

Return of Organization Exempt from Income Tax

2002

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

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

A For the 2002 calendar year, or tax year beginning 10/01, 2002, and ending 9/30, 2003

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

**Society of St Vincent de Paul
Particular Council of San Mateo Incorpor
50 N. B Street
San Mateo, CA 94401-3917**

D Employer Identification Number
94-1375833

E Telephone number
(650) 343-4405

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If 'Yes,' enter number of affiliates: _____

H (c) Are all affiliates included? Yes No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN: 0928

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

G Web site: www.svdop.org

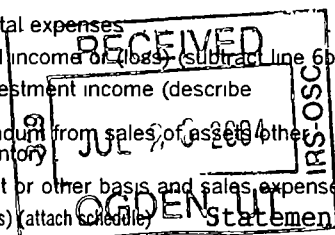
J Organization type (check only one): 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 6,747,365.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	3,145,112.		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 1,753,505. noncash \$ 1,391,607.)	1d		3,145,112.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		22,789.	
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		9,560.	
5 Dividends and interest from securities	5		14,826.	
6a Gross rents	6a			
b Less. rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	52,859.	(B) Other	1,450,000.
b Less. cost or other basis and sales expenses	8a	61,240.	8b	1,345,927.
c Gain or (loss) (attach schedule)	8c	-8,381.	8c	104,073.
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		95,692.	
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ 63,221. of contributions reported on line 1a)	9a			
b Less. direct expenses other than fundraising expenses	9b	34,916.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		-34,916.	
10a Gross sales of inventory, less returns and allowances	10a	2,052,219.		
b Less. cost of goods sold	10b	74,044.		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		1,978,175.	
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,231,238.	
13 Program services (from line 44, column (B))	13		4,590,744.	
14 Management and general (from line 44, column (C))	14		201,346.	
15 Fundraising (from line 44, column (D))	15		196,631.	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		4,988,721.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		242,517.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,497,173.	
20 Other changes in net assets or fund balances (attach explanation)	20	See Statement 4	47,381.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,787,071.	



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals (att sch) St. 5	2,629,457.	2,629,457.		
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	1,190,662.	1,042,529.	44,066.	104,067.
27	Pension plan contributions				
28	Other employee benefits.	209,236.	194,585.	5,392.	9,259.
29	Payroll taxes	103,712.	91,463.	3,554.	8,695.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	848.	848.		
34	Telephone	41,715.	30,991.	8,584.	2,140.
35	Postage and shipping	77,285.	27,122.	9,255.	40,908.
36	Occupancy	110,865.	109,085.	1,441.	339.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventons, and meetings	18,194.	8,474.	6,145.	3,575.
41	Interest	114,579.	51,028.	63,551.	
42	Depreciation, depletion, etc (attach schedule)	94,882.	80,498.	13,329.	1,055.
43	Other expenses not covered above (itemize)				
a	See Statement 6	397,286.	324,664.	46,029.	26,593.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	4,988,721.	4,590,744.	201,346.	196,631.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ See Statement 7	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a See Statement 8	
(Grants and allocations \$ _____)	4,590,744.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	4,590,744.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	135,223.	45	147,551.
	46 Savings and temporary cash investments	1,100,737.	46	1,522,476.
	47a Accounts receivable	47a 2,522.		
	b Less. allowance for doubtful accounts	47b	3,576.	47c 2,522.
	48a Pledges receivable	48a 69,550.		
	b Less allowance for doubtful accounts	48b	190,100.	48c 69,550.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less. allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		55,787.	52 54,438.
	53 Prepaid expenses and deferred charges		59,545.	53 70,556.
	54 Investments — securities (attach schedule) See St 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		251,613.	54 617,307.
	55a Investments — land, buildings, & equipment. basis	55a		
	b Less. accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment. basis	57a 3,081,537.			
b Less: accumulated depreciation (attach schedule) Statement 10	57b 601,208.	3,731,938.	57c 2,480,329.	
58 Other assets (describe See Statement 11)		29,940.	58 53,201.	
59 Total assets (add lines 45 through 58) (must equal line 74)		5,558,459.	59 5,017,930.	
LIABILITIES	60 Accounts payable and accrued expenses		129,576.	60 111,390.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)		1,931,710.	64b 1,119,469.
	65 Other liabilities (describe See Statement 11)			65
	66 Total liabilities (add lines 60 through 65)		2,061,286.	66 1,230,859.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		3,004,478.	67 3,423,784.
	68 Temporarily restricted		492,695.	68 315,866.
	69 Permanently restricted			69 47,421.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		3,497,173.	73 3,787,071.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		5,558,459.	74 5,017,930.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements		a	5,477,928.	a Total expenses and losses per audited financial statements		a	5,188,030.
b Amounts included on line a but not on line 12, Form 990:				b Amounts included on line a but not on line 17, Form 990:			
(1) Net unrealized gains on investments	\$		47,381.	(1) Donated services and use of facilities	\$		164,393.
(2) Donated services and use of facilities	\$		164,393.	(2) Prior year adjustments reported on line 20, Form 990	\$		
(3) Recoveries of prior year grants	\$			(3) Losses reported on line 20, Form 990	\$		
(4) Other (specify):				(4) Other (specify):			
<u>See Stmt 12</u>	\$		34,916.	<u>See Stmt 13</u>	\$		34,916.
Add amounts on lines (1) through (4)		b	246,690.	Add amounts on lines (1) through (4)		b	199,309.
c Line a minus line b		c	5,231,238.	c Line a minus line b		c	4,988,721.
d Amounts included on line 12, Form 990 but not on line a:				d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990	\$			(1) Investment expenses not included on line 6b, Form 990	\$		
(2) Other (specify):				(2) Other (specify):			
-----	\$			-----	\$		
Add amounts on lines (1) and (2)		d		Add amounts on lines (1) and (2)		d	
e Total revenue per line 12, Form 990 (line c plus line d)		e	5,231,238.	e Total expenses per line 17, Form 990 (line c plus line d)		e	4,988,721.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>See Statement 14</u>		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?			X
81a	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.	
81b	b Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X	
82b	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A	
85c	c Dues, assessments, and similar amounts from members	85c	N/A	
85d	d Section 162(e) lobbying and political expenditures	85d	N/A	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	
86a	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12	86a	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a	N/A	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under. section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
89b	b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>California</u>			
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b		49
91	The books are in care of <u>Tony Rouse</u> Telephone number <u>650-343-4405</u> Located at <u>50 N B Street, San Mateo, CA</u> ZIP + 4 <u>94401-3917</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a Low Income Housing Re					18,800.
b SHARE Program					3,989.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . .					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	9,560.	
96 Dividends & interest from securities			14	14,826.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	95,692.	
101 Net income or (loss) from special events					-34,916.
102 Gross profit or (loss) from sales of inventory			5	1,978,175.	
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,098,253.	-12,127.
105 Total (add line 104, columns (B), (D), and (E))					2,086,126.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Rent from providing housing for low income families
93b	SHARE program income is cash collected from families in exchange for food sold at bulk rates. Families unable to pay receive food free.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			
	0%			
	0%			
	0%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Date 7-14-04

Director

Date: 7-14-04
 Check if: Preparer's SSN or PTIN (see General Instruction W)

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2002

Name of the organization **Society of St Vincent de Paul
Particular Council of San Mateo Incorpor** Employer identification number
94-1375833

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Lorraine M Moriarty 50 N. B Street, San Mateo, CA 94401	Executive Direc Full time	68,266.	1,365.	0.
Anthony Rouse 50 N. B Street, San Mateo, CA 94401	Chief Fin Offic Full time	52,520.	1,050.	0.
Loretta A. Pehanich 50 N. B Street, San Mateo, CA 94401	Dir Development Full time	52,520.	1,050.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Fox Hollow Construction 1315 Armstrong Ave, San Francisco, CA 94124	Construction	50,425.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	X	

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,611,647.	1,295,402.	1,265,648.	895,683.	5,068,380.
16 Membership fees received			3,480.	3,720.	7,200.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	2,153,743.	2,109,969.	1,876,835.	1,801,706.	7,942,253.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	38,501.	74,833.	70,111.	112,007.	295,452.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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 the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,803,891.	3,480,204.	3,216,074.	2,813,116.	13,313,285.
24 Line 23 minus line 17	1,650,148.	1,370,235.	1,339,239.	1,011,410.	5,371,032.
25 Enter 1% of line 23	38,039.	34,802.	32,161.	28,131.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 107,421.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 69,738.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 5,371,032.
d Add: Amounts from column (e) for lines: 18 295,452. 19 _____					26d 365,190.
22 _____ 26b 69,738.					26e 5,005,842.
e Public support (line 26c minus line 26d total)					26e 5,005,842.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.20 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) ..	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table –		
If the amount on line 40 is – The lobbying nontaxable amount is –		
Not over \$500,000 .. 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 52,859.
 Cost or Other Basis: 61,240.

Total Gain (Loss) Publicly Traded Securities \$ -8,381.

Other Assets

Description: Real Estate
 Date Acquired: 4/27/1999
 How Acquired: Purchase
 Date Sold: 9/30/2003
 To Whom Sold: Private Party
 Gross Sales Price: 1,450,000.
 Cost or Other Basis: 1,336,666.
 Expenses of Sale: 1,817.
 Depreciation: 0.

Gain (Loss) 111,517.

Description: Auto
 Date Acquired: 1/01/2003
 How Acquired: Donated
 Date Sold: 6/30/2003
 To Whom Sold: St Vincent de Paul Society-Orange Co
 Gross Sales Price: 0.
 Cost or Other Basis: 6,021.
 Depreciation: 0.

Gain (Loss) -6,021.

Description: Compaq Notebook Computer
 Date Acquired: 5/22/2001
 How Acquired: Purchase
 Date Sold: 8/31/2003
 To Whom Sold: None
 Gross Sales Price: 0.
 Cost or Other Basis: 1,423.
 Depreciation: 0.

Gain (Loss) -1,423.

Total Gain (Loss) Other Assets \$ 104,073.

Total Net Gain (Loss) From Noninventory Sales \$ 95,692.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
St Vincent de Paul Auxiliary Events	63,221.	63,221.	0.	34,916.	-34,916.
Total	<u>\$ 63,221.</u>	<u>\$ 63,221.</u>	<u>\$ 0.</u>	<u>\$ 34,916.</u>	<u>\$ -34,916.</u>

Statement 3
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Auto Sales	\$ 258,540.
Free Distribution	263,303.
Store Sales	1,530,376.
Gross Sales	<u>\$ 2,052,219.</u>
Less Returns & Allowances	0.
Net Sales	<u>\$ 2,052,219.</u>
Less Cost Of Goods Sold	74,044.
Gross Profit From Sales Of Inventory	<u>\$ 1,978,175.</u>

Statement 4
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized Gains on Investments	\$ 47,381.
Total	<u>\$ 47,381.</u>

Statement 5
Form 990, Part II, Line 23
Specific Assistance to Individuals

Food, Shelter and Clothing	\$ 2,629,457.
Total	<u>\$ 2,629,457.</u>

Statement 6
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising & Public Relations	31,644.	23,164.		8,480.
Donations	17,066.	14,566.	2,500.	
Dues, Extension & Renewal	12,244.	2,019.	10,225.	
Dump Fees	37,326.	37,326.		

Client 4S002

Society of St Vincent de Paul
Particular Council of San Mateo Incorpor

94-1375833

7/14/04

10.13AM

Statement 6 (continued)
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Event Expenses	10,050.	684.		9,366.
Insurance	65,218.	54,122.	9,933.	1,163.
Licenses & Fees	23,609.	21,929.	1,505.	175.
Maintenance - Building	14,897.	14,044.	663.	190.
Other	22,683.	22,198.	-25.	510.
Payroll Service	5,002.	4,609.	146.	247.
Professional Expenses	40,609.	16,465.	18,094.	6,050.
Property Taxes	2,189.	1,836.	353.	
Utilities	49,417.	47,771.	1,646.	
Vehicle Expense	65,332.	63,931.	989.	412.
Total	<u>\$ 397,286.</u>	<u>\$ 324,664.</u>	<u>\$ 46,029.</u>	<u>\$ 26,593.</u>

Statement 7
Form 990, Part III
Organization's Primary Exempt Purpose

To provide assistance to needy individuals and families in San Mateo County

Statement 8
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Emergency aid to needy individuals and families for food, clothing, shelter, rent and other basic necessities. Those served are residents of San Mateo County, the working poor, the incarcerated, and individuals in institutions. 40,805 unduplicated individuals were assisted 172,307 times. Greater detail provided in the attached schedule.		2,764,922.
Operating expenses of four outlet (thrift) stores and a vehicle lot in San Mateo County, which provide free merchandise and vehicles to the needy and offer reasonably priced items to the general public. Of this amount, items worth \$263,303 were given free to the needy. Greater detail provided in the attached schedule.		1,825,822.
	<u>\$ 0.</u>	<u>\$ 4,590,744.</u>

Statement 9
Form 990, Part IV, Line 54
Investments - Securities

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
Equity Securities	Market Value	\$ 395,888.
	Total	\$ 395,888.
<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
Corporate Bonds	Market Value	182,729.
	Total	\$ 182,729.
<u>U.S. Government Obligations</u>	<u>Valuation Method</u>	<u>Amount</u>
US Treasuries	Market Value	38,690.
	Total	\$ 38,690.
Total Investments - Securities		<u>\$ 617,307.</u>

Statement 10
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Automobiles / Transportation Equipment	\$ 253,628.	\$ 160,749.	\$ 92,879.
Furniture and Fixtures	92,121.	77,499.	14,622.
Buildings	1,940,631.	321,977.	1,618,654.
Improvements	57,867.	40,983.	16,884.
Land	737,290.		737,290.
Total	<u>\$ 3,081,537.</u>	<u>\$ 601,208.</u>	<u>\$ 2,480,329.</u>

Statement 11
Form 990, Part IV, Line 58
Other Assets

Present value of interest in CRT	\$ 53,201.
Total	<u>\$ 53,201.</u>

Statement 12
Form 990, Part IV-A, Line b(4)
Other Amounts

Event expenses		\$ 34,916.	
	Total	\$	<u>34,916.</u>

Statement 13
Form 990, Part IV-B, Line b(4)
Other Amounts

Event expenses		\$ 34,916.	
	Total	\$	<u>34,916.</u>

Statement 14
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Edward Watson 50 N B Street San Mateo, CA 94401	President 1 to 4 Hours	\$ 0.	\$ 0.	\$ 0.
Charles McLaughlin 50 N B Street San Mateo, CA 94401	Vice-President 1 to 4 Hours	0.	0.	0.
Ann Cole 50 N B Street San Mateo, CA 94401	Treasurer/Secre 1 to 4 Hours	0.	0.	0.
Bill Murphy 50 N B Street San Mateo, CA 94401	1 to 4 Hours	0.	0.	0.
Roger Hagman 50 N B Street San Mateo, CA 94401	1 to 4 Hours	0.	0.	0.
Tom Quinn 50 N B Street San Mateo, CA 94401	1 to 4 Hours	0.	0.	0.
Don Wright 50 N B Street San Mateo, CA 94401	1 to 4 Hours	0.	0.	0.
Joan Ryan 50 N B Street San Mateo, CA 94401	1 to 4 Hours	0.	0.	0.

Statement 14 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Reggie Pomicpic 50 N B Street San Mateo, CA 94401	1 to 4 Hours	\$ 0.	\$ 0.	\$ 0.
Deborah Payne 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Albert Serrato 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Joseph Marchetti 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
James Casey 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Judy Miller 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Rev. Dave Ghiorso 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Lisa Hernandez 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
John Keller 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Allen McIntyre 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Katherine Murray 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Lawrence Nejmich 50 N B Street San Mateo, CA 94401	1 to 4 Hours		0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

SOCIETY OF ST. VINCENT DE PAUL,
PARTICULAR COUNCIL OF SAN MATEO COUNTY, INC.
94-1375833

Statement 8
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Volunteer members called Vincentians served 40,805 unduplicated individuals 172,307 times. Administrative and fundraising costs were 8.4%, thanks to 1,015 volunteer members (most of who are clustered into 33 working groups known as Conferences) who gave more than 119,000 hours of service last year alone.

Qualifying recipients are needy families and individuals of all backgrounds regardless of race, color, creed, age, disability, gender, criminal justice or legal status who request help or have been referred for help. Every area of San Mateo County receives service, with assistance available to all county residents. We serve as a safety net when all other resources are exhausted.

We visited in the homes of the poor 10,488 times, serving 32,924 unduplicated individuals including 18,365 children. After an interview, these people received free assistance with food, clothing, furniture, rent payments, utility payments, and other basic necessities. The main office assisted the volunteer members throughout the county with staff support, funding as needed, and networking among the 33 working groups.

Three homeless help centers assisted 3,199 unduplicated homeless individuals. These people received 74,680 instances of service through meals, food, clothing, laundry, gas, bus fare, medicine, personal necessities, fees to enter substance abuse centers, shelter or motel vouchers and other basic necessities. Referrals were also provided for shelter, jobs, mental health services and for other resources.

A full-time jail chaplain and 46 volunteers visited 3,800 unduplicated incarcerated individuals 9,420 times. The jail chaplain and Vincentians made one-on-one visits to jail inmates to encourage positive lifestyle changes, cared for families and victims of crimes, and offered support to ex-offenders after release. Members presided at religious services, led scripture studies and offered centering prayer experiences for interested inmates.

SVDP's Catherine's Center offers a safe, supportive, housing program for six women at a time that were previously incarcerated. Residents are given 24 hour attention while they learn and transition to making healthier life choices.

In rest homes, hospitals and other similar institutions, 882 individuals were visited 3,529 times. In appropriate instances, members arranged religious and recreational activities for these institutionalized persons. In one rest home, a Vincentian choir entertains regularly.

Four outlet (thrift) stores and a vehicle lot offer rehabilitation employment, free merchandise to the needy and reasonably priced merchandise to the general public. Income from sales of donated second-hand merchandise and vehicles from the general public supports this. Items are sold at reasonable prices, making it possible for the needy to stretch their income. Community residents who shop in the stores contribute to the net income that is used to further support programs serving the needy. From this program alone, some \$263,303 worth of merchandise and vehicles was given free to needy families and individuals, including the homeless and ex-offenders.

0307

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions.	Name of Exempt Organization SOCIETY OF ST. VINCENT DE PAUL PARTICULAR COUNCIL OF SAN MATEO COUNTY	Employer identification number 94-1375833
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 N. B STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN MATEO, CA 94401-3917	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 16, 2004**

5 For calendar year _____, or other tax year beginning **OCT 1, 2002** and ending **SEP 30, 2003**

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO COMPLETE THE ANNUAL AUDIT TO ENABLE THE TAXPAYER TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Noel McNabola* Title **CPA** Date **5/11/04**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an addi different than the one entered above.

Type or print	Name W. NOEL MCNABOLA, CPA - FOR SVDP SAN MATEO
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 50 FRANCISCO STREET, SUITE 120
	City or town, province or state, and country (including postal or ZIP code) SAN FRANCISCO, CA 94133-2107

EXTENSION APPROVED

MAY 2 2004

LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

OGDEN, UT

ENVELOPE
MAY 11 2004
POSTMARK DATE