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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung 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 calenda	ar year,	or tax year beginning	10-01 , 2009, ar	nd ending]	09-30	, 20 10
	В	Check if a	pplicable		C Name of organization			D Emplo	yer ider	ntification number
		Address c	hange	Please use IRS	ST VINCENT DE PAUL SOCIETS	INC		59-	-37377	95
%		Name cha	nge	label or	Number and street (or P O box, if mail is not	delivered to street address)	Room/surf	e E Teleph	one nun	nber
ത		Initial retui	m	print or type.			İ	[
←		Terminate	d	See Specific	19 MCMILLAN STREET			(90	04) 824	-3333
2	\Box	Amended	return	Instruc-	City or town, state or country, and ZIP + 4			F Group	Exempti	ion
MAN	$\overline{\square}$	Application	n pending	tions.	SAINT AUGUSTINE, FL 32084			Numbe	er 🕨	5496
<u>ن</u> ظ	<u> </u>	• Sec	tion 501(c)(3) organi	izations and 4947(a)(1) nonexempt o	haritable trusts must att	ach C	Accounting Me	ethod:	X Cash Accrual
() () () () () () () () ()	3			a con	npleted Schedule A (Form 990 or 99	0-EZ).		Other (specify) ▶	
	3						ŀ	1 Check ▶	if the o	rganization is not
	Ĭ, '	Website	e: ▶					required to att	ach Sch	edule B (Form 990,
	3	Tax-exe	mpt status (check o	nly one) - X 501(c) (3) ◀ (insert	no) 4947(a)(1) or	527	990-EZ, or 99	0-PF)	
		Check	If the or	rganızatı	ion is not a section 509(a)(3) supporting	g organization and its gro	ss receipt	s are normally no	t more t	han \$25,000. A
•	۱	Form 99	0-EZ or Form	990 ret	turn is not required, but if the organizat	ion chooses to file a returr	n, be sure	to file a complete	return	
	L	Add line	s 5b, 6b, and	7b, to li	ine 9 to determine gross receipts; if \$5	00,000 or more, file Form	990 instea	d of Form 990-E	z ▶ \$	436,231
	P	art I	Revenu	e. Exp	enses, and Changes in Net A	ssets or Fund Bala	nces	(See the instructi	ons for I	Part I.)
		1			grants, and similar amounts received				1	143,586
		2	Program ser	vice rev	enue including government fees and c	ontracts			2	
		3	Membership	dues a	nd assessments · · · · · · · ·				3	· · · · · · · · · · · · · · · · · · ·
_		4	Investment i	ncome					4	451
2012		5a	Gross amou	nt from	sale of assets other than inventory •	5	a			
2		b	Less cost o	r other b	pasis and sales expenses • • • • •	5	b			
ۯ	R	c	Gain or (loss	s) from s	sale of assets other than inventory (Su	btract line 5b from line 5a)	• • • • •		5c	
	e	6	Special events	and activi	ties (complete applicable parts of Schedule G)	If any amount is from garning,	check here		\$ · `	
=	ė	а	Gross reven	ue (not	including \$	f contributions			8- Z	
JUL	n u		reported on	line 1)		6	a			
	е	ь	Less direct	expense	es other than fundraising expenses •	6	b		300	
SCANNED		c	Net income	or (loss)	from special events and activities (Su	btract line 6b from line 6a)			6c	
É		7a	Gross sales	of inven	ntory, less returns and allowances · ·		a	292,134	y).	
₹		b	Less cost o	f goods	sold • • • • • • • • • • • • • • • •	7	b	1,997	S	
9		C	Gross profit	or (loss)) from sales of inventory (Subtract line	7b from line 7a) · · · ·	• • • • •		7c	290,137
Ψ, μ		8	Other revent	ue (desc	cribe > STM141)	8	60
		9	Total reven	ue. Add	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		• • • • •		9	434,234
		10	Grants and s	sımılar a	mounts paid (attach schedule)			STM122	10	127,826
	E	11	Benefits paid	d to or fo	or members · · · · · · · · · · · · · · · · · · ·	.)			11	
A.1	¥	12	Salaries, oth	er comp	pensation, and employee benefits ••	• • • • • • • • • • • • •			12	57,403
Z)		13	Professional	fees an	nd other payments to independent conf	tractors • • • • • • •			13	7,589
20	n s	14			ilities, and maintenance • • • • • •				14	71,365
re en	е	15	Printing, pub	lications	s, postage, and shipping • • • • • •				15	2,242
e 2	s	16	Other expen	ses (de:	scribe STM130)	16	143,006
JUN		17	Total expen	ses. Ad	dd lines 10 through 16 · · · · · ·		• • • • •	• • • • •	17	409,431
	_	18	Excess or (d	leficit) fo	or the year (Subtract line 17 from line 9)	• • • • •		18	24,803
SCANNED	A NS	19	Net assets of	r fund b	palances at beginning of year (from line	27, column (A)) (must ag	ree with		·	
	NS e e t t		end-of-year	figure re	eported on prior year's return) • • • •	• • • • • • • • • • • •	• • • • •		19	265,381
	t t		Other chang	es in ne	et assets or fund balances (attach expl	anation) • • • • • • • •	• • • •		20	-
Q5		21	Net assets o	r fund b	palances at end of year. Combine lines	18 through 20 • • • • •	• • • • •	· · · · · · •	21	290,184
(V)	P	art II	Balance	Shee	ts. If Total assets on line 25, colum	n (B) are \$1,250,000 or m	ore, file Fo	orm 990 instead o	of Form	990-EZ.
					(See the instructions for Part II.)			(A) Beginning of year	ar	(B) End of year
	22	Cash	, savings, and	d investi	ments · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • [81,	289 22	64,729
	23	Land	and buildings		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• •	836,	096 23	828,137
	24		assets (desc			<u> </u>	_) [836 24	34,948
	25	Total	assets · ·	• • • •	• • • • • • • • • • • • • • • • • • • •		••• [221 25	927,814
	26		liabilities (d				_) [840 26	637,630
	27	Net a	ssets or fun	d balan	ces (line 27 of column (B) must agree	with line 21) · · · · ·	[265,	381 27	290,184

,		-			
Form 990-EZ (2009) ST VINCENT DE PAUL S		<u></u>		37377	95 Page 2
Partill Statement of Program Service Acco			l.)]	Expenses
What is the organization's primary exempt purpose? PROVID:					uired for section c)(3) and 501(c)(4)
Describe what was achieved in carrying out the organization's					nizations and section
manner, describe the services provided, the number of person	s benefited, or other releva	int information for			(a)(1) trusts; optional
each program title.				for of	thers.)
28 CONDUCTED PERSON TO PERSON VISITS ASSIS					
WITH DIRECT AND INDIRECT CASH PAYMENTS	FOR SHELTER,	·			
UTILITIES, FOOD, CLOTHING, FURNITURE, A	ND MEDICINE.				
(Grants \$) If this am	ount includes foreign grant	s, check here · · · ·	• • • • □	28a	127,826
29		 .	-		
(Grants \$) If this am	ount includes foreign grant	s, check here · · · ·	••••	29a	
30					
(O					
	ount includes foreign grant	s, check here · · ·	• • • • •	30a	
	ount includes foreign grant			31a	
32 Total program service expenses (add lines 28a through				32	127,826
List of Officers, Directors, Trustees, and Key	Employees. List each one	e even if not compensa	ited (See the in:	structio	ons 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) Contribution employee benefit p deferred compens	lans &	(e) Expense account and other allowances
AL TETTA	TREASURER	•			
19 MCMILLAN STREET SAINT AUGUSTINE, 32084	40	0		a	0
BRUCE DUFRESNE	VICE PRESIDENT				
19 MCMILLAN STREET SAINT AUGUSTINE, 32084	1	ļ o		d	0
CHARLES NABER	PRESIDENT				
19 MCMILLAN STREET SAINT AUGUSTINE, 32084	12	0		d	0
JOHN CUNNINGHAM	VICE PRESIDENT				·
19 MCMILLAN STREET SAINT AUGUSTINE, 32084	1	0		d	0
RICH MCCORMICK	SECRETARY				
19 MCMILLAN STREET SAINT AUGUSTINE, 32084	1	0		O	0
					-
					!
	1				

Pa	t 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		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes $\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots\cdots$	34		Х
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.			
а	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		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • • 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u>X</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •	,,,		.
39	Section 501(c)(7) organizations Enter:	\$ 7		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •			, 1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			265
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			1
þ	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		<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	ĵ.		
	organization managers or disqualified persons during the year under sections 4912,		, ,	3 334
_	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		1	
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	,		*
_				
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	ļ	
41	·	400		<u>X</u>
	List the states with which a copy of this return is filed The organization's books are in care of ▶ CHARLES NABER Telephone no. ▶ 904-8	24-3	333	
42 a	Located at ▶ 19 MCMILLAN STREET SAINT AUGUSTINE, FL ZIP+4 ▶ 3208			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	-		
5	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	.03	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.			
С	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			ш
	, and the state of			
			Yes	No
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			<u> </u>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
				(2222

Part	VI Section 501(c)(3) organizations ar 501(c)(3) organizations and section 4947(a)(and complete the tables for lines 50 and 51.	nd section 4947(a)(1 1) nonexempt charitable tr) nonexempt ch usts must answer qu	aritable trusts only. estions 46-49b	All sectio	n	
46 D	Oid the organization engage in direct or indirect political	tical campaign activities or	hohalf of or in once	cition to		Yes	No
	candidates for public office? If "Yes," complete Sch	· •			46	163	No
	Old the organization engage in lobbying activities?				47		X
					48		X
	s the organization a school as described in section		*			-	X
	Did the organization make any transfers to an exem f "Yes," was the related organization a section 527		•		· · 49a · · 49b		X
	Complete this table for the organization's five highes	•		directors trustees and ke			<u> </u>
	employees) who each received more than \$100,000		•		- у		
	imployees) who each received more than \$100,000	(b) Title and average	(c) Compensation	(d) Contributions to	(e)F	xpense	
	(a) Name and address of each employee paid more	hours per week	(c) compensation	employee benefit plans &	acco	unt and	
	than \$100,000	devoted to position		deferred compensation	other all	owance	38
NONE							
HONE					 		
					İ		
			-				
					ļ		
f T	Catal assessment of allow annulus are a side as a \$400.00				<u> </u>		
	otal number of other employees paid over \$100,00						
	Complete this table for the organization's five highes	•		ach received more than			
\$	100,000 of compensation from the organization. If	there is none, enter "None	e."				
			· • • • • • • • • • • • • • • • • • • •				
	(a) Name and address of each independent contractor particles.	id more than \$100,000	(b) Typ	pe of service	(c) Compen	sation	
NONE							
	<u> </u>						
d T	otal number of other independent contractors each	receiving over \$100,000	• • • •				
	·		·				
	Under penalties of perjury, I declare that I have ex	ramined this return, including acc	companying schedules an	d statements, and to the hest of	my knowledge		
	and belief, it is true, correct, and complete Decla	ration of preparer (other than off	icer) is based on all inform	nation of which preparer has any	knowledge	•	
Sign	Charles Hab	~ /		5-19	8-12		
Here	Signature of officer			Date	<u> </u>		
пете	CHARLES NABER, PRESIDENT			54.0			
	Type or print name and title						
		т т		- 1			
D-14	Preparer's		l a	Check if Preparer's I	Identifying No	(See in	ıst)
Paid	signature flat Well			mployed			
Prepare	Firm's name (or yours	·		EIN			
Use On	address and 7IP + 4						
	SAINT AUGUS	STINE, FL 32085-44		Phone no ▶ 904-8	324-5412		
May the	e IRS discuss this return with the preparer shown a	bove? See instructions -	• • • • • • • • •	• • • • • • • • • •	X Yes		No
		·	EEA		Form 99	0-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization 59-3737795 ST VINCENT DE PAUL SOCIETY INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) ß A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part iI) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c Type III-Functionally integrated a Type I b Type II d Type III-Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(W) Provide the following information about the supported organization(s). (i) Name of supported (Type of organization (wi) Is the (vii) Amount of (II) EIN (iv) is the organization (v) Did you notify organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes No

Total

Page 2

Par	Support Schedule for Org (Complete only if you checked the	ganizations De box on line 5, 7,	escribed in Se or 8 of Part I)	ctions 170(b)((1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				98,305	433,783	532,088
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				98,305	433,783	532,088
	The portion of total contributions by each						. · · · · · · · · · · · · · · · · · · ·
	person (other than a governmental unit or		, 14 j.				
	publicly supported organization) included on line 1 that exceeds 2% of the amount		6	77			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4		3. 3. 4 % S		- 1 '73 '8 '8 '8 '8 '5		532,088
	ion B. Total Support					==	
Calen	dar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4				98,305	433,783	532,088
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				237	451	688
	Net income from unrelated business activities, whether or not the business is regularly carried on						
	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		3				532,776
12	Gross receipts from related activities, etc. ((see instructions)	• • • • • • •	• • • • • • •		12	
	First five years. If the Form 990 is for the organization, check this box and stop here		• • • • • • • • •				> X
	ion C. Computation of Public Su						
	Public support percentage for 2009 (line 6,		=				%
	Public support percentage from 2008 Sche						%
	33 1/3% support test - 2009. If the organiz			<u>.</u>	•		
	and stop here. The organization qualifies a		-				• • • • •
	33 1/3% support test - 2008. If the organiz						. —
	box and stop here. The organization qualif						• • • • • □
	10%-facts-and-circumstances test - 2009						
	more, and if the organization meets the "far						
	organization meets the "facts-and-circumst						••••
	10%-facts-and-circumstances test - 2008						
	more, and if the organization meets the "fac organization meets the "facts-and-circumst	ances" test. The c	rganization qualifi	es as a publicly su	pported organizatı	on • • • • • • • • • • • • • • • • • • •	
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e instructions · · ·	• • • • ▶ □

Sche	dule A (Form 990 or 990-EZ) 2009 , ST VI	NCENT DE PAI	UL SOCIETY IN	1C		59-373779	5 Page 3
Pa	Support Schedule for Org (Complete only if you checked the			ction 509(a)(2		_	
	ction A: Public Support				· ·		
Cald	endar 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 bus under sec 513					<u> </u>	
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 • • •						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·				,		
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts 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					KA .		
9 Amounts from line 6 · · · · · · · · · · · · · · · · · ·	Section B. Total Support						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities 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 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)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
payments received on securities loans, rents, royalties and income from similar sources	9 Amounts from line 6 · · · · · · · · · · · ·						
section 511 taxes) from businesses acquired after June 30, 1975	payments received on securities loans, rents, royalties and income from similar						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · · · · · · · · · · · · · · · · ·	section 511 taxes) from businesses						
activities not included in line 10b, whether or not the business is regularly carried on · · · · · · · · · · · · · · · · · ·	c Add lines 10a and 10b · · · · · · · · ·						
loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	activities not included in line 10b, whether or not the business is regularly						
and 12) · · · · · · · · · · · · · · · · · · ·	loss from the sale of capital assets	,					
organization, check this box and stop here · · · · · · · · · · · · · · · · · · ·	13 Total support. (Add lines 9, 10c, 11, and 12) • • • • • • • • • • • • • • • • • • •	,					
Section C. Computation of Public Support Percentage							▶ [
	Section C. Computation of Public S	upport Percer	ntage			_	

Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

Section D. Computation of Investment Income Percentage

18

Public support percentage from 2008 Schedule A, Part III, line 15 · · · · · · · · · · ·

Investment income percentage from 2008 Schedule A, Part III, line 17 · · · · · · · · · · · · ·

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 . . .

Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

%

%

15

16

17

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	Employer Identification Number
ST VINCENT DE PAUL SOCIETY INC	59-3737795

FORM 990EZ, PART I, LINE 8 OTHER REVENUES SCHEDULE 2

DESCRIPTION	AMOUNT
SALES TAX COMMISSIONS	60
TOTAL	60

Federal Supporting Statements 2009 PG 01 Name(s) as shown on return Employer Identification Number ST VINCENT DE PAUL SOCIETY INC 59-3737795 STATEMENT #122 FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE AMOUNT RELATIONSHIP CLIENT ASSISSTANCE 21,543 NONE ACTIVITY GRANTEE **VARIOUS** ADDRESS CLIENT ASSISSTANCE-INKIND DONATIONS 106,283 NONE ACTIVITY GRANTEE **VARIOUS** ADDRESS TOTAL 127,826

				Federal Supporting Statements 2009 PG 01 Employer Identification Numb 59-37377			PG 01			
Name(s) as sho	wn on retu	ım					<u> </u>	Employer Idea	ntification Number	_
ST VINC	CENT	DE	PAUL	SOCIETY	INC			59	-3737795	

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

DESCRIPTION	AMOUNT
AUTOMOTIVE EXPENSE	14,288
BAD DEBT EXPENSE	100
BANK CHARGES	20
DUES AND SUBSCRIPTIONS	440
GIFTS AND FLOWERS	1,000
INSURANCE	19,363
INTEREST	40,113
MEALS AND ENTERTAINMENT	415
OFFICE EXPENSE	1,075
PAYROLL TAX EXPENSE	8,398
SUPPLIES	4,031
TAXES-PROPERTY	1,007
TAXES-SALES	7,430
TELEPHONE	2,958
DEPRECIATION EXPENSE	42,368
TOTAL	143,006

				Fede	ral Suj	oporting Statements	2009	PG	01
Name(s) as	shown on retu	ш				·· - · · ·	Employer Ider	tification	Number
ST VI	NCENT	DE	PAUL	SOCIETY	INC		 59	-37 3	3779 <u>5</u>

FORM 990EZ, PART II, LINE 24 OTHER ASSETS SCHEDULE 3

BEGINNING

DESCRIPTION	OF YEAR	END OF YEAR
FURNITURE AND EQUIP	2,836	2,312
VEHICLES		32,636
MOM 7	0.006	24 040
TOTAL	2,836	34,948

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	Employer Identification Number
ST_VINCENT DE PAUL SOCIETY INC	59-3737795

FORM 990EZ, PART II, LINE 26 OTHER LIABILITIES SCHEDULE 3

	BEGINNING	
DESCRIPTION	OF YEAR	END OF YEAR
PAYROLL TAX PAYABLE	1,986	929
SALES TAX PAYABLE		4,588
NOTE PAYABLE	652,854	632,113
TOTAL	654,840	637,630