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### 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization						E	Employer identification number			
St. Vincent de Paul Society-St. Stephen Conference						80-0436986				
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
1 2 3 4	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the</li> </ul>									
5	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community	trust described in	n section 170(b)(1)(A)	<b>(vi).</b> (Con	nplete Pa	rt II.)				
9										
10	An organization	on organized and	operated exclusively	to test fo	or public s	afety. Se	e <b>sectio</b>	n 509(a)(	4).	
11	purposes of c	one or more pub	nd operated exclusive plicly supported organ describes the type of	nizations supportin	described ng organiz	in secti ation and	on 509(a d comple	i)(1) or se ite lines 1	ection 509 1e throug	9(a)(2) See section th 11h
	a 🗌 Type	1 b 🗌	Type II c	□ Тур	e III-Fund	ctionally i	ntegrate	d	d [	Type III-Other
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).									
f	_	ation received a	written determination	on from 1	the IRS t	hat it is	а Туре	i, Type i	I, or Typ	e III supporting
g	following pers	sons?	he organization accep	-	_					,
			ndirectly controls, eithody of the supported of			her with	persons	described	d in (ii) ar	nd Yes No
			on described in (i) abo						•	11g(n)
	· ·	•	a person described ir							11g(III)
h	Provide the fo	llowing informati	on about the support	ed organi	ization(s).			·		<del>/</del>
organization (described on lines 1–9 in col (		in col (i) lis	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support		
			(0.00 11.00 = 0.00	Yes	No	Yes	No	Yes	No	L
(A)										
(B)										
(C)										
(D)										
(E)										
_				1			Į	Į.		

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					64,098	64,098
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4	Total. Add lines 1 through 3					64,098	64,098
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,000
6	Public support. Subtract line 5 from line 4						57,098
Section	on B. Total Support		<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					64,098	64,098
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					0	0
11	Total support. Add lines 7 through 10						64,098
12	Gross receipts from related activities, etc				•	12	0
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	
	organization, check this box and stop he			<u> </u>			▶ 🗸
Secti	on C. Computation of Public Support				· — , · — · — · — · — · — · — · — · — ·	<del></del>	
14	Public support percentage for 2010 (line			1, column (f))		14	<u>%</u>
15	Public support percentage from 2009 Sci 331/3% support test—2010. If the organi					15 mg/s or more of	%
108	box and <b>stop here.</b> The organization qua					7376 Of THOIE, CI	eck tris  ► □
L	33 <sup>1</sup> / <sub>3</sub> % support test—2009. If the organ			-		15 10 221/204	or more
Ь	check this box and <b>stop here</b> . The organ						bi illore, ▶ □
175	· ·	•				a or 16b and	_
174	10%-facts-and-circumstances test — 2010. 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	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						
40	supported organization				a or 17h obee	k this hav and	F []
18	instructions					. DIIB XUU GIIII A	<b>▶</b> □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization rails to quality	under the te	Sta listed Deli	ow, picase co	implete rant	11./	
	on A. Public Support	<del></del>	•		************	· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees		1		1		
_	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		ļ	]			
	furnished in any activity that is related to the			Ì			
	organization's tax-exempt purpose	<u> </u>	<b>}</b>	ļ	ļ	L	L
3	Gross receipts from activities that are not an		ļ.	Ì			
	unrelated trade or business under section 513	<u> </u>					
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			ĺ	1	Ì	
_	·	<del></del>	<del> </del>	<b></b>	<del> </del>	<del> </del>	<del></del>
5	The value of services or facilities furnished by a governmental unit to the				1		
	organization without charge .	:	ļ	)	}	j	
6	Total. Add lines 1 through 5	<del></del>	<del> </del>	<del></del>			
	Amounts included on lines 1, 2, and 3	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
	received from disqualified persons .			ł	ļ		
ь	Amounts included on lines 2 and 3	<u> </u>	<del>                                     </del>				
•	received from other than disqualified			ļ		j	
	persons that exceed the greater of \$5,000			ĺ			
	or 1% of the amount on line 13 for the year					<u> </u>	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	ļ		Į	}	}	
	line 6)		<u>l</u>	L	<u> </u>	İ <u></u>	
	on B. Total Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2006	(6) 2007	(6) 2008	(a) 2009	(e) 2010	(i) Total
9	Gross income from interest, dividends,			<del> </del>	<del> </del>		
10a	payments received on securities loans, rents,		Į		ļ	1	
	royalties and income from similar sources .			Ì			
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975		İ	1	ĺ	1	
С	Add lines 10a and 10b		1				
11	Net income from unrelated business						
	activities not included in line 10b, whether				]	ļ	ļ
	or not the business is regularly carned on	Ĺ					
12	Other income Do not include gain or	{	1	1			
	loss from the sale of capital assets	ł				}	
46	(Explain in Part IV.)	ļ	ļ	<del> </del>	ļ		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)			1	ļ	]	
14	First five years. If the Form 990 is for the	e organizatio	n's first secon	d third fourth	or fifth tax v	ear as a section	n 501(c)(3)
17	organization, check this box and stop he		11 3 11 61, 00001			cui us a scone	• 🗖
Secti	on C. Computation of Public Support		je	<del></del>			
15	Public support percentage for 2010 (line	8, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2009 Sci			<u></u>		16	%
	on D. Computation of Investment In			<u>-</u>			
17	Investment income percentage for 2010 (				mn (f))	17	<u>%</u>
18	Investment income percentage from 2009 Schedule A, Part III, line 17						
19a	331/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
_			-			_	
b	331/3% support tests – 2009. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		-				<b></b> -
20	r nivate roundation, il the organization di	IN HOLDINGUN S	DUA UIT HITE 14	י, ושמ, טו ושט, י	CHECK THIS DOX	and see mistru	ictions 🕨 🔲

schedule A (r	om 990 or 990-E2) 2010	Page 🕶
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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		<u>-</u>

ST VINCENT DE PAUL SOCIETY-ST STEPHEN CONFERENCE 5049 BELL SHOALS RD VALRICO FL 33596



### **DECLARATION**

)18946

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Romo 1. Pehrao	04/21/201
Signature of officer or trustee	Date
TREAGVAER	
Title	