

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



Form **990**

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)

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax	year be	ginning	10/01		2009, ai	nd endin	g 9,	/30		, 201	0	
В	Check if ap	plicable		С	PART							D Emp	loyer ide	ntification l	Number	
	Addre	ss change	Please use IRS label	St.	Vinc	ent de	Paul :	Store of	Houma			72	-057	3879		
	Name	change	or print or type.			t Stre						E Tele	phone nu	ımber		_
	\vdash	return	See specific	Hou	ma, L	A 7036	0					98	5-87	2-0113	3	
	\vdash	nation	Instruc- tions.													_
	\vdash	ided return	40113.									G Gros	s receipt	. e 1	L,478,	51
	\vdash	cation pending	F Name :	and add	ress of orin	cipal officer	_				H(a) Is the	s a group re			Yes	Į,
	☐ Applic	cattori periority	Same A		•	•						all affiliates			Yes	É
	Tay o	xempt statu) ◀ (ınsert		4947(a)(1)	or T	527	If 'No	o, attach a t	ist (see i	instructions)		L.
'- -	Websi			(0) () - (1115611	. 110)	4347 (a)(1)	<u> </u>		11/-> 0			•		
<u>у</u> К		organization	X Corpora		Trust	Associa	-1	ther •		ar of Formati		p exemption		of legal dom	icile LA	_
	rt I	Summa		ation	Trust	ASSOCIA	ation O	ner	E rea	i oi ronnati	ion I J	05 11	VI State C	n legal dom	icile LIA	_
				ganıza	ation's m	ission or i	most siani	ficant activities	s Aid	to th	he po	or				_
45		,		5							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>				-
ž				. — — -											,	_
Activities & Governance																_
ove	2 Ch	neck this bo	ox ►	if the	organiza	ation disco	ontinued it	s operations o	r dispos	ed of mo	re than	25% of 1	ts asse	ets		
S								VI, line 1a)					3			
es.					-		e governin	g body (Part \	/I, line 1	b)			4			_
viti		otal number		,	,	•	,						5	-		_
Acti		otal number					-	olumn (C), lın	. 12				7:	_		_
`		et unrelated							5 12				7			_
	- 511	ct um ciatot	a busines.	3 taxa	DIC IIICOI	TIC TIOITI	01111 330	, 1110 0 +		-	\top	Prior Ye				_
	8 c	ı ontributione	and arar	ata (Di	ort \/III	lino 1h)					-	1,164			<u>urrent Ye</u> 1,103,	
E E		8 Contributions and grants (Part VIII, line 1h)9 Program service revenue (Part VIII, line 2g)										1,104	, 040	•	1,105,	<u> </u>
Revenue		vestment ir				-	s 3 4 an	d 7d)				11	,408		7,	9
	1		-					a 7a, , 10c, and 11e	3		 		, 444		11,	
	1		-					t VIII, column		: 12)		1,182			1,123,	
		rants and s							(-7)		1		, 355		809,	
		enefits paid			-											_
								X, column (A)	. lines 5	-10)		266	,822		268,	0
ses		rofessional				-			,	,			,			Ť
Expenses				_							10, gh			A .70	1,2	**
ă		otal fundra:			-	-	· •					. /r m.m. / n	7.000			_
		ther expens									atve		388		108,	_
		· · ·				-		olumn (A), line	25)	REC	TIVE	-,	<u> 1565</u>		1,185,	
	1	evenue less	s expense	s. Sul	otract lin	ie 18 from	line 12				_	. 17	<u>४/३३३</u>	· 	-62,	
Net Assets or Fund Balancos									\ \\	la a i	g Beg	<u>Որning∖ò</u>		E	nd of Yea	
Safar	20 To	otal assets			•				188	MAL	2 1 2	734	<u>6430</u>		672,	_1
¥₽ P	21 To	otal liabilitie	es (Part X	., line	26)						,_ <u></u>	111	- 0	•		_
	ZZ V	et assets o			Subtra	ct line 21	from line	20		OGL		734	<u>,430</u>		672,	_1
Pa	art II	Signat	ure Blo	<u>ck</u>						-						_
		Under penalty	es of perjury,	, I declar e Decla	re that I hav	ve exammed	this return, in	icluding accompany is ba sed on all info	/ing schedu rmation of	les and stat	tements, a	nd to the be	st of my l	knowledge a	and belief, it	. 15
٠.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	Ha			//			1	_				
Sig		[<u>ull</u>	<u> </u>	The second	<u>u (XII</u>	wy					Data				
He ⊃	ire	L 10.7	e of officer	Δ.	· 		74	مد د م د د د	_			Date				
ď		Type or p	rint name an	<u> 200</u> 0	DREH	UX-	- IREM	<i>sunte</i>					~			
		Type of p	THE HAITE AL	ia uue					16-4	· · · · · · · · · · · · · · · · · · ·			-1	Preparer's	identifizana n	
D-	id								Dat	٠ /	_/	Check if self-	\Box	(see instruc	identifying n ctions)	iuil
Pa Pr	11U P-	Preparer's	Jr.	1	21	Bre		PA		2/15	1/0	employed	^ ∐	DOGGG	0000	
	rer's	signature	Joh							-/-/	//-			P0000	8098	
Us	e e	Firm's name of			. BREA		A A PRO)FESSIONAI	L CORE	<u>'. </u>		! 			_	
		employed), address, and	► <u>197</u>		MEY RI							EIN ►		140386		
Or				75 4 75	T 3 7/	0360-40	161					Phone no	► (9	85) 87	72-024	8
		ZIP + 4	HOU	JMA,				(see instruction							Yes	ĭ

Form	990 (2009) St. Vincent de Paul Store of Houma	<u>72-</u> 0573879	Page 2
Pär	t III Statement of Program Service Accomplishments		
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 on	the prior	<u>-</u>
	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 ser	vices? 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 services	by expenses Section 50	1(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an	d állocátions to others, the	total
	expenses, and revenue, if any, for each program service reported.		
		·····	
4 a	(Code (Expenses \$ 1,135,100. including grants of \$)	Revenue \$)
	AID TO THE POOR: Operation of a second-hand retail store providi		
	furnishings, appliances and other necessities at little cost. Sal		
	occurred during the fiscal period. Aid also includes Hatian vict		
	victims. Individuals totaling 551 adults and 156 children and 63		
	helped at no cost.		
	neiped at no cost.		
			
41	(Code (Expenses \$ 14,776. including grants of \$)	Revenue \$)
	AID TO THE POOR: Donations to the St. Vincent de Paul TriParish	Community Pharma	CV
	to cover occupancy costs for the dispensing of prescription medic		
	indigent. Three hundred eighty-eight indivuduals helped, with 8,0		
	being filled.		
4	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		<u></u>	
4	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	3	
4	e Total program service expenses ► 1,149,876.		

	r		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		X
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 similar funds or 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		Х
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		х
	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			- ',
	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	Ž,	- 1	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X	À.		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X	₹,,1″±	**	
	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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? <i>If 'Yes,' complete Schedule F, Part II</i>	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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) St. Vincent de Paul Store of Houma

Partily Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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 lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 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
ı	Is the organization 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.	25b		Х
26	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, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	2		;
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
l	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29	X	<u> </u>
30	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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O .	38	Х	
RΔ		Form	990	(2009)

A. A		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		163	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		· (1)	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a 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 15	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
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 <i>e-file</i> this return. (see instructions)	.: (¥	3 8 7	20
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	- #8884	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
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		Х
b If 'Yes,' enter the name of the foreign country	4.		
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and 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?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	(4)		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	∞× : 7a	<u>.</u>	Х
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	0000 Tall	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	ندگلد		
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? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? NA h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>/y</u> 7h		
8. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	711		4
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	ئىد. 8	<u>V</u> .	<u></u>
9 Sponsoring organizations maintaining donor advised funds.		- (8, ;	
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		ļ
10 Section 501(c)(7) organizations. Enter: NIA			.,*
a Initiation fees and capital contributions included on Part VIII, line 12		1	A)
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	* 7	-4	
11 Section 501(c)(12) organizations. Enter N/A	18 - 13 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -		
a Gross income from other members or shareholders	, and C	M. Tall	W 2
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		. 10007
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	t.	· ·	. Wite

Form 990 (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing	Body and	d Manag	gement										
														Yes	No
1 a	Enter the	e number of vot	ing membe	rs of the	governing	body				1 a			8 🔯	39	777
b	Enter the	e number of vot	ing membe	rs that are	e indepen	ndent				1 b			8 💸	**************************************	Sar
2	Did any officer, d	officer, director, lirector, trustee	trustee, or or key emp	key emp loyee? .	loyee hav See	ve a fam Sched	nily relation	onship or a b	ousiness re	elation	ship with	any other	2	X	
	Did the d	organization del rs, directors or t	egate contr	ol over m	anageme	nt dutie	s custom	narıly perforn	ned by or	under			3		
4		organization ma	•	-	-		_		•				4		X
		prior Form 990			J										
5		organization bed			ne vear of	f a mate	erial divei	rsion of the o	organizatio	n's as	sets?		5		Х
6		organization h		_	•				J				6		X
7 a	Does the	e organization h					persons	who may ele	ect one or	more	members	of the	7a		х
ь	•	decisions of the	governing	body sub	ject to ap	proval b	by memb	oers, stockho	lders, or o	ther p	ersons?		7b		X
8	Did the o	organization cor wing:	ntemporane	ously doc	cument the	e meetır	ngs held	or written ac	ctions und	ertake	n during	the year by		45°	
а	The gove	erning body?.	•			•							8a	Х	***************************************
b	Each co	mmittee with au	ithority to a	ct on beh	alf of the	governi	ing body?	?					8b	Х	
9	Is there	any officer, dire tion's mailing a	ctor or trus	tee, or ke	ey employe	ee listed	d in Part	: VII, Section	A, who ca	annot t	oe reache	ed at the	9		Х
		Policies	(This Sec	tion B r	eauests	inforn	mation i	about police	cies not	reaui	red by	the Intern			
	nue Code		(- 4					4					
		,							****					Yes	No
10 a	Does the	e organization h	ave local cl	napters, b	ranches,	or affilia	ates?						10a		Х
	If 'Yes,'	does the organi nches to ensure	zation have	written p	oolicies ar	nd proce	edures go	overning the	activities	of sucl	h chaptei	rs, affiliates,	10b		
11		organization pro	•					-		hefore	e filing th	e form?	11		X
		ın Schedule O						_			-		<u> </u>	i in	7. 1
		e organization h	· · · · · · ·	_	=	_				v. U	- DOI	.cuuic o	12a	Í I	X
		ers, directors of						-		that o	could aw	rice	124		
•	to conflu	cts?		and ney c	mployees	require	ou to uisc	ciose armaan	y interests	, triat t	Joula givi	3 1130	12b		<u> </u>
c	Does the	e organization re e O how this is	egularly and done	d consiste	ently moni	itor and	enforce	compliance	with the po	olicy?	If 'Yes,'	describe in	12c		
13	Does the	e organization h	ave a writte	en whistle	blower po	olicy?							13		X
14	Does the	e organization h	ave a writte	en docum	ent retent	tion and	destruct	tion policy?					14		X
15	Did the persons	process for dete , comparability (ermining coi data, and co	mpensatio	on of the saneous su	following ubstanti	g person ation of t	ns include a r the deliberati	eview and	l appro	oval by in	dependent			
		anization's CEO											15a		X
t	Other of	ficers of key em	ployees of	the organ	nization								15b		X
	If 'Yes' t	o line 15a or 15	b, describe	the proce	ess in Sch	hedule (O (See i	instructions)					New Street	11	£ . *1
16 a	Did the o	organization inv iring the year?	est in, cont	ribute ass	sets to, or	r particip	pate in a	joint venture	or simila	r arrar	ngement	with a taxab	le 16a		i‱id X
t	If 'Yes,'	has the organiz venture arranger of the respect to si	ments unde	r applicat	ten policy ble federa	or proce al tax lav	edure rew	equiring the oaken steps to	rganizatio safeguare	n to ev d the c	valuate it organizati	s participation	n 16b		***************************************
Sec		Disclosure		menta.									100	L	
		states with which		f this Form	n 990 is r	required	I to be file	ed > None							
	Section	6104 requires a on. Indicate how	in organizat v you make	ion to ma these ava	ake its For ailable Cl	rms 102 heck all	23 (or 102 that app	24 if applicat oly		 and 99	0-T (501	(c)(3)s only)	avaılab	le for	public
		website		ther's wel		X		request							
19	Describe stateme	e in Schedule O nts available to	whether (a the public	nd if so, I See	how) the o Schedi	organiza ule 0	atıon mal)	kes its gover	ning docu	ments	, conflict	of interest p	olicy, a	nd fina	ancial
		e name, physica .es Lagarde		-			-	-					rganızat	ion	

Form 990 (2009)

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- 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) of 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		Sale a	пус			Jincer	, uii	(D)	(E)	(F)		
(A)	(B) Average	Posi	tion ((check		hat app	lv)		(E)	1		
Name and Title	hours per week	or director	Institutional trustee	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		
Pete Cavalier												
President	2	<u> </u>	L	Х			_	0.	0.	0.		
Roy Burns Vice President	1			х				0.	0.	0.		
Cullen P. Boudreaux Treasurer	4			Х				2,296.	0.	0.		
Phylles B. Lagarde Secretary	36			х	X			24,517.	0.	0.		
James E. Lagarde Manager	36				х			25,084.	0.	0.		
	-											
	-											
	<u> </u>											
	-											
	-											
	-							_				
	-							1				
	┨											

TEEA0107L 11/10/09

<u> </u>	LCC3, 1	·cy		ipit		,	<u> </u>	a riigiicat ooii		<u> iipioyee</u>	- (cont.)		
(A)	(B)	_			c)			(D)	(E)	(F)			
Name and Title	Average hours			_		_		Reportable compensation from	Reportable compensation from	n am	Estimated ount of other		
	per week	or di	Institutional	Officer	æ	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC	ns co	mpensation from the		
		rect	tutio	Ĕ	em F	est :	ner	(**-21033-141180)	(**-2/1033-111130)	0	rganization		
		0 B	กล		employee	COTI					and related rganizations		
		uste	trustee		%	pen							
			tee			sate							
						١٩							
									·				
				<u> </u>		<u> </u>							
	İ												
	ļ												
									i				
					┖								
			<u> </u>	<u> </u>	_								
				1									
	ļ												
					1		İ						
				L	<u> </u>		<u> </u>						
										1			
			┖	$oxed{oxed}$	L	ļ	ļ						
					,					Ì			
					<u> </u>								
1 b Total							<u> </u>	51,897.		0.	0.		
2 Total number of individuals (including but not limited	d to tho	se I	ıste	d ab	ove) wh	o re	ceived more than	\$100,000 in rep	ortable co	ompensation		
from the organization 0											-, ,		
										EXCHA!	Yes No		
3 Did the organization list any former officer, director	or trust	tee.	kev	em	ploy	ee,	or h	ighest compensat	ed employee	35			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it										3	X		
4 For any individual listed on line 1a, is the sum of rettee organization and related organizations greater	eportable	e co	mpe	ensa	tior	and	doth	er compensation	from	1.33			
the organization and related organizations greater to individual	ınan şı:	יט,טכ	00?	ור זו	res	соп	npiei	re Scriedule J for	sucn	4	X		
							ماماه	d araan, alian fa					
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete So	compens chedule .	J for	SUC	om ch p	erso	unn on.	eiait	ed organization to	Services	5	1 1		
Section B. Independent Contractors													
1 Complete this table for your five highest compensa	ted inde	pen	den	t co	ntra	ctor	s tha	at received more t	han \$100,000 o	f			
compensation from the organization.								1					
. (A)								_ (B),		(C)		
Name and business address	SS							Description	or Services	Comp	pensation		
													
								 					
								-		 			
								-	<u> </u>				
								<u> </u>		X 2	71		
2 Total number of independent contractors (including		lım	ıted	to t	hos	e lıs	ted :	above) who receiv	ed more than	- 12	A 新		
\$100,000 in compensation from the organization	0												

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contribution All other contributions, gifts, gismilar amounts not included in Noncash contribus included in Total. Add lines 1a-1f	rants, and above 1f	1,103,748. 1,031,472.	1,103,748.			
PROGRAM SERVICE REVENUE	2a b c d			Business Code				
ROG		All other program service Total. Add lines 2a-2f	re revenue [•				,
-	3	Investment income (incother similar amounts) Income from investmen	_	•	7,953.	7,953.		
	b	Gross Rents Less' rental expenses Rental income or (loss)	(i) Real 120		1200			
	7a	Net rental income or (lo Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other	120.			120.
OTHER REVENUE	8 a	Net gain or (loss) Gross income from fund (not including \$	d on line 1c)	a b		amana anan aman bisa		
	9 <i>a</i>	Gross income from gan See Part IV, line 19 Less. direct expenses Net income or (loss) fro	ning activities.	a b				
	10 a	Gross sales of inventor, and allowances Less cost of goods sole Net income or (loss) fro	y, less returns	a 366,695. b 355,040.	11,655.	11,655.		
	11 a	Miscellaneous Reven		Business Code				
		All other revenue Total. Add lines 11a-11 Total revenue. See inst		>		19,608.	0.	120.

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 com				
	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	809,527.	809,527.		
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	51,897.	37,201.	14,696.	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.	196,959.	176,928.	20,031.	
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)		,	ŗ	
9	Other employee benefits.				
10	Payroll taxes	19,157.	18,026.	1,131.	
11	Fees for services (non-employees)				
a	a Management				
	Legal				
	: Accounting				
	Lobbying				
	e Prof fundraising svcs. See Part IV, In 17		₩ ** ** * * * *		
	Investment management fees				
	3 Other	-			
_	Advertising and promotion				
	- ,	6,346.	6,346.		
13	Office expenses	0,340.	0,340.		
14	Information technology				
15	Royalties	10 510	10 510		
16	Occupancy	12,513.	12,513.		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,920.	1,920.		
20	Interest	1,520.	2,320.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,342.	6,342.		
	Insurance	16,341.	16,341.		
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.)	20.260	20.200	· · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	a Sales Taxes	28,369.	28,369.		
	<u> Store Supplies</u>	10,882.	10,882.		
	Contracted Services	7,658.	7,658.		
	d <u>Repairs & Maintenance</u>	5,435.	5,435.		
	e <u>Auto & Truck Expense</u>	4,995.	4,995.		
	f All other expenses	7,393.	7,393.		
_25	Total functional expenses Add lines 1 through 24f	1,185,734.	1,149,876.	35,858.	0.
26	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	1				Form 990 (2009)

га	IT®X®	Balance Sneet				<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			347,067.	1	189,659.
	2	Savings and temporary cash investments		•	100,000.	2	201,492.
	3	Pledges and grants receivable, net		•		3	
	4	Accounts receivable, net		•		4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus II of S	tees, key employees, chedule L		5_	
	6	Receivables from other disqualified persons (as define	ed und	er section 4958(f)(1))		â	
		and persons described in section 4958(c)(3)(B) Comp	olete P	art II of Schedule L	.	6	
ŝ	7	Notes and loans receivable, net		•		7	
ASSETS	8	Inventories for sale or use			50,000.	8	50,000.
Ś	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10 a	320,430.		X:	
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10 b	89,409.	237,363.	10 c	231,021.
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line	34).		734,430.	16	672,172.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable .				18	
	19	Deferred revenue .				19	
Ĭ	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability Complete Part I			*5 , J ~ 66.4	21	
L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons.	key employees, Complete Part II		Š.	
- 1		of Schedule L .				22	
E S	23	Secured mortgages and notes payable to unrelated the				23	
		Unsecured notes and loans payable to unrelated third	partie	S .		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	[12]		0.	26	0.
Ĕ		Organizations that follow SFAS 117, check here	X an	d complete lines			
	27	27 through 29 and lines 33 and 34. Unrestricted net assets			734,430.	27	672,172.
ASSE		Temporarily restricted net assets			734,430.	28	012,112.
Š	29	Permanently restricted net assets .				29	
O R	23	Organizations that do not follow SFAS 117, check he	ro >	and complete		1.5	17
C FUZO		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	_			30	<u> </u>
B A	31	Paid-in or capital surplus, or land, building, and equip				31	
BALANCES	32	Retained earnings, endowment, accumulated income	, or oth	ner tunds	724 422	32	670 170
Ĕ	33	Total net assets or fund balances.	•	•	734,430.	33	672,172.
S	34	Total liabilities and net assets/fund balances			734,430.	34	672,172.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	5 kg 2 h		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	b Were the organization's financial statements audited by an independent accountant?	2b		X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	100 m		
1	d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	4.		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

St.	Vincent de Pau	ıl Store of Ho	uma					72-05	573879)		
			s (All organizations					See II	nstructi	ions		
he o	<u>~</u>		se it is (For lines 1 throi			•	•					
1	H		ociation of churches desc		section	170(b)	(1)(A)(i)	•				
2	H		A)(ii). (Attach Schedule E	-								
3	— ' '	•	organization described		•		•					
4		•	d in conjunction with a h	ospital c	describe	d in sec	tion 17	О(Б)(Т)(А	()(iii) En	iter the hos	pital's	
5	name, city, and sta An organization op 170(b)(1)(A)(iv). (0	erated for the benefit	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in s	ection	<u></u>
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(bx1)x4xvi). (Complete Part II)											
8	_		170(b)(1)(A)(vi). (Complet		-							
9	from activities relate	ization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts vities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross and income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 1975. See section 509(a)(2). (Complete Part III.)										
10	An organization org	ganized and operated	exclusively to test for pu	blic safe	ety See	section	509(a)	(4).				
11	An organization or	ganized and operated orted organizations d of supporting organiz	exclusively for the benef lescribed in section 509(a cation and complete lines	it of, to a)(1) or a 11e thr	perform section ! ough 11	the fun 509(a)(2 h	ctions o 2) See	of, or ca section	rry out th 509(a)(3	ne purpose:). Check th	s of on ne box	e or that
	a Type I	b Type II	c 🗌 Type III	– Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	
е	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												
g	0 4 137 0005 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
	(i) a naraan wha	. directly or indirectly	anatrala author alama ar i	المحملامية	مم طائس	**************************************		بادرات مناس	a m al ()		Yes	No
			controls, either alone or t upported organization?	logetrier	with pe	rsons u	escribed	u III (II <i>)</i> a	and (III)	11 g (i)		
	(ii) a family men	nber of a person desc	cribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) al	oove?.						11 g (iii)		
h	Provide the following	ng information about t	he supported organization	ns								
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	(iv) Is the (v) Did			(vi) I organizat (i) organi U S	on in col			
				Yes	No	Yes	No	Yes	No			
								ļ				
											-	
	·											
T _ # - '								* ***********************************				
<u> Fotal</u>	F D 41 10	- Silver) :)	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	000 0		

BAA 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

Partill 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 (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 1,070,448. 1.194.228. 1,128,404. 1,164,046. 1,103,748 5,660,874. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge. 228 5,660,874. Total. Add lines 1-through 3 128,404 070,448 164 046 103 748 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 0. shown on line 11, column (f) Public support. Subtract line 5 5,660,874. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) ,194,228 128,404 1,070,448 1,164,046. ,103,748 5,660,874. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 0. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10 5,660,874. 12 0. 12 Gross receipts from related activities, etc. (see instructions) 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 100.0% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 100.0% 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 the line 14 is 33-1/3 % or more, check this box X 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.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sche	dule A (Form 990 or 990-EZ) 200	9 St. Vinc	ent de Paul	. Store of H	Iouma	72-0573879	Page 3
	III Support Schedule fo						<u>-</u> _
	(Complete only if you che	_					
Sect	tion A. Public Support	•			-		
	dar year (or fiscal yr 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 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line	100 B 100 - 10	. 125734	and Frederica		ngra Bayanda dikka dikkaya a na	
	7c from line 6)		227866/27-33863				
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
	: 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)		. 1		o.si · ····		
14	First five years. If the Form 990 organization, check this box and	is for the organized stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	→ □
Sec	tion C. Computation of Pu	ıblic Support F	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 2005 (line 10c, column (i) divided by line 15, column (i))
18	Investment income percentage from 2008 Schedule A. Part III. line 17

0	mvesiment ii	icome	percentage	110111 20	00 3	Ciledui	c ^	, '	an	. 111,	IIIIC I	'	

19 a 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 organiza	ation qualifies as a	a publicly supported	organization

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

17

18

Schedule A	(Form	990 or	990-E	EZ) 2009	St	. Vinc	ent	de	Paul	Stor	e of	Houma		72-057	3879	Page 4
Schedule A	Supp Part	lemei II, line	ntal I : 17a	nform or 17l	ation. o; and	Comple Part III	ete th	is pa	art to Provi	provid ide any	e the	explana er additio	itions required	uired by mation. S	Part II, li See instri	ne 10; uctions.
									_							
								· ·								
	. – – –							. 					. 			
				. .												
											~ ~ ~ .					
								. _ _								
										-						
								. _ _								
				· – – -												
																
								· — —								
													. – – – –			
				· -												

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

St.	Vincent de Paul Store of Hou	ma		72-0573879	
Par	t I 🛣 Organizations Maintaining Dono	Advised Funds or Other Similar Fun	ds or Acc		
(the organization answered 'Yes' t	o Form 990, Part IV, line 6.		ourne complete in	
		(a) Donor advised funds	(b) F	unds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or for	ds may be any other	∏Yes ∏	No
Da	t II. Conservation Easements Comple		to Form 90	<u> </u>	
	Purpose(s) of conservation easements held by		10 1 01111 93	90, i ait iv, iiie 7.	
•	Preservation of land for public use (e.g., r		of an historic	ally important land area	
	Protection of natural habitat	H H		storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation contribution in		a conservation easement	on the
				Held at the End of the Ye	ear
ā	Total number of conservation easements	•	2a		
	Total acreage restricted by conservation ease		2b		
	Number of conservation easements on a certi	• •	2c		
	Number of conservation easements included i	• • •	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the or	ganization during the tax	
_	year >				
4	Number of states where property subject to co	· · · · · · · · · · · · · · · · · · ·	_		
5	Does the organization have a written policy re and enforcement of the conservation easement			ations, Yes	No
	Staff and volunteer hours devoted to monitoring the year			······	
,	Amount of expenses incurred in monitoring, if during the year		\$ _		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				No
9	conservation easements	s conservation easements in its revenue and experto the organization's financial statements that o			for
Pa	rtellis Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Sin	nilar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.		
1:	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateming.	lic exhibition, education, or research in furthera	nent and bala ance of publi	ince sheet works of art, his c service, provide, in Part	storical XIV,
I	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in furthera	and balance ance of publi	sheet works of art, historic service, provide the follo	cal wing
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$	
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items	for financial	gain, provide the following	
	a Revenues included in Form 990, Part VIII, line	e 1		> \$	
1	b Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 St. V				72-057	<u> </u>	Page 2
Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, o	<u>r Other Similar Ass</u>	ets (contu	nued)
3 Using the organization's acquisiti items (check all that apply).	on accession ar			that are a significant us	e of its collec	ction
a Public exhibition		— ⊢	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	tion solicit or re	ceive donations of a e maintained as part	rt, nistorical treasures, of the organization's co	or other similar ollection?	Yes	No
Part IV. Escrow and Custodia 9, or reported an amo	l Arrangeme	nts Complete if o	organization answe		90, Part IV	/, line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermedian	y for contributions or ot	her assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and	I complete the follow	ring table [.]			
					Amount	
c Beginning balance				1 c		
d Additions during the year		•		1 d		
e Distributions during the year				1 e		
f Ending balance		•	•	1f		
2a Did the organization include an a		990, Part X, line 21	7		Yes	∐ No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Co						
	(a) Current yea	ar (b) Prior yea		······································	(e) Four ye	ears back
1 a Beginning of year balance	ļ			<u> v. 1 v </u>	\$\$.77 ·	
b Contributions			4,224, 221		<u>.</u>	<u> </u>
c Net Investment earnings, gains, and losses					, , ,	
d Grants or scholarships			2.500			
e Other expenditures for facilities and programs						
f Administrative expenses						. ,,,,,
g End of year balance	L					
2 Provide the estimated percentag	e of the year en	d balance held as				
a Board designated or quasi-endown	wment ►	%				
b Permanent endowment ►						
c Term endowment ►	 %					
3a Are there endowment funds not organization by	ın the possessio	on of the organization	n that are held and adm	ninistered for the	Yes	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	organizations lis	ted as required on S	ichedule R?		3b	
4 Describe in Part XIV the intende						
Part VI Investments—Land, B	uildings, and	d Equipment. Se	e Form 990, Part X	(, line 10.		
Description of investment	t (a	Cost or other basis (investment)	basis (other)	(c) Accumulated Depreciation	(d) Book	
1 a Land	L		87,806.	~ # · · · ·		7,806.
b Buildings .	L		194,582.	53,510.	14	1,072.
c Leasehold improvements		.,,,,,	4,750.	4,411.		339.
d Equipment			33,292.	31,488.		1,804.
e Other						
Total Add lines 1a through 1e (Colum	nn (d) must eau:	al Form 990 Part X	column (R) line 10(c)	· •	23	1 021

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 St. Vincent de Par			73879 Page 3
Part VII Investments-Other Securities See Fo	· · · · · · · · · · · · · · · · · · ·		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation arket value
Financial derivatives			
Closely-held equity interests .			
Other			
			N-11
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See	Form 990, Part X, I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of value	uation
	(-,	Cost or end-of-year m	arket value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)			- 1475 A 1864 (1865 - 1865)
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
(a) De	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)		
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		·
Federal Income Taxes			**************************************
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2 FIN 48 Footpote in Part XIV provide the text of the foo	tnote to the organization	n's financial statements that reports	the organization's liability

Schedule D (Form 990) 2009 St. Vincent de Paul Store of Houma 72-0	573879	Page 4
Part 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) .		
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		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
PartiXIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn N/A	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investments expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part:XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn 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:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV) 2d		
	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIV) . 4b		
	4c	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part information	nes 1b and 2b, Pa to provide any ad	art V, ditional

Schedule D (Form 990) 2009 St	. Vincent de Paul	Store of Houma	72-0573879 Pa	ge 5
Part XIV Supplemental Info	ormation (continued)			
				·
				. _ _
				· – –
				- - -
				· – –
				_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

_
တ
0
Ō
る

OMB No 1545-0047

						Employer identification number	ation number
St. Vincent de Paul Store c	of Houma					72-0573879	6
Rantil General Information on Grants and Assistance	rants and Assist	ance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ds to substantiate the de grants or assistant	e amount of the grace?	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	grantees' eligibility for tl States	he grants or assistand	ce, and	☐ Yes X No
1251	nce to Governme by recipient that reform 990) if additional addit	ints and Organi eceived more the	A Organizations in the United States. Complete if the organization answered 'Yes' to F more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	ed States. Comple this box if no one r	te if the organizal ecipient received	tion answered 'Ye more than \$5,00	es' to Form 00. Use
1 (a) Name and address of organization or government	(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
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government of tons	rganizations				A A	0
	uction Act Notice, se	e the Instructions f	ructions for Form 990.	TEEA3901L 02/10/10	02/10/10	Schedi	Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 St. Vincent de Paul Store of Houma

Rankling Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 72-0573879

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				Estimated fair	
Food, Clothes, Housing, Pharmaceuticals				value at time of	Used appliances, household goods,
to the Needy	692	133,096.	676, 431.	donation	and clothing
_					
[Pakii)/型 Supplemental Information. Complete this part to		provide the information required in Part I,	ion required in Pai	line 2,	and any other additional information.
	! ! ! ! !		! ! ! ! !		
			 	; ! ! ! !	

BAA

Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545 0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

St. Vincent de Paul Store of Houma

Employer identification number

72-0573879

Par	t.l.≱ Types of Property	•						
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	od of c rever	determin	ıng
1	Art—Works of art							
2	Art—Historical treasures							
3	Art-Fractional interests							
4	Books and publications .					_		
5	Clothing and household goods	Х		1,031,472.	Est. E	MV		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property .							
9	Securities—Publicly traded					-		
-	Securities-Closely held stock							
11				,				
	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential		\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{					
16	Real estate-Commercial							
17	Real estate-Other .							
18	Collectibles							
19	Food inventory .							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts .							
23	Scientific specimens .							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	ion during the ee Acknowle	ne tax year for contribut dgement	ions for which the	29			
							Yes	No
30	a During the year, did the organization receive by control for at least three years from the date of the	contribution a	any property reported in bution, and which is not	n Part I, lines 1-28 that I required to be used fo	ıt must r exempt	,	1,42	;
	purposes for the entire holding period?					30 a		X
	o If 'Yes,' describe the arrangement in Part II					\$ <u>`</u>		-*
31	Does the organization have a gift acceptance pol	icy that requ	ures the review of any r	non-standard contribution	ons?	31		X
32	a Does the organization hire or use third parties or	related orga	anizations to solicit, pro	cess, or sell				v

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

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

noncash contributions? b If 'Yes,' describe in Part II

describe in Part II.

Schedule M (Form 990) 2009

Schedule	M (Form 990) 2009	St.	Vincent	de Paul	Store of Houma	ı	72-0573879	Page 2
PartII	Supplemental	Informa	tion. Com	plete this	part to provide the	ı ınformatıon required i.	by Part I, lines 30b,	32b.
	and 33. Also co	omplete	this part	for any ad	ditional information	<u>'</u>		,
	· 							
		. – – – –						
				. -				
								-
				. – – – – -				
	. 							
						 -		
	· 			. 				
							. 3 	

TEEA4602L 07/21/09

BAA

Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Openito Rublic Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

St. Vincent de Paul Store of Houma	72-0573879
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors	s <u>, Etc.</u>
James E. Lagarde, the store manager, is married to the secretar	ry, Phylles B.
Lagarde.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
Form 990 is reviewed by the officers of the organization prior	to signing. Also,
Form 990 is presented and discussed at the quarterly meeting of	board of directors
in January before it is signed and filed by February 15th.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Upon request, governing documents, financial statements, and Fo	orm 990 are made
available to the public by appointment at 107 Point St., Houma,	La
	·

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
St. Vincent de Paul Store of Houma	72-0573879
	 _
	

9/30/10

2009 Federal Book Summary Depreciation Schedule

Page 1

Client S64

St. Vincent de Paul Store of Houma

72-0573879

5/10)									01 28
No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method		Current Depr
orm	990/990-PF									
Aut	to / Transport Equipment									
1	Chevrolet Truck (2000)	2/07/00		24,601			24,601	S/L	5	
	Total Auto / Transport Equipment			24,601		0	24,601			
Bu	oldings									
5	Building	9/03/99		194,582			48,649	S/L	40	4,
9	5-Ton AC Unit	3/22/04		4,750			3,734	\$/L	7_	
	Total Buildings			199,332		0	52,383			5,
Lar	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			2,235	S/L	5	
11	HP Printer	3/02/08		693			219	S/L	5	
12	2-Dell Computers	3/20/08		2,938			882	S/L	5 -	
	Total Machinery and Equipment			12,048		0	9,438			
	Total Depreciation			323,787		0	86,422		-	6,
	Grand Total Depreciation			323,787		0	86,422			6,

009	Fede	ral Works	heets		Page 1
lient S64	St. Vincen	t de Paul Stor	e of Houma		72-0573879
2/15/10					01 30PN
Rental Income Worksheet					
Sign rent Gross Rental Incom					120.
Expenses	ie			\$	
Total Expenses				\$	0.
		Net	Rental Inco	ome or Loss \$	120.
Commutation of Cost of Co	ada Sald (Farm 00)	0)			
Computation of Cost of Go	·	u)			
 Inventory at start Purchases 	of year	•		•	50,000. 0.
3. Cost of labor 4. Additional 263A co	sts .				0. 0.
5. Other costs6. Total (Add lines 1	through 5)				355,040. 405,040.
7. Inventory at end o 8. Cost of goods sold	f year	7 from lir	ne 6)		50,000. 355,040.
o. cost of goods sold	(bubelace 11.11c	, 110m 111	0,	•	
		_	· :=		
Form 990, Part IX, Line 24 Other Expenses					
		(A)	(B)	(C)	(D)
		Total	Program Services	Management <u>& General</u>	Fundraising
Bank Charges		72.	72.		
Dues Licenses & Fees		2,900. 56.	2,900. 56.		
Telephone & Communica	tions Total \$	4,365. 7,393.	4,365. 7,393.	\$ 0.	\$ 0.
					