OF THE SOCIETY OF
ST.VINCENT DE PAUL OF SANTA CLARA COUNTY

Employer identification number
94-1358301

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3						
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)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support test — 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 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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. ▶ ☐

b **33-1/3 support tests — 2007.** If the organization did not check a box on line 14 or 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)

[illegible]

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545 0172

2008Attachment
Sequence No **67**Name(s) shown on return **THE PARTICULAR COUNCIL OF THE SOCIETY OF
ST.VINCENT DE PAUL OF SANTA CLARA COUNTY**Identifying number
94-1358301

Business or activity to which this form relates

FORM 990/990-PF**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property . . .						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year . .			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDZ0812L 06/12/08

Form **4562** (2008)

THE PARTICULAR COUNCIL OF THE SOCIETY OF
ST.VINCENT DE PAUL OF SANTA CLARA COUNTY

94-1358301

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	464.
AUTO TWINNING		16,646.
CONFERENCES, CONVENTIONS, AND MEETINGS		7,959.
DAYWORKER CENTER LEASE EXPENSE		4,585.
FUNDRAISING LEASE EXPENSES		241.
INSURANCE		13,025.
LEASE EXPENSES		13,249.
MANAGEMENT & GENERAL LEASE EXP		1,183.
MISC EXPENSES		170.
MOVING EXPENSES		930.
OFFICE EXPENSES		10,862.
OUTSIDE SERVICES - DAYWORKER C		3,180.
TAXES/ LICENSE & FEES		172.
TRAVEL		89.
UNCATEGORIZED EXPENSES		216.
VENCENTIAN LEASE EXPENSES		181.
VINCENTIAN SERV. TWINNING		2,300.
TOTAL	\$	<u>75,452.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	\$ 1,552.	\$ 0.
PREPAID EXPENSES AND DEFERRED CHARGES	5,532.	0.
TOTAL	<u>\$ 7,084.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
TOTAL	\$ 0.	\$ 115,434.
	<u>\$ 0.</u>	<u>\$ 115,434.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE FINANCIAL AND IN-KIND ASSISTANCE TO INDIVIDUALS IN NEED IN SANTA CLARA COUNTY, CA

2008

FEDERAL STATEMENTS

PAGE 2

**THE PARTICULAR COUNCIL OF THE SOCIETY OF
ST.VINCENT DE PAUL OF SANTA CLARA COUNTY**

94-1358301

STATEMENT 5

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

CONTRIBUTIONS, GIFTS, AND GRANTS
DIRECT PUBLIC SUPPORT

CUNNINGHAM CAPITAL	\$	0.
UNRESTRICTED DONATIONS		73,133.
UNCATEGORIZED INCOME		81.
NON PROFIT INCOME		0.
RESTRICTED DONATIONS		2,955.
RESTRICTED DONATIONS		120.
BACKPACKS		0.
AUTO SALES		44,340.
MEMBERSHIP DUES		4,250.
CONFERENCE SOLIDARITY FUNDS		350.
RESTRICTED GRANTS		5,967.
RESTRICTED GRANTS - OTHER		20.
TOTAL	\$	<u>131,216.</u>

OTHER INCOME PRODUCING ACTIVITIES
INTEREST ON SAVINGS & CASH INVESTMENTS

INTEREST EARNED	\$	436.
TOTAL	\$	<u>436.</u>

NET INVESTMENT INCOME / ADJ. NET INCOME
INTEREST ON SAVINGS & CASH INVESTMENTS (SEE SCREEN 18) [O]

INTEREST INCOME	\$	436.
TOTAL	\$	<u>436.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER SALARIES AND WAGES

ACCRUED SALARIES	\$	-4,711.
AUTO DONATION SALARIES		9,996.
DAYWORKER CENTER SALARIES		13,248.
FUNDRAISING SALARIES		0.
MANAGEMENT AND GENERAL SALARIES		0.
VINCENTIAN SALARIES		11,212.
TOTAL	\$	<u>29,745.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER EMPLOYEE BENEFITS

HEALTH SCREENING - DAYWORKER CENTER	\$	0.
MEDICAL INSURANCE		1,200.
WORKERS COMPENSATION INSURANCE		0.
TOTAL	\$	<u>1,200.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
PAYROLL TAXES

PAYROLL TAXES DAYWORKER CENTER	\$	402.
PAYROLL TAXES FUNDRAISING		0.
PAYROLL TAXES MANAGMENT & GENERAL		643.
PAYROLL TAXES VINCENTIAN		405.
PAYROLL TAXES		694.
TOTAL	\$	<u>2,144.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
PROFESSIONAL FUNDRAISING FEES

FUNDRAISING FEES	\$	753.
TOTAL	\$	<u>753.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
ACCOUNTING FEES

ACCOUNTING & BOOKKEEPING FEES	\$	0.
TAX RETURN PREPARATION AND AUDITING		1,500.
PAYROLL PROCESSING		330.
TOTAL	\$	<u>1,830.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
LEGAL

LEGAL FEES	\$	851.
TOTAL	\$	<u>851.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
SUPPLIES

DAYWORKER CENTER.	\$	0.
OFFICE SUPPLIES & EXPENSES		464.
TOTAL	\$	<u>464.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
TELEPHONE

DAYWORKER CENTER	\$	0.
OFFICE GENERAL ADMINISTRATAIVE EXPENSES		538.
UTILITIES		3,084.
DAYWORKER CENTER SUPPLIES		6,833.
TELEPHONE & COMMUNICATIONS		407.
TOTAL	\$	<u>10,862.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
POSTAGE AND SHIPPING

POSTAGE

TOTAL \$ 0.
\$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
EQUIP. RENTAL & MAINTENANCEEQUIPMENT RENTAL - POSTAGE METER
EQUIPMENT RENTAL - TRUCK RENTAL
LEASE EXPENSE - DAYWORKER CENTER
LEASE EXPENSE - FUNDRAISING
LEASE EXPENSE - MANAGEMENT & GENERAL
LEASE EXPENSE - VINCENTIAN
AUTO OFFICE COMPUTER REPAIR & MAINTENANCE
OFFICE EQUIPMENT & MAINTENANCE REPAIRS\$ 0.
0.
0.
0.
0.
0.
0.
0.
TOTAL \$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
PRINTING AND PUBLICATIONS

STATIONERY & PRINTING

TOTAL \$ 0.
\$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
TRAVEL

TRAVEL

TOTAL \$ 89.
\$ 89.STMT. OF FUNCTIONAL EXPENSES (990)
CONFERENCES, CONVENTIONS, ETCCONFERENCE SOLIDARITY CONTRIB.
NAT'L & REGIONAL CONFERENCE DUES\$ 3,879.
4,080.
TOTAL \$ 7,959.STMT. OF FUNCTIONAL EXPENSES (990)
BOOK DEPRECIATION (SEE SCREEN 38)[O]

DW COMPUTERS

TOTAL \$ 0.
\$ 0.

STMT. OF FUNCTIONAL EXPENSES (990)
INSURANCE

WORKMANS COMPENSATION INSURANCE	\$	962.
LIABILITY INSURANCE		12,063.
TOTAL	\$	<u>13,025.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
POSTAGE AND SHIPPING

POSTAGE	\$	597.
POSTAGE METER RENTAL		60.
TOTAL	\$	<u>657.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER SALARIES AND WAGES

DAYWORKER CENTER SALARIES	\$	13,248.
TOTAL	\$	<u>13,248.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER EMPLOYEE BENEFITS

HEALTH SCREENING - DAYWORKER CENTER	\$	0.
TOTAL	\$	<u>0.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
PAYROLL TAXES

PAYROLL TAXES DAYWORKER CENTER	\$	402.
TOTAL	\$	<u>402.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
SUPPLIES

DAYWORKER CENTER	\$	0.
TOTAL	\$	<u>0.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
TELEPHONE

DAYWORKER CENTER	\$	0.
UTILITIES		3,084.
DAYWORKER CENTER SUPPLIES		6,833.
TOTAL	\$	<u>9,917.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
EQUIP. RENTAL & MAINTENANCE

EQUIPMENT RENTAL - TRUCK RENTAL	\$	0.
LEASE EXPENSE - DAYWORKER CENTER		0.
TOTAL	\$	<u>0.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
CONFERENCES, CONVENTIONS, ETC

CONFERENCE SOLIDARITY CONTRIB.	\$	0.
TOTAL	\$	<u>0.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
BOOK DEPRECIATION (SEE SCREEN 38)[O]

DW COMPUTERS	\$	0.
TOTAL	\$	<u>0.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER SALARIES AND WAGES

OFFICE EQUIPMENT & MAINTENANCE REPAIRS	\$	0.
MANAGEMENT AND GENERAL SALARIES		0.
ACCRUED SALARIES		-4,711.
TOTAL	\$	<u>-4,711.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER EMPLOYEE BENEFITS

MEDICAL INSURANCE	\$	1,200.
WORKERS COMPENSATION INSURANCE		0.
TOTAL	\$	<u>1,200.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
PAYROLL TAXES

PAYROLL TAXES MANAGMENT & GENERAL	\$	643.
PAYROLL TAXES		694.
TOTAL	\$	<u>1,337.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
ACCOUNTING FEES

ACCOUNTING & BOOKKEEPING FEES	\$	0.
TAX RETURN PREPARATION AND AUDITING		1,500.
PAYROLL PROCESSING		330.
TOTAL	\$	<u>1,830.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
LEGAL

LEGAL FEES

TOTAL \$ 851.
\$ 851.STMT. OF FUNCTIONAL EXPENSES (990)
SUPPLIES

OFFICE SUPPLIES & EXPENSES

TOTAL \$ 464.
\$ 464.STMT. OF FUNCTIONAL EXPENSES (990)
OFFICE EXPENSESOFFICE GENERAL ADMINISTRATIVE EXPENSES
TELEPHONE & COMMUNICATIONSTOTAL \$ 538.
407.
\$ 945.STMT. OF FUNCTIONAL EXPENSES (990)
POSTAGE AND SHIPPING

POSTAGE

TOTAL \$ 0.
\$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
EQUIP. RENTAL & MAINTENANCEEQUIPMENT RENTAL - POSTAGE METER
LEASE EXPENSE - MANAGEMENT & GENERAL
LEASE EXPENSE - VINCENTIAN
OFFICE SUPPLIES & EXPENSES
OFFICE EQUIPMENT & MAINTENANCE REPAIRSTOTAL \$ 0.
0.
0.
0.
0.
\$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
PRINTING AND PUBLICATIONS

STATIONERY & PRINTING

TOTAL \$ 0.
\$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
TRAVEL

TRAVEL

TOTAL \$ 89.
\$ 89.

STMT. OF FUNCTIONAL EXPENSES (990)
CONFERENCES, CONVENTIONS, ETC

CONFERENCE SOLIDARITY CONTRIB..	\$	3,879.
NAT'L & REGIONAL CONFERENCE DUES		4,080.
TOTAL	\$	<u>7,959.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
INSURANCE

WORKMANS COMPENSATION INSURANCE	\$	962.
LIABILITY INSURANCE		12,063.
TOTAL	\$	<u>13,025.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
POSTAGE AND SHIPPING

POSTAGE	\$	597.
POSTAGE METER RENTAL		60.
TOTAL	\$	<u>657.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER SALARIES AND WAGES

AUTO DONATION SALARIES	\$	9,996.
FUNDRAISING SALARIES		0.
VINCENTIAN SALARIES		11,212.
TOTAL	\$	<u>21,208.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
PAYROLL TAXES

PAYROLL TAXES FUNDRAISING	\$	0.
PAYROLL TAXES VINCENTIAN		405.
TOTAL	\$	<u>405.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
PROFESSIONAL FUNDRAISING FEES

FUNDRAISING FEES	\$	753.
TOTAL	\$	<u>753.</u>

STMT. OF FUNCTIONAL EXPENSES (990)
EQUIP. RENTAL & MAINTENANCE

LEASE EXPENSE - FUNDRAISING

TOTAL \$ 0.
\$ 0.STMT. OF FUNCTIONAL EXPENSES (990)
CONFERENCES, CONVENTIONS, ETC

CONFERENCE SOLIDARITY CONTRIB.

TOTAL \$ 0.
\$ 0.BALANCE SHEET
CASH-NON-INTEREST-BEARING

CASH	\$	6.
COMMUNITY FUND FOUNDATION		315.
HERITAGE BANK MAIN CHECKING		88,267.
HERITAGE BANK PAYROLL CHECKING		0.
MONEY MARKET FUND - RBC DAIN RAUS		0.
PAYROLL CLEARING ACCOUNT		4,132.
TWINNING ACCOUNT		22,714.
TOTAL	\$	115,434.

BALANCE SHEET
PREPAID EXPENSES AND DEFERRED CHARGES

PREPAID INSURANCE	\$	0.
PREPAID POSTAGE IN METER		0.
TOTAL	\$	0.

BALANCE SHEET
UNRESTRICTED

UNRESTRICTED ASSETS	\$	0.
RETAINED EARNINGS		0.
NET INCOME		0.
TOTAL	\$	0.

BALANCE SHEET
CASH, SAVINGS AND INVESTMENTSTOTAL \$ 115,434.
\$ 115,434.