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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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)

▶ 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		ST. VINCENT DE PAUL SOCIETY		75-1695041
		SALVAGE BUREAU		
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		1241 WALNUT		(325) 660-6486
		City or town, state or country, and ZIP + 4	F Group Exemption Number	
		ABILENE, TX 79601-3647		

• 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: ▶ N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 106,043.

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

1	Contributions, gifts, grants, and similar amounts received	1	13,519.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	4,206.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances STMT 5	7a	88,318.
b	Less: cost of goods sold STMT 6	7b	53,530.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	34,788.
8	Other revenue (describe ▶ _____)	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	52,513.
10	Grants and similar amounts paid (attach schedule) STMT 3	10	45,541.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,075.
14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 2	14	3,275.
15	Printing, publications, postage, and shipping	15	3.
16	Other expenses (describe ▶ DUES & SUBSCRIPTION)	16	75.
17	Total expenses Add lines 10 through 16	17	49,969.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,544.
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	75,302.
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	77,846.

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

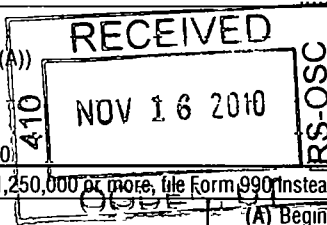
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	19,142.	24,961.
23 Land and buildings	32,373.	31,527.
24 Other assets (describe ▶ SEE STATEMENT 1)	23,787.	21,358.
25 Total assets	75,302.	77,846.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,302.	77,846.

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02-08-10

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

Form 990-EZ (2009)

SCANNED DEC 03 2010



ST. VINCENT DE PAUL SOCIETY

Form 990-EZ (2009)

SALVAGE BUREAU

75-1695041

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 9**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 **PROVIDING DIRECT ASSISTANCE TO INDIGENT INDIVIDUALS FOR HOUSING, UTILITIES, CLOTHING, TRANSPORTATION ASSISTANCE, FOOD AND OTHER REIMBURSABLE EXPENSES.**(Grants \$ **34,031.**) If this amount includes foreign grants, check here ☐28a **34,031.**29 **PREGNANCY COUNSELING SERVICES**(Grants \$ **1,050.**) If this amount includes foreign grants, check here ☐29a **1,050.**30 **SEE STATEMENT 8**(Grants \$ **4,047.**) If this amount includes foreign grants, check here ☐30a **4,047.**31 Other program services (attach schedule) **SEE STATEMENT 10**(Grants \$ **6,413.**) If this amount includes foreign grants, check here ☐31a **6,413.**32 **Total program service expenses** (add lines 28a through 31a)32 **45,541.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TOMMIE ATWOOD	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
DOUG EICHORST	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
GLORIA HERNANDEZ	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
BEVERLY SPRINGER	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
DEL DAVIS	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
ROCHELLE JOHNSON	TREASURER			
1241 WALNUT, TUSCOLA, TX 79601	1.00	0.	0.	0.
DONNA MARTIN	VICE PRESIDENT			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
VANCE COOKSEY	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
TRINELL COUCH	PRESIDENT			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
BETH DLUGAS	SECRETARY			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
SYLVIA HERERRA	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
CYNTHIA VILLEGAS	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
ANTONIO HERRERA	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.
REV. TERRY BRENNON	DIRECTOR			
1241 WALNUT, ABILENE, TX 79601	1.00	0.	0.	0.

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ST. VINCENT DE PAUL SOCIETY
SALVAGE BUREAU

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Part V Other Information (Note the statement requirements in the instructions for Part 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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	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?	37b	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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. 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	40e	X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ ROCHELLE JOHNSON Telephone no. ▶ 325-660-6486 Located at ▶ 109 COUNTY ROAD 151, TUSCOLA, TX ZIP + 4 ▶ 79562		
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

Form 990-EZ (2009)

ST. VINCENT DE PAUL SOCIETY
SALVAGE BUREAU**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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 & deferred compensation	(e) Expense account and other allowances
NONE				

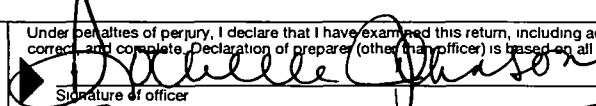
f Total number of other employees paid over \$100,000

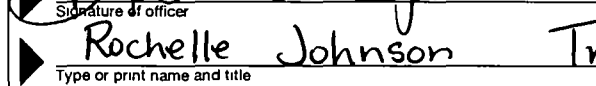
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors each receiving over \$100,000

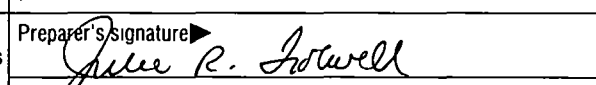
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Date 11/11

 Rochelle Johnson Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 11-11-10

Check if self-employed ☐

Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 CONDLEY AND COMPANY, L.L.P.
P. O. BOX 2993
ABILENE, TEXAS 79604-2993

EIN 

Phone no. (325) 677-6251

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

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number	75-1695041
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Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☒ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

(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?

h ☐ Provide the following information about the supported organization(s)

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

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

[illegible]

Total									
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2008. 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 ☐		
17a 10% -facts-and-circumstances test - 2009. 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 ☐		
b 10% -facts-and-circumstances test - 2008. 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 ☐		
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 ☐		

Schedule A (Form 990 or 990-EZ) 2009

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 year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

FORM 990-EZ	OTHER ASSETS	STATEMENT	1
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER PROPERTY AND EQUIPMENT	7,790.	7,790.	
OTHER DEPRECIABLE ASSETS	15,997.	13,568.	
TOTAL TO FORM 990-EZ, LINE 24	23,787.	21,358.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	2
DESCRIPTION	AMOUNT		
DEPRECIATION	3,275.		
TOTAL TO FORM 990-EZ, LINE 14	3,275.		

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ASSIST. TO INDIVIDUALS - SEE PART III	NONE	34,031.
 VOLUNTARY AWARDS - PRESCRIPTIONS	 NONE	 4,047.
 VOLUNTARY AWARDS PREGNANCY COUNSELING SVC 598 WESTWOOD DRIVE, STE 209 ABILENE, TX 79603	 NONE	 1,050.
 VOLUNTARY AWARDS LOAVES AND FISHES 837 JEANETTE ST ABILENE, TX 79602	 NONE	 2,250.
 VOLUNTARY AWARDS PASTORAL CARE & COUNSELING 1317 N 8TH ABILENE, TX 79601	 NONE	 3,000.
 VOLUNTARY AWARDS BENEVOLENT SERVICES VARIOUS INDIVIDUALS ABILENE, TX 79601	 NONE	 150.
 VOLUNTARY AWARDS PRISON MINISTRY VARIOUS INDIVIDUALS ABILENE, TX 79601	 NONE	 1,013.
 TOTAL INCLUDED ON FORM 990-EZ, LINE 10		 45,541.

FORM 990-EZ	RENTAL INCOME	STATEMENT	4
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COMMERCIAL BLDG - ABILENE TX	1	4,200.
TOTAL INCUDED ON FORM 990-EZ, PART I, LINE 4		4,200.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 5

INCOME

1. GROSS RECEIPTS	88,318	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		88,318
4. COST OF GOODS SOLD (LINE 13)	53,530	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		34,788

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR	19,009	
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	34,521	
11. ADD LINES 6 THROUGH 10		53,530
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		53,530

FORM 990-EZ	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	6
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DESCRIPTION	AMOUNT
SALES TAX	6,731.
INSURANCE	8,267.
PAYROLL TAX EXPENSE	5,559.
REPAIRS & MAINTENANCE	975.
SUPPLIES	3,248.
UTILITIES	7,377.
MISCELLANEOUS	2,364.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B	34,521.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 8

PROVIDING ASSISTANCE WITH MEDICAL CARE EXPENSES THROUGH A PRESCRIPTION
MEDICINE CO-PAY PROGRAM WITH A LOCAL PHARMACY. THE SOCIETY PAYS THE
MEDICAID AND OTHER INSURANCE CO-PAY FEES TO HELP ASSURE POOR AND INDIGENT
INDIVIDUALS HAVE REQUIRED MEDICATIONS

990-EZ PG 2

STATEMENT 9

ST VINCENT DE PAUL SOCIETY PROVIDES ASSISTANCE TO POOR AND INDIGENT INDIVIDUALS BY ASSISTING WITH HOUSING, UTILITIES, CLOTHING, MEDICAL SERVICES, PRESCRIPTIONS AND OTHER REIMBURSABLE EXPENSES. THE SALVAGE STORE SELLS DONATED ITEMS TO PROVIDE FUNDING FOR THESE SERVICES.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT 10
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DESCRIPTION	GRANTS	EXPENSES
THE ORGANIZATION AWARDS FUNDING TO SPECIFIC INDIVIDUALS EMPLOYED AT A CORRECTIONAL FACILITY WHO MINISTER TO INCARCERATED INDIVIDUALS AND THEIR FAMILIES	1,013.	1,013.
LOAVES AND FISHES	2,250.	2,250.
PASTORAL CARE & COUNSELING	3,000.	3,000.
BENEVOLENT SERVICES	150.	150.
TOTAL TO FORM 990-EZ, LINE 31	6,413.	6,413.