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-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning OCTOBER 1 , 2011, and ending SEPTEMBER 30 , 20 12

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St. Vincent de Paul Society, St. Stephen Conference

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
5040 Bell Shoals Road

City or town, state or country, and ZIP + 4
Valrico, Florida 33596

D Employer identification number
80-0436986

E Telephone number
813 689 4900

F Group Exemption Number ► 5496

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ►

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

I Website: ►

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 64614

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	64614
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	64614
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1580
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	66193
	17	**Total expenses.** Add lines 10 through 16 ►	17	67773
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3159
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22916
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	19757

SCANNED FEB 07 2013

RECEIVED JAN 25 2013 OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 10642I Form **990-EZ** (2011)

G9 15

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	22916	22	19757
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	22916	25	19757
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	22916	27	19757

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **Nonprofit organization dedicated to serving poor**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	**Conducted 271 person to person visits. Provided financial assistance to 83 people.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	38353
29	**Operated weekly pantry service. Held Thanksgiving and Christmas foo and toys distribution. Distributed food, clothing, and furniture to 8678 people.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	26543
30	**Referred clients asking for assistance to appropriate government and other non-profit organizations. Provided financial assistance to other St. Vincent de Paul Conferences through the society's twinning program\m.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	2877
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	67773

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kathie Huff 5049 Bell Shoals Rd., Vallrico, FL 33596	President - 20 Hrs.	0	0	0
Cheri Clare 5049 Bell Shoals Road Valrico, FL 33596	Vice-President - 10 Hrs.	0	0	0
Barbara Zielinski 5049 Bell Shoals Rd., Valrico, FL 33596	Secretary 10 Hrs.	0	0	0
Graciela Langan 5049 Bell Shoals Rd., Valrico, FL 33596	Pantry Director 20 Hrs.	0	0	0
Richard Vaske 5049 Bell Shoals Rd., Valrico, FL 33596	Treasurer 10 Hrs.	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **Richard Vaske** Telephone no. ▶ **813 777 6640**			
	Located at ▶ **6107 Heroncrest Ct., Lithia, Florida** ZIP + 4 ▶ **33547-3878**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶ 0

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

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

Sign Here

▶ Kathleen T. Huff — Signature of officer — Date 1/14/13

▶ KATHLEEN T. HUFF — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	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.

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 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			64098	69676	64614	198387
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3			64098	69676	64614	198387
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						198387

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4			64098	69676	64614	198387
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						198387

12 Gross receipts from related activities, etc. (see instructions) 12 0

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 2011 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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 year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** 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—2010.** 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).

ST.VINCENT DE PAUL MINISTRY OF ST. STEPHEN CATHOLIC CHURCH
SUMMARY OF FINANCIAL OPERATIONS - FISCAL YEAR 2011/2012

MONTH ENDING SEPTEMBER 30, 2012

	2012 THIS YEAR	2011 LAST YEAR	VAR	2012 THIS YEAR YTD	2011 LAST YEAR YTD	VAR	% VAR
RECEIPTS							
Receipts from Contributions/Pledges and Others							
Church Poor Box	929 54	3,473 80	(2,544 26)	21,836 71	31,953 88	(10,117 17)	-31 66%
Contributing, Active and Associate Members	990 00	1,415 00	(425 00)	15,130 40	16,122 46	(992 06)	-6 15%
Fund Raising	5,218 00	4,567 00	651 00	5,218 00	6,067 00	(849 00)	-13 99%
Others	13 25		13 25	4,425 28	533 00	3,892 28	730 26%
[redacted]	1,500 00	1,500 00	-	18,000 00	15,000 00	3,000 00	20 00%
Interest Income	0 54		0 54	4 06		(14,995 94)	-99 97%
Total Receipts	**8,651.33**	**10,955.80**	**(2,304.47)**	**64,614.45**	**69,676.34**	**(5,061.89)**	-7 26%
EXPENSES							
Assistance							
Food Assistance	1,808 16	4,127 85	(2,319 69)	26,542 69	18,905 33	7,637 36	40 40%
Shelter		220 00	(220 00)	14,881 88	8,895 32	5,986 56	67 30%
Utilities	570 85	3,489 00	(2,918 15)	16,305 23	28,088 30	(11,783 07)	-41 95%
Transport		550 00	(550 00)	1,531 43	2,655 72	(1,124 29)	-42 33%
Gift Cards				2,400 00		2,400 00	
Disaster Contributions			-	1,500 00	500 00	1,000 00	200 00%
Vouchers to SVDP Thrift Store		47 50	-	700 50	801 00	(100 50)	-12 55%
Home Repair			-	65 00	420 00	(355 00)	-84 52%
Auto repair and assistance			-	969 49		969 49	
General & Administration			-				
Operational Expenses	116 00	56 52	59 48	1,296 86	1,175 57	121 29	10 32%
National Dues			-	150 00	150 00	-	0 00%
Southeast District Dues				30 00	30 00	-	0 00%
Twinning -Domestic							
Twinning -International	200 00		200 00	1,400 00	1,750 00	(350 00)	-20 00%
Total Expenses	**2,695.01**	**8,490.87**	**(5,795.86)**	**67,773.08**	**63,371.24**	**4,401.84**	6 95%
DIFFERENCE-RECEIPTS OVER(UNDER) EXPENSES	**5,956.32**	**2,464.93**	**3,491.39**	**(3,158.63)**	**6,305.10**	**(9,463.73)**	

		BALANCE PER BANK SEPTEMBER 30, 2012 - CHECKING		$ 12,646 74
		BALANCE PER BANK SEPTEMBER 30, 2012 - SAVINGS		$ 7,385 87
				$ 20,032 61
BEGIN CASH BALANCE PER BOOK SEPTEMBER 1, 2012	$ 13,801 29	**DEPOSITS IN TRANSIT**	00	
TRANSFER FROM SAVINGS 9/10/2012	(6,000 00)			
TRANSFER TO CHECKING 9/10/2012	6,000 00			
		SUBTRACT OUTSTANDING CHECKS		
RECEIPTS	8,651 33	1084	75 00	
EXPENSES	(2,695 01)	1085	200 00	275 00
		ENDING CASH BALANCE PER BANK SEPTEMBER 30, 2012 - CHECKI		$ 12,371 74
		ENDING CASH BALANCE PER BANKSEPTEMBER 30, 2012 - SAVINGS		$ 7,385 87
END CASH BALANCE PER BOOK SEPTEMBER 30, 2012	**$ 19,757.61**	**ENDING CASH BALANCE PER BANK SEPTEMBER 30, TOTAL**		**$ 19,757.61**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St. Vincent de Paul Society, St. Stephen Conference

Employer identification number

Line 10 - Grants and similar amounts paid - $1,580.00 to St. Vincent de Paul Society National Council for annual report dues.

line 10 - Paid $180.00 to St. Vincent de Paul Society National Council for annual report dues.

Line 10 - Paid $1,400.00 to St. Vincent de Paul Society National Council International twinning program for assistance to Medalla Milagrosa in Bolivia.

Line 16 - Other Expenses of $66193.00

Food assistance 26,543; Shelter 14,882; Utilities 16,305; Transport 1,531; Gift Cards 2,400; Disaster Contributions 1,500; Thrift Store Vouchers 701; Home and Auto repair 1,034; Operating Expenses 1,297.

Name of the organization	Employer identification number
St. Vincent de Paul Society, St. Stephen Conference	80-0436986

Date		Last Name	First Name	Need	no act	reje cted	refer red	Help	Check #	Amount ($)	Gift Cards	Time Minutes	Miles	Tele- phone	Vol	Notes
4-Sep	1		Heather	teco			1					15		952 0582	md	no money
4-Sep	2		Carmen	teco	1							15			md	no money
5-Sep	3	Perez	Maria	rent			1					15		526 8268	md	no money
5-Sep	4	Gotchalk	Fred	homeless vet			1					15		463 3749	md	referred VA
5-Sep	5	Colon	Anita	social worker	1							15		744 8240	md	Buckhorn school no reply
5-Sep	6	Hale	Donna	teco			1					15			md	no money
7-Sep	7	Cross	Mary	teco			1					15			jz	
7-Sep	8	Foster	Claudia	furniture			1					15			jz	
10-Sep	9	Romanchic	Mrs	donation			1					15			jz	Nativity
10-Sep	10	Delgado	Linda	rent			1					15			jz	thrift store
10-Sep	11		Chris	school			1					15			jz	NSC
10-Sep	12	Wooten	Joyce	teco			1					15			jz	Camille school pick up
10-Sep	13	Johns	Patricia	teco			1					15			jz	Nativity
11-Sep	14	Flarity	Michael	teco			1					15			jz	Nativity
11-Sep	15	Baker	Tanya	bus tickets			1					15			jz	NSC
12-Sep	16	Homick	Cherie	rent			1					15			jz	Travelers aide
12-Sep	17	Senoir	Judith	mortgage			1					15			jz	NSC
12-Sep	18	Volkle	Vicky	gas				1	1083	75 27		15	10		md	NSC
12-Sep	19	Lamar	Beatrice	teco			1					15			jz	parishioner
12-Sep	20	Truett		housing			1					15			jz	NSC
12-Sep	21	Isler Korbaj	Ann	teco			1					15			jz	nneds apartment
12-Sep	22	Hale	Donna	eviction			1					15			jz	NSC
12-Sep	23	toledo	Iris	teco			1					15			jz	NSC
13-Sep	24		Rob	rent			1					15			jz	out of area/St anns
13-Sep	25	Cameron	Mrs	movers		1						15			jz	
13-Sep	26	Burton	Andrea	rent			1					15			jz	
13-Sep	27	Koontz	Stephanie	teco			1					15			jz	nsc
14-Sep	28	Boyington	Pamela	food			1					15			jz	nsc
14-Sep	29	Calahan	Rebecca	food			1					15			jz	
14-Sep	30	Desmond	Michelle	rent			1					15			jz	
17-Sep	31	McDonald	Dawn	housing			1					15			jz	Nativity
17-Sep	32	Ochling	Angie	rent			1					15			jz	
17-Sep	33	Alaminet	Joe	rent			1					15			jz	
18-Sep	34	Cursey	Diana	teco		1						15			jz	helped this year
18-Sep	35	Cubas	Andral	rent			1					15			jz	NSC
19-Sep	36	Padilla	Trinidad	water			1					15			jz	St Annes
20-Sep	37	Tisan		rent			1					15			jz	Nativity
20-Sep	38	James	Latani	teco			1					15			jz	NSC
20-Sep	39	Anderson	Tania	rent			1					15			jz	NSC
20-Sep	40	Yeshion	Sarah	rent			1					15			jz	NSC
20-Sep	41	Williams	Quitta	teco			1					15			jz	NSC
21-Sep	42	Bonderant	Sherry	food			1					15			md	
21-Sep	43	Hernancez	Maria	rent			1					15			md	
21-Sep	44	Acevado	Virginia	teco			1					15			md	just helped
24-Sep	45	Lovejoy	Carla	rent			1					15			md	helped this year
26-Sep	46	Cruzazo	Yolando	rent			1					15			md	Nativity
26-Sep	47	Sides	Penny				1					15			md	NSC
26-Sep	48	Boster	Trudy	twin with WRC				1		$150		45	10		md	Womens resource Center
Total September 2012					**2**	**2**	**42**	**2**		**$ 225.27**	**$ -**	**750**	**20**			
YTD October 2011 to September 2012				**522**	**72**	**30**	**350**	**271**		**$ 33,002.52**	**$ 645.00**	**14,160**	**1,563**			

YTD October 2011 to September 2012	522	72	30	350	271		$ 33,002.52	$ 645.00	14,160	1,563			

2012 ST. STEPHEN SVDP FOOD PANTRY MONTHLY REPORT SEPTEMBER 2012

2012 Date	Families Served	People Served	Lbs. of Solid Foods	Juices	Bread	Clothes Pieces	Volunteer Hours	Food Gift Cards
Sept. 03	Nativity Pick Up by Dom Cirello. Total of 6 volunteers worked.						12	
Sept. 06	2 Shopping at FATB & RD and stocking food at pantry.						8	
Sept. 07	51	187	1982	229	244	133	88.5	
Sept. 12	2 Shopping at FATB. Both stocked food in pantry						4	
Sept. 13	3 Shopping at Save A Lot. Total of 4 volunteers stocked food in pantry.						13	
Sept. 14	44	157	1622	200	197	83	97.5	
Sept. 17	Nativity Pick Up x Rich & Dennis. Total of 11 volunteers worked .						17.5	
Sept. 19	2 volunteers picked up, weighted, & put away food from school.						4	
Sept. 21	48	171	1896	252	235	155	92.5	
Sept. 26	4 Shopping at RD & FATB. Same 4 volunteers stocked food at pantry.						12	
Sept. 28	43	148	1756	329	200	0	81.75	
MO TOTAL	186	663	7256	1010	876	371	430.75	0
YTD TOTAL	1413	4996	58432	6837	6537	3746	4235	$4,165.00
FYTD TOTAL	2403	8678	88129	8166	8565	4462	6054	$12,235.00

Food weights do not include candy. Bread is entered by number of pieces (packages/packets). Juices are weighed. If given out, water is not weighed.

Fri. Pantry Hrs	360.25
Mon Nativity hrs	29.5
Shopping hrs	37
school pick up	4
TOTAL Hrs.	430.75

Food Purchases for the month of September 2012

Date	Site	Cost	Wt. in Lbs.	CK #
9/06/12	RD	$115.52	200	1078
9/06/12	FATB	$93.42	564	1079
9/12/12	FATB	$98.64	627	1080
9/13/12	SAL	$578.84	617	1081
9/26/12	RD	$53.27	100	1088
9/26/12	FATB	$908.99	2057	1089
	TOTAL:	**$1,848.68**	4165	

RD-Restaurant Depot
FATB-Feeding America Tampa Bay
FATB-Feeding America Tampa Bay
SAL-Save -A-Lot
RD-Restaurant Depot
FATB-Feeding America Tampa Bay

	Families Served	People Served	Lbs. of Solid Foods	Juices	Bread	Clothes Pieces	Volunteer Hours
September 2012	186	663	7256	1010	876	371	431
September 2011	189	688	7306	828	919	391	495
	-3	-25	-50	182	-43	-20	-64

Graciela Langan, Food Pantry Director

EXCELYTD&FY2007-PRESENTFOODPANTRYREPORT XLS

Report for Barbara:

	Families Served	People Served	Lbs. of Solid Foods
September 2012	186	663	7256
September 2011	189	688	7306
	-3	-25	-50

spent shopping = $1,848.68 (shopped 6 times for the month)