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**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.

OMB No 1545 0047

**2010**

**Open to Public  
Inspection**

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

Name of the organization

ST VINCENT DE PAUL SOCIETY OF LATROBE

Employer identification number

25-1578682

**Part I 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)

- 1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SEE ATTACHED STATEMENT	N/A	ST VINCENT DEPAUL SOCIE		X		X	X		90,000.
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									90,000.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	/100	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	/100	%
<b>16a 33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
<b>b 33-1/3% support test – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

BAA

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

(Complete only if you checked the box on line 9 of Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add Ins 9, 10c, 11, and 12c)						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	/ 00 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	/ 00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2010. 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 – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** 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)

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

Name of the organization

ST VINCENT DE PAUL SOCIETY OF LATROBE

Employer identification number

25-1578682Pt III, Line 2 total revenue received & expensesPt III, Line 2 all officers can be reached at address listedPt VI, Line 1a utPt VI-B, Line 10b all necessary expenses paid out of \$110150.00 (scratches form)Pt III, Line 2 did not undertake any significant program services during the yearPt V, Line 3b no unrelated payments received, no health plans, no indoor tanning servicesPt VI-A, Line 2 4 voting members, answer no to all questions in sections 1 thru 8bPt VI-B, Line 10b organization has 6 local affiliates it helps.Pt VI-B, Line 11a all answeres to line 11a thru 15 is noPt VI-C, Line 18 upon request records are available for public inspectionPt VII, Col (E) no compensation is paid to officersPt XI revenue #16,399, expenses \$294441, beginning fund balances \$781427, net assets \$394558Pt VI-B, Line 12c their is a committee that oversees all expenses and income

Schedule O Supplemental Information to Form 990

## Supplemental Information Smart Worksheet

**QuickZoom** here to Schedule O, page 2

→ 11

**Specific Information for Form 990-EZ, Parts I, II, III and V**

**Note:** The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement.

Form 990-EZ, Part I, Line 8	QuickZoom to Part I, Line 8
Form 990-EZ, Part I, Line 10	QuickZoom to Part I, Line 10
Form 990-EZ, Part I, Line 16	QuickZoom to Part I, Line 16
Form 990-EZ, Part I, Line 20	QuickZoom to Part I, Line 20
Form 990-EZ, Part II, Line 24	QuickZoom to Part II, Line 24
Form 990-EZ, Part II, Line 26	QuickZoom to Part II, Line 26

A vertical list of seven downward-pointing black triangles, each followed by a horizontal line.

**Note:** Enter information specific to any of the following lines below:

- Form 990-EZ, Part III, Line 31 (Description of other program services)
- Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
- Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
- Form 990-EZ, Part V, Line 35 (Why organization did not report unrelated business income)
- Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)

**Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII**

**Note:** The following lines for 990 have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

Form 990, Page 2, Part III, Line 4d	QuickZoom to Part III, Line 4d
Form 990, Page 6, Part VI, Section A, Line 9	QuickZoom to Part VI, Line 9
Form 990, Page 6, Part VI, Section C, Line 17	QuickZoom to Part VI, Line 17
Form 990, Page 10, Part IX, Line 24f	QuickZoom to Line 24f Stmt

►►►►►

**Note:** Enter information specific to any of the following below:

- Form 990, Page 2, Part III, Line 2, or Line 3
- Form 990, Page 5, Part V, Line 3b, 13a or 14b
- Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b
- Form 990, Page 6, Part VI, Section B, Lines 10b, 11a, 12c or 15
- Form 990, Page 6, Part VI, Section C, Line 18, or 19
- Form 990, Page 7, Part VII, Column (E) or Column (F)
- Form 990, Page 12, Part XI
- Form 990, Page 12, Part XII, Line 1, 2c or 3b

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

Line Number	Explanation
Pt III, Line 2	total revenue received & expenses
Pt III, Line 2	all officers can be reached at address listed
Pt VI, Line 1a	ut
Pt VI-B, Line 10b	all necessary expenses paid out of \$110150.00
Pt III, Line 2	did not undertake any signifacant program services during the year
Pt V, Line 3b	no unrelated payments received, no health plans, no indoor tanning servies
Pt VI-A, Line 2	4 voting members,, answer no to all questions in sections 1 thru 8b
Pt VI-B, Line 10b	organization has 6 local affiliates it helps.
Pt VI-B, Line 11a	all answeres to line 11a thur 15 is no
Pt VI-C, Line 18	upon request records are available for public inspection
Pt VII, Col (E)	no compensation is paid to officers
Pt XI	revenue #16,399, expenses \$294441, beginning fund balances \$781427, net assets \$394558
Pt VI-B, Line 12c	their is a committee that oversees all expenses and income

Note Enter the line number and explanation for lines not mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
AUTO EXPENSES	2,318.	2,318.		
TRUCK INSURANCE	925.	925.		
PROPERTY EXPENSES	16,244.	16,244.		
CASH REGISTER	450.	450.		
STORE SUPPLIES	3,142.	3,142.		
DONATIONS	100.	100.		
STORAGE RENTAL	1,440.	1,440.		
ANNUAL FIRE EXTINGUISHES CHECK	66.	66.		
MISC EXPENSES	576.	576.		
CLERICAL EXPENSE	276.	276.		
BUILDING CONSTRUCTION	84,613.	84,613.		

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