

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Department of the Treasury

Depa	artment of	the Treasury ue Service	Ì	► The organiz	ation may have to use a	copy of this return to sa	atisfy state repor	ting requir	ements.	Oper	n to Public Inspection		
	For the	·2008 calend	ar year,	or tax year be	ginning 10/01	, 20	08, and endir	ng 9.	/30	,	2009		
В	Check if a	applicable							D Employ	er identif	ication Number		
	Addr	ress change	Please use IRS label	St. Vinc	ent de Paul	Store of Ho	uma		72-0	05738	379		
	Nam	ne change	or print or type.		t Street				E Telepho	пе пить	er		
	Initia	al return	See specific	Houma, L	A 70360				985	-872 -	-0113		
	Term	nination	Instruc- tions.										
	Ame	ended return						_	G Gross re	ross receipts \$ 1,586,195.			
	Appl	lication pending	F Name a	and address of prin	ncipal officer			1	is a group retur		ates? Yes X No		
			Same A	As C Abov	re				all affiliates incl o.' attach a list		Yes No		
	Tax-e	exempt status	X 501	(c) (3)◀ (insert no)	4947(a)(1) or	527] ""	o, allacit a list	(see msu	ructionsy		
J	Webs	site: ► N/A	A					H(c) Grou	p exemption nu	ımber 🟲			
ĸ	Type of	f organization	X Corpora	ation Trust	Association	Other ►	L Year of Forma	ition 19	63 M s	tate of le	gal domicile LA		
Pa	art I	Summa											
	1 B	Briefly describ	e the org	ganization's m	nission or most sig	nificant activities	Aid to t	he po	or				
ė	_												
and	_												
Governance								- 					
ĝ					ation discontinued overning body (Pa	its operations or d	isposea or m	ore tnan	25% of its	assets. 3	8		
∞ 5			-	_	- ·	ing body (Part VI, I	ıne 1b)			4	8		
ties	L		•	yees (Part V,						5	17		
Activities &					e if necessary)					6	1		
Ă						, line 12, column (C)			7a	0.		
	b N	let unrelated	business	taxable inco	me from Form 990)-T, line 34				7 b	0.		
	Prior										Current Year		
Ð	8 Contributions and grants (Part VIII, line 1h) 1,070 9 Program service revenue (Part VIII, line 2g) 386										1,164,046.		
Revenue									386,2				
ě	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								13,9		11,408.		
ш							h 10\		1,470,7	20.	7,444. 1,182,898.		
						art VIII, column (A)	, line 12)		1,470,7		802,355.		
					art IX. column (A)				1,000,3	102.	802,333.		
	14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 219										266,822.		
es	15 S		219,0	30.	200,022.								
Expenses	16a ⊦	Professional f											
ង្គ	b T	otal fundrais	ing exper	nse s (Part IX,	, column (D), line 2	25) 🏲		-					
F		the expers	Part I	IX, နဲolumn (A), lines 11a-11d, 1	1f-24f)			119,1		95,388.		
- 1	18 17	otel expense	s-Add Ti	ስሎ ነ 13-17 (m	ust equal Part IX,	column (A), line 25)		1,425,5		1,164,565.		
	19 F		expense		ne 18 from line 12				45,2		18,333.		
900	98 98 1	JAN 1 a	2010	18/				Beg	ginning of Y		End of Year		
Net Assets or Fund Balanco	20 I	otal assets (пе-16)				ļ	716,0		734,430.		
A P	21	Of styles the styles	\$ (P\$U *	, line 26)				-		0.	0.		
	1122 1				ct line 21 from line	e 20 .			716,0	94.	734,430.		
Pi	art II	Signatu											
		Under penalties	s of perjury,	I declare that I ha	ive examined this return,	including accompanying r) is based on all information	schedules and station of which prep	atements, a parer has ar	and to the best only knowledge	of my kno	wledge and belief, it is		
		[(7	11000.	BI	MINAGA.	. <i>1</i>		1	1 .				
Sig	gn		ung		moritale	1			Date . 1	-/-	 		
пе	ere	Signature of	or officer	$\mathcal{L}_{\mathbf{A}}$	~ n = 1	•			1/1	110)		
		Type or pr	int name an		DREAUX		· · · · · · · · · · · · · · · · · · ·		1.7	{ '			
_		1 ype or pri					Date	· · · · · · · · · · · · · · · · · · ·	Chack of	Pre	eparer's identifying number		
D-	nid	(see instructions)											
Pr		Preparer's signature	A	n L. Bre	aux, CPA		12/28	12009	employed P	-	00008098		
	rer's	-	Joh			OFFCCTOMAT ([P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Us	se	Firm's name (o yours if self-				ROFESSIONAL (UM.		EIN ► 721403867				
0	nly	employed), address, and	► <u>197</u>							(985			
		ZIP + 4	HOU		0360-4061	2 (see instructions)			Phone no	(303	X Yes No		

form 990 (2008) St. Vincent de Paul Store of Houma	72-0	57387	9		Page
Part III Statement of Program Service Accomplishments (see instructions)					
1 Briefly describe the organization's mission:					
Aid to the poor					
2 Did the organization undertake any significant program services during the year which were not listed	d on the prior			_	
Form 990 or 990-EZ?			Yes	X	No
If 'Yes,' describe these new services on Schedule O		_		_	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	services?		Yes	X	No
If 'Yes,' describe these changes on Schedule O.					
4 Describe the exempt purpose achievements for each of the organization's three largest program servand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	vices by expen	ses Se	ction 5	01(c)	(3)
expenses, and revenue, if any, for each program service reported	s and anocado	ווא נט טנ	ileis, i	ne tot	aı
4a (Code:) (Expenses \$ 1,133,941. including grants of \$					
AID TO THE POOR: Operation of a second-hand retail store provi					
furnishings, appliances and other necessities at little cost se	<u>erving 19</u>	<u>, 814</u> .	<u>cus</u> t	<u>ome</u>	<u>s</u> _
(314 cases involving 640 individuals at no cost.)					
					_
					_
to cover occupancy costs for the dispensing of prescription medindigent. (8,701 free presciptions)	<u>dicine fr</u>	ee_to	_ <u>th</u> e 	: 	_ _ _
			- 	-	<u>-</u>
					_
					_
					_
					_
4c (Code) (Expenses \$ including grants of \$) (Revenue	\$			
	_				_
	_ 			 -	_
	_ 			 	
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenuel Total program service expenses ► \$ 1,148,734. (Must equal Part IX, Line 25, columns)	e \$				

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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 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	5		
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	6		<u>X</u>
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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, VIII, IX, or X as applicable	11	Х	
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	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
t	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	14b		Х
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	15		Х
	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	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18		18		X
19		19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		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 IL	21	Х	
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		Х
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	·			
	a 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	25a		Х
	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	25b		_X
	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	26		Х
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	27	000	X

Form 990 (2008) St. Vincent de Paul Store of Houma

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			
i	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)? If 'Yes,' complete Schedule L, Part IV	28a		x
	with other person(s) listed in Fact vii, Section Ay' ii Tes, Complete Schedule L, Fact IV	20a		-^-
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
,	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? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990	(2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.			
Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1с		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3b		
4a 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)?	4a		X
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		i	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
excess business holdings at any time during the year?	8_		\vdash
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		 -	
a Did the organization make any taxable distributions under section 4966?	9a	-	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		$\vdash -$
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders . 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	Щ_
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		- 000	

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

Sec	ction A.	Gòverning Body and Management								
	For each processe	Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions	describe the circumstances,		Yes	No				
1	a Enter the	e number of voting members of the governing body	1a 8							
b Enter the number of voting members that are independent 1 b 8										
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re lirector, trustee or key employee? See Schedule O	elationship with any other	2	X	1				
3	Did the o	organization delegate control over management duties customarily performed by or is, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		X				
4		organization make any significant changes to its organizational documents eprior Form 990 was filed?		4		<u>X</u>				
5		organization become aware during the year of a material diversion of the organization	on's assets?	5		Х				
6	Does the	e organization have members or stockholders?		6		X				
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?										
	b Are any	decisions of the governing body subject to approval by members, stockholders, or c	other persons?	7b		X				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	a The gove	erning body?		8a	Х					
	b Each cor	mmittee with authority to act on behalf of the governing body?		8ь	Х					
9	a Does the	e organization have local chapters, branches, or affiliates?		9a		<u>X</u>				
	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities inches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9b						
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was file in Schedule O the process, if any, the organization uses to review the Form 990	d? All organizations must See Schedule 0	10	х					
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										
Sec	ction B.	Policies								
				10-	Yes	No				
		e organization have a written conflict of interest policy? If 'No,' go to line 13		12 a		<u>X</u>				
	to conflic			12 b		<u>X</u>				
		e organization regularly and consistently monitor and enforce compliance with the pie O how this is done	olicy? If 'Yes,' describe in	12c		X				
		e organization have a written whistleblower policy?		13		<u>X</u>				
14		e organization have a written document retention and destruction policy?		14		<u>X</u>				
15		process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and deliberation a	l approval by independent ecision							
		anization's CEO, Executive Director, or top management official?		15a		<u>X</u>				
		ficers of key employees of the organization?		15 b		X				
		the process in Schedule O (see instructions)								
16	a Did the o entity du	organization invest in, contribute assets to, or participate in a joint venture or simila iring the year?	r arrangement with a taxable	16a	_	X				
	in joint v	has the organization adopted a written policy or procedure requiring the organization renture arrangements under applicable federal tax law, and taken steps to safeguary of the respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b		i				
Sec		Disclosures								
17	List the	states with which a copy of this Form 990 is required to be filed None								
18	Section (6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) av	aılabl	e for	public				
		website Another's website X Upon request								
19	Describe statemer	e in Schedule O whether (and if so, how) the organization makes its governing docunts available to the public.	ments, conflict of interest pol-	cy, ar	nd fina	ancial				
20		e name, physical address, and telephone number of the person who possesses the es Lagarde 228 Holiday Dr., Houma, LA 70364-2644	books and records of the orga (985) 879-2277	anızat	ion					
	- FIIĀTĪ	es Layarde 220 norruay Dr., nouma, LA 70304-2044								
BAA	Α			Form	990 ((2008)				

BAA

Form 990 (2008)

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

- 1 a 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) or 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 no	t compen	sate a	ny o	offic	er, c	directo	or, tr	ustee, or key employ	ee	
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
Pete Cavalier										
President	2							0.	0.	0.
Roy Burns Vice President	1							0.	0.	0.
Cullen P. Boudreaux										_
Treasurer	4							2,571.	0.	0.
Phylles B. Lagarde									_	_
Secretary	32			<u> </u>	_			23,733.	0.	0.
James E. Lagarde									_	
Manager	36		<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	24,783.	0.	0.
		<u></u>		ļ						
									,	
						Į				

TEEA0107L 04/24/09

(A)	(B)	(B) (C) verage Position (check all that apply)					1.4	(D)	(E)	(F)		
Name and Title	hours per week			Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
			ļ									
					_							
									<u> </u>			
							<u> </u>		4111-111			
1 b Total							>	51,087.	0.	0.		
2 Total number of individuals (including those in 1a) organization ► 0	who rece	eive	d me	ore 1	thar	1 \$10	0,00	00 in reportable c	ompensation from	Yes No		
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater translation. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci. 	ndividua portable han \$15	iL e coi 60,00	npe)0?	nsa If 'Y	tıon 'es'	and com	l oth plet	er compensation e Schedule J for s	from such	3 X 4 X		
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	ted inde	pen	dent	cor	ntra	ctors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	s	_						Description of	of Services	(C) Compensation		
								H. #160.000				
2 Total number of independent contractors (including compensation from the organization ► 0	tnose ii	1 I)	who	rec	eivi	ea m	iore	uian \$100,000 in		1		

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

rai	t viii Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1 a Federated campaigns	1a		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		0.00, 0.00, 0.00
AN	b Membership dues	1b				;
용할	c Fundraising events.	1c				'
TS,	d Related organizations	1 d				
ਰੋੁ≦	e Government grants (contributions)	1e				į
SIS	* ` F	10				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above.	1f 1,164,046.				"
E S	g Noncash contribus included in los 1a-1f:	\$ <u>1,094,756.</u>				
84	h Total. Add lines 1a-1f	•	1,164,046.			
3		Business Code				
Ē	2a					
#	b		· · · · · · · · · · · · · · · · · · ·			
길	c	[
Ĕ	d					
ξ	e					
₽, 18,	f All other program service revenue					
ğ	g Total. Add lines 2a-2f			······································		
-						
	3 Investment income (including divid other similar amounts)	ends, interest and	11,408.			11,408.
- 1	4 Income from investment of tax-exe	emnt bond proceeds				
	5 Royalties	Impresona proceeds	·			
	(i) Real	(II) Personal			· · · · · ·	
		20.				
		-20.				
	b Less rental expenses					·
		.20.				
	d Net rental income or (loss)	P	120.	-		120.
	7a Gross amount from sales of assets other than inventory	ies (ii) Other				1
	b Less: cost or other basis and sales expenses .					
	c Gain or (loss)					1
						/
	d Net gain or (loss)8a Gross income from fundraising even					
OTHER REVENUE	(not including \$ of contributions reported on line 10					
RE	See Part IV, line 18	´a				,
HE	b Less direct expenses	b				1
Ф	c Net income or (loss) from fundrais	ing events		· · · · · · · · · · · · · · · · · · ·		
	·	-				
	9a Gross income from gaming activitients See Part IV, line 19	es. a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming	activities	_			
	10a Gross sales of inventory, less returned and allowances	rns a 410,621.				
	b Less cost of goods sold	b 403,297.				L
	c Net income or (loss) from sales of		7,324.	7,324.	=	
	Miscellaneous Revenue	Business Code				
	11 a					
	 h					
	~		·		 	
	d All other revenue					
				· · · · · · · · · · · · · · · · · · ·		
	e Total. Add lines 11a-11d		,	 -	 	
	12 Total Revenue. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d, 8c, 9c,	1,182,898.	7,324.	0.	11,528.

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).

	All other organizations must comp	T T	· · ·		
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	80 <u>2,</u> 355.	802,355.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	51,087.	36,387.	14,700.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.;	0.
7	Other salaries and wages.	196,670.	196,670.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	19,065.	17,934.	1,131.	
11	Fees for services (non-employees)				
ā	Management				
t	Legal	·			
(Accounting				
(1 Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses	5,251.	5,251.		
14	Information technology				
15	Royalties				
16	Occupancy	11,467.	11,467.		
17	Travel		·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,269.	3,269.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,734.	6,734.		
23	Insurance	14,915.	14,915.		
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).				
	Sales Taxes	30,559.	30,559.		
	Store Supplies	10,859.	10,859.		
	Repairs & Maintenance	5,436.	5,436.		
	Telephone & Communications	4,586.	4,586.		
•	Auto & Truck Expense	2,153.	2,153.		
f	All other expenses	159.	159.		
_25	Total functional expenses. Add lines 1 through 24f	1,164,565.	1,148,734.	15,831.	0.
26	Joint Costs. Check here ► ☐ 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				
BAA				<u>l</u> .,	Form 990 (2008)

Га	rt 🔨	Dalance Sheet									
		•			(A) Beginning of year		(B) End of) year			
	1	Cash — non-interest-bearing.			137,646.	1	34	7,0	67.		
	2	Savings and temporary cash investments			284,355.	2			00.		
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net				4	•				
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trus L	stees, key employees,		5					
	6	Receivables from other disqualified persons (as defin	ed und	der section 4958(f)(1))							
		and persons described in section 4958(c)(3)(B) Com	olete F	Part II of Schedule L		6					
ASSETS	7	Notes and loans receivable, net				7					
5 E	8	Inventories for sale or use .	50,000.	8	_ 5	50,0	00.				
S	9	Prepaid expenses and deferred charges				9					
	10 a	Land, buildings, and equipment cost basis	10a	320,430.					1		
	b	Less accumulated depreciation. Complete Part VI of									
		Schedule D	10b	83,067.	244,093.	10 c	23	37,3	<u> 363.</u>		
	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		ļ		15					
	16	Total assets. Add lines 1 through 15 (must equal line	34).		716,094.	16	73	34,4	130.		
	17	Accounts payable and accrued expenses				17					
	18	Grants payable				18					
	19	Deferred revenue				19					
į	20 Tax-exempt bond liabilities 20										
B	21 Escrow account liability Complete Part IV of Schedule D										
ABILITI	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons.	key employees, Complete Part II		-					
E		of Schedule L		22							
S		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 .		Ì	0	25			0.		
	26	Total liabilities. Add lines 17 through 25	₩	nd complete lines	0.	26			<u> </u>		
Ë		Organizations that follow SFAS 117, check here	_ Aı	ia complete lines							
_	27	27 through 29 and lines 33 and 34.		-	716,094.	27	73	3/ /	130.		
SSE	27	Unrestricted net assets			710,094.	28		74, 7	50.		
Š	29	Temporarily restricted net assets Permanently restricted net assets				29					
O R	23	Organizations that do not follow SFAS 117, check he	re Þ	and complete							
		lines 30 through 34.		ana complete							
FUZD	30	Capital stock or trust principal, or current funds .				30					
	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31					
Ļ	32	Retained earnings, endowment, accumulated income				32					
BALANCES	33	Total net assets or fund balances.	,		716,094.	33	73	34,4	130.		
Ē	34	Total liabilities and net assets/fund balances.		·	716,094.	34			130.		
Pa	rt X										
					·			Yes	No		
1	Ac	counting method used to prepare the Form 990. X	Cash	Accrual	Other						
		ere the organization's financial statements compiled or		ved by an independent	accountant?		2a		X		
		ere the organization's financial statements audited by a					2b		Х		
	rev	Yes' to 2a or 2b, does the organization have a commit- riew, or compilation of its financial statements and sele	ection	of an independent acco	ountant?		2c				
3	a As	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	red to	undergo an audit or au	idits as set forth in the	Single	3a	į	Х		
		dit Act and OwiB Circular A-133? Yes,' did the organization undergo the require <u>d audit</u> o					3b				
DΛ		res, did the organization undergo the required addit of	auul				Form	990 (2008)		

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

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

Departi Interna	Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.										Insp	ection	ic
Name o	of the organization								Employe	ridentifica	tion number		
St.	Vincent de	Paul Stor	e of Ho	uma					72-05	57387	9		
Pari	t I Reason fo	r Public Cha	rity Statu	s (All organizations	must c	omple	te this	part.)	(see	nstruc	tions)		
The c				ise it is (Please check o									
1	A church, co	nvention of chur	ches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	H			A)(ii). (Attach Schedule I			• • •						
3	\vdash			e organization described		on 170(l	ьх1хах	iii). (At	tach Sch	nedule H	1)		
4	⊢ '	•	•	d in conjunction with a h		•					•	soital's	
-	name, city, a		operate	a in conjunction min a t	.oop.to. t	200050			-(-)(-)(-	.,,,		op.to.	
5	170(b)(1)(A)(iv). (Complete Part II)												
6													
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	= '			1 70(b)(1)(A)(vi). (Comple		•							
9	from activities	related to its éxe scome and unre	empt functión lated busine	more than 33-1/3 % of its is – subject to certain excess taxable income (less complete Part III.)	eptions, a	and (2) r	no more t	.han 33-	1/3 % of	its supp	ort from gro	SS	fter
10	An organizat	on organized ar	nd operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4). (see	e instruc	ctions)		
11													
	a Type I	ь			l — Fund			ed		d \square	Type III-	Other	
е	By checking than foundat 509(a)(2)	this box, I certify on managers ai	y that the or nd other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ons oth section	er
f		ation received a	a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
g			the organiza	ition accepted any gift o	r contrib	ution fro	om anv	of the fo	ollowina	persons	57		
9	.	,,		2000р. от 200 д			,		3			Yes	No
	(i) a perso	n who directly o	or indirectly	controls, either alone or	together	with pe	ersons d	escribed	d in (ii) a	and (III)			
		-	-	upported organization?							11 g (i)		
				cribed in (i) above?							11 g (ii)		
	(iii) a 35%	controlled entity	of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the f	ollowing informa	ation about t	the organizations the org	anizatio	n suppo	rts						
	(i) Name of Suppor Organization	ed (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the non in cold in your rining ment?	the organ	ou notify ization in (i) of ipport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amou	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
					T								
-	<u> </u>	 -			 		 						
					1								

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.)

	(Complete only if you check	ed the box on line	, 3, 7, 01 0 01 1 ul	<u> </u>			_	
Sec	tion A. Public Support		-					
	ndar year (or fiscal year nning 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 ')	1,072,848.	1,194,228.	1,128,404.	1,070,448.	1,164,04	16.	5,629,974.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
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.							0.
4	Total. Add lines 1-3	1,072,848.	1,194,228.	1,128,404.	1,070,448.	1,164,04	16.	5,629,974.
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)				یے بیسے مسلمہ کا شک			0.
6	Public support. Subtract line 5 from line 4							5,629,974.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
7	Amounts from line 4	1,072,848.	1,194,228.	1,128,404.	1,070,448.	1,164,04	16.	5,629,974.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							0.
9	Net income form unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)					, , , , ,		0.
11	Total support. Add lines 7 through 10							5,629,974.
12	Gross receipts from related activ	vities, etc (see in	structions)				12	0.
	First five years. If the Form 990 organization, check this box and	d stop here		nd, third, fourth,	or fifth tax year a	s a section 50	01(c)((3)
	tion C. Computation of Pu			11			441	100 00
	Public support percentage for 20					}	14 15	100.0%
	Public support percentage for 20					L		
16 a	33-1/3 support test — 2008. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	-1/3 % or mo	re, cl	neck this box ► X
t	33-1/3 support test — 2007. If the and stop here. The organization	ne organization did i qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	3-1/3% or mo	ore, c	heck this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstand	and-circumstance ces' test. The org	s' test, check this janization qualifie	box and stop he s as a publicly su	re. Explain in pported orgai	Part nizatio	IV how on ►
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- d-circumstances'	and-circumstance test The organ	s' test, check this ization qualifies a	s box and stop he s a publicly suppo	re. Explain in orted organiza	Part ation.	N how the
18	Private foundation. If the organ	ization did not chi	eck a box on line,	, 13, 16a, 16b, 17				
BAA	1				50	nedule A (FO	uu 95	90 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 St. Vincent de Paul Store of Houma

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	cked the box on h	ne o oi_r arc i.)				 _	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	(a) 2004	(b) 2003	(c) 2000	(d) 2007	(e) 2008	(i) Total	
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.							
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons							
t	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.)							
Sec	tion B. Total Support			-				
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)							
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 50	11(c)(3)	<u> </u>
	tion C. Computation of Pul							
	Public support percentage for 20			ne 13, column (f)	1		15	%
	Public support percentage from						16	%
	tion D. Computation of Inv							
	Investment income percentage for				ımn (f))		17	%
18	Investment income percentage fi	•		-			18	%
	33-1/3 support tests - 2008. If the comore than 33-1/3%, check this b	organization did not ox and stop here	check the box on l The organization	ine 14, and line 15 i qualifies as a pi	ublicly supported o	rganization	•	
	33-1/3 support tests - 2007. If the is not more than 33-1/3%, check	this box and sto j	o here. The organ	ization qualifies a	as a publicly suppo	orted organiza	ation	П
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	cneck this box and	see instructi	ons <u>•</u>	$\perp \perp$

Part IV	Supplementa	al Information	. Complete this	s part to provide	de the explana	tion required by lal information. (s	Part II, line 10;	age 4
	Part II, line 1	7a or 17b; or I	Part III, line 12	2. Provide any	other additiona	al information. (s	ee instructions)	
								
	. 							
					_			

TEEA0404L 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

2008 No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Schedule D (Form 990) 2008

Name of the organization Employer Identification number St. Vincent de Paul Store of Houma Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements Complete if the organization answered 'Yes' to Form 990. Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV. the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2008 St. \				_/2-05/	
Part III Organizations Mainta	ining Collect	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
Using the organization's accession that apply)	on and other rec	ords, check any of th	ne following that are a s	significant use of its colle	ection items (check all
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 💹 Other			
c Preservation for future gener					
4 Provide a description of the orga Part XIV.		•	•		se in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	maintained as part	of the organization's co	llection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arran an amount o	gements Compl n Form 990, Part	ete if organization X, line 21.	answered 'Yes' to F	Form 990, Part
1 a Is the organization an agent, trus included on Form 990, Part X?				her assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ing table		
					Amount
c Beginning balance			•	1c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance		000 5 1 7 1 01		1f	
2a Did the organization include an a		990, Part X, line 21:			Yes No
b If 'Yes,' explain the arrangement			ad Wast to Form Of	00 Dort IV June 10	
Part V Endowment Funds Co		·	1	<u> </u>	(a) Cour years heal
1 - Daniel of the below	(a) Current yea	r (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance.					
b Contributions .					
c Investment earnings or losses d Grants or scholarships					
e Other expenditures for facilities					<u>'</u>
and programs					,
f Administrative expenses					
g End of year balance		16-1	l		1
2 Provide the estimated percentage	•				
a Board designated or quasi-endov	-				
b Permanent endowment ►	{				
c Term endowment ►	%				
3a Are there endowment funds not a organization by	n the possession	n of the organization	that are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	organizations list	ed as required on So	chedule R?		3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B	uildings, and	Equipment. See			
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land	<u></u>		87,806.		87,806.
b Buildings .	<u></u>		194,582.	48,646.	145,936.
c Leasehold improvements			4,750.	3,732.	1,018.
d Equipment	<u> </u>		33,292.	30,689.	2,603.
e Other .			. <u> </u>	L	
Total. Add lines 1a-1e (Column (d) sho	ould equal Form	990, Part X, column	(B), line 10(c))		237,363.
BAA				Sched	lule D (Form 990) 2008

Part VII	Investments—Other Securities See	orm 990, Part X, line	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion
		<u> </u>	Cost or end-of-year mar	ket value
	derivatives and other financial products			· · · · · · · · · · · · · · · · · · ·
-	eld equity interests .			
Other		- +		
		_		
		_		
		_		
Total. <i>(Colu</i>	mn (b) should equal Form 990 Part X, col. (B) line 12.)			
	Investments-Program Related (See	Form 990, Part X, line	e 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(,, = = = = = = = = = = = = = = = = = =		Cost or end-of-year mar	ket value
	the state of the s			
Total Colum	nn (b)(should equal Form 990, Part X, Col (B) line 13)	•		
Part IX		, line 15) N/A		
		Description		(b) Book value

	· · · · · · · · · · · · · · · · · · ·			
T-1-1 0-1	(1) Table (about a soul France) One Dort V	! (B) t 15)		
	umn (b) Total (should equal Form 990, Part X,			
Part X	Other Liabilities (See Form 990, Par			
	(a) Description of Liability	(b) Amount	-	
Federal In	come Taxes		4	
			4	
			4	
			_	
			_	
			_	
			7	
	-		7	
	· · · · · · · · · · · · · · · · · · ·		7	
Total Colum	nn (b) Total (should equal Form 990, Part X, col (B) line 25)	•	7	
	V, provide the text of the footnote to the organi		that reports the organization's liabi	lity for uncertain tax
positions	under FIN 48.			, io. chocitain tax

Schedule **D** (Form 990) 2008 St. Vincent de Paul Store of Houma

72-0573879

Page 3

Sche	dule D (Form 990) 2008 St. Vincent de Paul Store of Houma	72-057	3879	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	7		
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments .	Ī		
5	Donated services and use of facilities	Ī	<u> </u>	
6	Investment expenses	-		
7	Prior period adjustments			
8	Other (Describe in Part XIV)	ı		
9	Total adjustments (net). Add lines 4-8	t		
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<u> </u>		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
	Total revenue, gains, and other support per audited financial statements	1	11, 11	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments . 2a			
	Donated services and use of facilities 2b	⊣ i		
		\dashv \vdash		
	Recoveries of prior year grants . 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	. 2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b.			
b	Other (Describe in Part XIV) . 4b			
С	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retui	rn N/A	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b	7		
С	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV) . 2d			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b.			
	Other (Describe in Part XIV)	_		
	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5		
	t XIV Supplemental Information			
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, Part XI, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.			
BAA	TEEA3304L 12/23/08	Sched	ule D (Form 9	} 90) 2008

Schedule D	(Form 990) 2008	Page 5
Part XIV	(Form 990) 2008 Supplemental Information (continued)	
	•	
		-
		
	·	

SCHEDULE I (Form 990)	U	irants and Oth Governmen	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.	to Organization als in the U.S.	, S		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▼ Compl	lete if the organizatio	 Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. Attatch to Form 990. 	Form 990, Part IV, lines 0.	.21 or 22.		Open to Public Inspection
Name of the organization St Vincent de	de Paul Store of Houma					Employer identification number 72-0573879	ation number
	ion on Gran	tance					
	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	he amount of the grance?	the grants or assistance, the grantees' eligibility for the grants or assistance, and	grantees' eligibility for th	ne grants or assistance	e, and	Yes
2 Describe in Part IV Part II Grants and 990, Part IV Part IV and	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	nitoring the use of gr nents and Organi received more th titional space is r	ant funds in the United izations in the United izations in the United Ian \$5,000. Check needed	States ed States. Comple: this box if no one r	te if the organizati	on answered 'Ye more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	ss of organization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
							-
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations					
BAA For Privacy Act a	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructions f	or Form 990.	TEEA3901L 12/19/08	12/19/08	Sched	Schedule I (Form 990) 2008

Used appliances, household goods, and c Page 2 (Form 990) 2008 St. Vincent de Paul Store of Houma

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Estimated fair value at time of donation (e) Method of valuation (book, FMV, appraisal, other) 671,935 (d) Amount of non-cash assistance 130,420 (c) Amount of cash grant 19,814 (b) Number of recipients the Needy Food, Clothes, Housing, Pharmaceuticals to (a) Type of grant or assistance Schedule I (Form 990) 2008 Part IV Part III

BAA

Schedule I (Form 990) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Types of Property

St. Vincent de Paul Store of Houma

Employer identification number

72-0573879

2 Art—H 3 Art—Fr 4 Books 5 Clothir 6 Cars a 7 Boats 8 Inteller 9 Securi	Vorks of art Instorical treasures Instorical treasures Instance Interests In and publications Ing and household goods Indications Indicati	Check if applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g		rever		
2 Art—H 3 Art—Fr 4 Books 5 Clothir 6 Cars a 7 Boats 8 Inteller 9 Securi	ractional treasures ractional interests and publications ing and household goods and other vehicles and planes citual property ities—Publicly traded	X			Est fa	ir v	alue	
2 Art—H 3 Art—Fr 4 Books 5 Clothir 6 Cars a 7 Boats 8 Inteller 9 Securi	ractional treasures ractional interests and publications ing and household goods and other vehicles and planes citual property ities—Publicly traded	X		1,094,756.	Est fa	ir v	alue	
3 Art—Fr 4 Books 5 Clothir 6 Cars a 7 Boats 8 Inteller 9 Securi	ractional interests and publications ing and household goods and other vehicles and planes ictual property ities—Publicly traded	Х		1,094,756.	Est fa	ir v	alue	
4 Books5 Clothir6 Cars a7 Boats8 Inteller9 Securi	and publications ng and household goods and other vehicles and planes ctual property uties—Publicly traded	X		1,094,756.	Est fa	ir v	alue	
4 Books5 Clothir6 Cars a7 Boats8 Inteller9 Securi	and publications ng and household goods and other vehicles and planes ctual property uties—Publicly traded	Х		1,094,756.	Est fa	ir v	alue	
6 Cars a 7 Boats 8 Intelle 9 Securi	and other vehicles and planes	Х		1,094,756.	Est fa	ir v	alue	
7 Boats8 Intelle9 Securi	and planes . ctual property ities—Publicly traded							
8 Intelle 9 Securi	ctual property ities—Publicly traded							
9 Securi	ities-Publicly traded							
	-							
10 Canim	ities-Closely held stock							
10 Securi								
11 Securi	ities-Partnership, LLC, or trust interests.							
12 Securi	itiesMiscellaneous .							
13 Qualified	d conservation contribution (historic structures)							
14 Qualifi	ied conservation contribution (other).							
15 Real e	estate-Residential							
16 Real e	estate-Commercial							
17 Real e	estate-Other							
18 Collec	tibles							
19 Food (inventory							
20 Drugs	and medical supplies							
21 Taxide	ermy							
22 Histori	ıcal artıfacts .							
23 Scient	tific specimens							
24 Arche	ological artifacts							
25 Other	► ()			<u> </u>				
26 Other	► ()							
27 Other	► ()							
28 Other		<u>L </u>			-			
29 Number	er of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during th	e tax year for contribut	ions for which the				
organi	ization completed Form 8283, Part IV, Done	e Acknowle	agement		29		Yes	No
					ſ		162	NO
30a During	g the year, did the organization receive by coor at least three years from the date of the i	ontribution a	any property reported in	Part I, lines 1-28 that	it must			
		initiai contrit	button, and which is not	required to be used to	exempt	30 a		X
	ses for the entire holding period?					30 a		
	s,' describe the arrangement in Part II	a. that room	uran tha rayyayy of any r	an standard contribute	nc2	31		$-\mathbf{x}^{-}$
	the organization have a gift acceptance poli				יפווע,	31		
32a Does in nonca	the organization hire or use third parties or ish contributions?	related orga	nizations to solicit, pro-	cess, or sell	ļ	32 a		Χ_
b If 'Yes	s,' describe in Part II							
33 If the descri	organization did not report revenues in colu	ımn (c) for a	type of property for wh	hich column (a) is chec	ked,			

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

Schedule M (Form 990) 2008

Schedule	M (Form	990) 2008	St.	Vincent	t_de	Pau <u>l</u>	Store	of I	louma		72-0573879	_Page 2
Part II	Supple	emental I	nform	ation. Co	mplet	e this	part to p	provid	le the i	nformation required	by Part I, lines 30b	, 32b,
	and 55	. Also CO	лпріск	s triis par	101 2	iny au	ditional	11110111	nation,			
	·											- -
- -												
												- -
												
												
												
											~- ~	
												
-							-					
 -					-							
				-								
											~	
												- -

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

St. Vincent de Paul Store of Houma	72-0573879
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers,	Directors, Etc.
James E. Lagarde, the store manager, is married to the se	
Lagarde.	
Form 990, Part VI, Line 10 - Form 990 Review Process	
The board of directors are provided an opportunity to re-	view the Form 990 before it
is_signed	

TEEA4901L 12/19/08

9/30/09

2008 Federal Book Summary Depreciation Schedule

Page 1

Client S64

St. Vincent de Paul Store of Houma

72-0573879

;nı	S64	31	. VIIICEIIL	de Paul Sto	<i>n</i> c oi ii	Ouilla			/ 4	2-05/38
8/09)							_		03 31
No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life _	Current Depr
orm	990/990-PF									
Au	to / Transport Equipment									
1	Chevrolet Truck (2000)	2/07/00		24,601			24,601	\$/L	5_	
	Total Auto / Transport Equipment			24,601		0	24,601			
Bu	ıldıngs									
5	Building	9/03/99		194,582			43,784	S/L	40	4,
9	5-Ton AC Unit	3/22/04		4,750			3,055	S/L	7_	
	Total Buildings			199,332		0	46,839			5,
Laı	nd									
6	197 Point Street	1/01/78		29,995						
7	700 Lafayette Street	1/01/90		35,000						
8	626 Lafayette Street	8/01/97		22,811					_	
	Total Land			87,806		0	0			
Ma	chinery and Equipment									
2	Computer/Printer	9/30/95		3,346			3,346	S/L	5	
3	Xerox Copier	7/15/96		2,399			2,399	S/L	5	
4	Computer Desk/Hutch	1/28/01		357			357	S/L	5	
10	Dell Computer	12/07/04		2,315			1,772	S/L	5	
	HP Printer	3/02/08		693			80	S/L	5	
12	2-Dell Computers	3/20/08		2,938			294	S/L	5 -	
	Total Machinery and Equipment			12,048		0	8,248		_	1,
	Total Depreciation			323,787		0	79,688		=	6,
	Grand Total Depreciation			323,787		0	79,688		_	6,

60/08/6		20	108 Fe	dera	l Boo	k Dep	2008 Federal Book Depreciation Schedule	on S	hedu	<u>e</u>				<u></u>	Page 1
Client S64				St. V	incent	de Paul	St. Vincent de Paul Store of Houma	louma						72-	7.2-0573879
12/28/09 No Description	Date	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr.	Prior 179/ Bonus/ So. Denr.	Prior Dec. Bal. Den.	Salvage /Basis Reductn	Depr. Basis	Prior Dept.	Method	Life Rate	Rate	03 31PM Current Deor.
990/990-PF															
Auto / Transport Equipment															
1 Chevrolet Truck (2000)	2/07/00	·	24,601							24,601	24,601	S/L	2	I	0
Total Auto / Transport Equipment			24,601		0	0	0	0	0	24,601	24,601				0
Buildings															
5 Building	9/03/99		194,582	21						194,582	43,784	S/L	40		4,865
9 5-Ton AC Unit	3/22/04	·	4,750	· 						4,750	3,055	S/L	7	J	629
Total Buildings			199,332	21	0	0	0	0	0	199,332	46,839				5,544
Land															
6 197 Point Street	1/01/78		29,995	10						29,995					0
	1/01/90		35,000	_						35,000					0
8 626 Lafayette Street	8/01/97		22,811		j	j				22,811				1	0
Total Land			87,806		0	0	0	0	0	87,806	0				0
Machinery and Equipment															_
2 Computer/Printer	9/30/95		3,346	9						3,346	3,346	S/L	5		0
3 Xerox Copier	7/15/96		2,399	<u>o</u>						2,399	2,399	S/L	r.		0
4 Computer Desk/Hutch	1/28/01		32.	_						357	357	S/L	32		0
10 Dell Computer	12/07/04		2,31	2						2,315	1,772	S/L			463
11 HP Printer	3/02/08		693	~						693	8	S/L			139
12 2-Dell Computers	3/20/08		2,938		İ	j			İ	2,938	294	S/L	2	ļ	588
Total Machinery and Equipment			12,048	~	0	0	0	0	0	12,048	8,248				1,190

. ., .

60/08/6	2	2008 Federal Book Depreciation Schedule	eral Bo	ok Dep	reciati	on Sc	hedul	e				Page 2
Client S64		5	St. Vincent de Paul Store of Houma	t de Paul	Store of I	Houma						72-0573879
12/28/09 No. Description	Date Date Acquired Sold	Cost/ Basis P	Cur Bus. 179 Pct. Bonus.	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	03·31PM Current Depr.
Total Depreciation		323,787	0	0	0	0	0	323,787	79,688			6,734
Grand Total Depreciation		323,787	0	0	0	0	0	323,787	79,688			6,734