

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 10/01, 2004, and ending 9/30, 2005

- 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).

G Web site: www.svdop.org/sanmateo

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.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

I Group Exemption Number 0928

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 5,671,150.

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, sales of assets, special events, inventory, and other revenue. Total revenue is 5,456,455.

SCANNED JUL 10 2006

EXPENSES

RECEIVED

MAY 2 2006

OGDEN, UT

26

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 \$ _____)	22				
23	Specific assistance to individuals (att sch) St 4	2,745,560.	2,745,560.			
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	1,423,442.	1,264,974.	29,757.	128,711.	
27	Pension plan contributions	27				
28	Other employee benefits	380,419.	360,651.	5,546.	14,222.	
29	Payroll taxes	127,372.	113,978.	2,399.	10,995.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	26,850.	15,911.	635.	10,304.	
34	Telephone	47,931.	41,718.	1,856.	4,357.	
35	Postage and shipping	24,845.	12,103.	740.	12,002.	
36	Occupancy	114,809.	113,713.	724.	372.	
37	Equipment rental and maintenance	37				
38	Printing and publications	37,496.	16,115.	1,117.	20,264.	
39	Travel	6,237.	5,119.	524.	594.	
40	Conferences, conventions, and meetings	7,858.	6,449.	660.	749.	
41	Interest	28,124.	28,124.			
42	Depreciation, depletion, etc (attach schedule)	104,393.	90,156.	12,781.	1,456.	
43	Other expenses not covered above (itemize)	43				
a	See Statement 5	43a	482,999.	357,760.	50,848.	74,391.
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	5,558,335.	5,172,331.	107,587.	278,417.	

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? <input type="checkbox"/> See Statement 6	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a See Statement 7	
(Grants and allocations \$ _____)	5,172,331.
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)	5,172,331.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year		
ASSETS	45 Cash — non-interest-bearing		125,005.	45	93,240.	
	46 Savings and temporary cash investments		765,001.	46	731,253.	
	47 a Accounts receivable	47 a	2,456.			
	b Less. allowance for doubtful accounts	47 b		2,586.	47 c	2,456.
	48 a Pledges receivable	48 a	2,000.			
	b Less. allowance for doubtful accounts	48 b		35,200.	48 c	2,000.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51 a Other notes & loans receivable (attach sch)	51 a				
	b Less. allowance for doubtful accounts	51 b			51 c	
	52 Inventories for sale or use			32,715.	52	31,106.
	53 Prepaid expenses and deferred charges			74,515.	53	101,427.
	54 Investments — securities (attach schedule) See St 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			754,923.	54	806,913.
	55 a Investments — land, buildings, & equipment. basis	55 a				
	b Less accumulated depreciation (attach schedule)	55 b			55 c	
	56 Investments — other (attach schedule)				56	
	57 a Land, buildings, and equipment: basis	57 a	3,128,780.			
	b Less. accumulated depreciation (attach schedule) Statement 9	57 b	725,991.	2,468,738.	57 c	2,402,789.
	58 Other assets (describe ▶ _____)				58	
59 Total assets (add lines 45 through 58) (must equal line 74)			4,258,683.	59	4,171,184.	
LIABILITIES	60 Accounts payable and accrued expenses		136,462.	60	165,966.	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a Tax-exempt bond liabilities (attach schedule)				64 a	
	b Mortgages and other notes payable (attach schedule) See Statement 10			334,247.	64 b	295,769.
	65 Other liabilities (describe ▶ _____)				65	
66 Total liabilities (add lines 60 through 65)			470,709.	66	461,735.	
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		3,347,547.	67	3,306,035.	
	68 Temporarily restricted		379,931.	68	324,932.	
	69 Permanently restricted		60,496.	69	78,482.	
	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)			3,787,974.	73	3,709,449.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)			4,258,683.	74	4,171,184.

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.)

a	Total revenue, gains, and other support per audited financial statements	a	5,594,810.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$ 23,355.		
(2)	Donated services and use of facilities \$ 115,000.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify). ----- \$		
	Add amounts on lines (1) through (4)	b	138,355.
c	Line a minus line b	c	5,456,455.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify). ----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,456,455.

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

a	Total expenses and losses per audited financial statements	a	5,673,335.
b	Amounts included on line a but not on line 17, Form 990.		
(1)	Donated services and use of facilities \$ 115,000.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify). ----- \$		
	Add amounts on lines (1) through (4)	b	115,000.
c	Line a minus line b	c	5,558,335.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify). ----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,558,335.

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
See Statement 11		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 and indirect political expenditures. See line 81 instructions	81a	0.
81b	b Did the organization file Form 1120-POL for this year?		X
82a	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	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	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	85 501(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	86 501(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	87 501(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	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	89a 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.		
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	89b	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	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, 2004 (See instructions.)	90b	56
91	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	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here 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					10,800.
b					
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	669.	
96 Dividends & interest from securities			14	30,428.	
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			1	2,467.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			5	2,045,750.	
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,079,314.	10,800.
105 Total (add line 104, columns (B), (D), and (E))					2,090,114.

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

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				

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).

Please Sign Here

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

Signature of officer: *Lorraine Moriarty* Date: 5-18-06

Lorraine Moriarty, Executive Director

Paid Preparer's Use Only

Preparer's signature: *W. Noel McNabola* Date: 5/18/06

Firm's name (or yours if self-employed), address, and ZIP + 4: Pohl, McNabola, Berg & Company LLP, 50 Francisco Street, Suite 120, San Francisco, CA 94133-2108

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

EIN: N/A Phone no: 415-399-1330

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

2004

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
<u>Lorraine M Moriarty</u> ----- 50 N. B Street, San Mateo, CA 94401	Executive Direc Full time	79,644.	1,593.	0.
<u>Anthony Rouse</u> ----- 50 N. B Street, San Mateo, CA 94401	Chief Fin Offic Full time	58,820.	1,176.	0.
<u>Loretta A. Pehanich</u> ----- 50 N. B Street, San Mateo, CA 94401	Dir Development Full time	54,281.	0.	0.
<u>Oscar Perez</u> ----- 50 N. B Street, San Mateo, CA 94401	Store Oper Mngr Full time	55,836.	1,082.	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
<u>None</u> -----		

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>3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,838,118.	1,874,055.	1,610,247.	1,295,402.	6,617,822.
16 Membership fees received					
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	1,846,708.	1,788,916.	2,153,743.	2,109,969.	7,899,336.
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	27,113.	24,386.	38,501.	74,833.	164,833.
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	3,711,939.	3,687,357.	3,802,491.	3,480,204.	14,681,991.
24 Line 23 minus line 17	1,865,231.	1,898,441.	1,648,748.	1,370,235.	6,782,655.
25 Enter 1% of line 23	37,119.	36,874.	38,025.	34,802.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	135,653.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	110,481.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	6,782,655.
d Add. Amounts from column (e) for lines.	18 164,833. 19	26d	275,314.
	22 110,481. 26b	26e	6,507,341.
e Public support (line 26c minus line 26d total)		26f	95.94 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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.	(2003) _____	(2002) _____	(2001) _____
	(2000) _____		
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.	(2003) _____	(2002) _____	(2001) _____
	(2000) _____		
c Add. Amounts from column (e) for lines.	15 _____	16 _____	17 _____
	20 _____	21 _____	27c _____
d Add Line 27a total _____ and line 27b total _____			27d _____
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 2000 through 2003, 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 –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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) 2004	(b) 2003	(c) 2002	(d) 2001	(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:

- 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.)

Yes	No	Amount

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: 108,264.
 Cost or Other Basis: 107,494.

Total Gain (Loss) Publicly Traded Securities \$ 770.

Other Assets

Description: Retired Auto - 95 Buick Regal Sedan
 Date Acquired: 1/01/2004
 How Acquired: Purchase
 Date Sold: 9/30/2005
 To Whom Sold:
 Gross Sales Price: 1,950.
 Cost or Other Basis: 3,022.
 Gain (Loss) -1,072.

Description: Retired Auto - 86 Chev Van
 Date Acquired: 10/31/2003
 How Acquired: Purchase
 Date Sold: 9/30/2005
 To Whom Sold:
 Gross Sales Price: 900.
 Cost or Other Basis: 166.
 Gain (Loss) 734.

Description: Retired Auto - 92 Mercury Sable
 Date Acquired: 3/01/2001
 How Acquired: Purchase
 Date Sold: 9/30/2005
 To Whom Sold:
 Gross Sales Price: 1,200.
 Cost or Other Basis: 0.
 Gain (Loss) 1,200.

Description: Retired Auto - 92 Dodge Caravan
 Date Acquired: 10/01/2002
 How Acquired: Purchase
 Date Sold: 9/30/2005
 To Whom Sold:
 Gross Sales Price: 1,700.
 Cost or Other Basis: 865.
 Gain (Loss) 835.

Total Gain (Loss) Other Assets \$ 1,697.

Total Net Gain (Loss) From Noninventory Sales \$ 2,467.

Statement 2
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Auto Sales	\$ 257,448.
Free Distribution	299,940.
Store Sales	1,591,510.
Gross Sales	<u>\$ 2,148,898.</u>
Less Returns & Allowances	<u>0.</u>
Net Sales	<u>\$ 2,148,898.</u>
Less Cost Of Goods Sold	<u>103,148.</u>
Gross Profit From Sales Of Inventory	<u><u>\$ 2,045,750.</u></u>

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized Gains on Investments	\$ 23,355.
Total	<u><u>\$ 23,355.</u></u>

Statement 4
Form 990, Part II, Line 23
Specific Assistance to Individuals

Food, Shelter and Clothing	\$ 2,445,620.
Free Distribution from Stores	299,940.
Total	<u><u>\$ 2,745,560.</u></u>

Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
Advertising & Public Relations	13,840.	6,663.		7,177.
Catherine Center	12,136.			12,136.
Donations	14,963.	13,963.	1,000.	
Dues, Extension & Renewal	13,372.	11,342.	2,030.	
Dump Fees	33,373.	33,373.		
Insurance	79,419.	72,928.	3,827.	2,664.
Licenses & Fees	25,708.	23,646.	1,704.	358.
Maintenance - Building	18,762.	17,094.	846.	822.
Other	37,443.	36,525.	328.	590.
Other Events	43,664.		9,370.	34,294.
Payroll Service	4,642.	4,426.	35.	181.
Professional Expenses	57,508.	13,356.	29,902.	14,250.
Property Taxes	2,481.	2,258.	113.	110.
Utilities	56,082.	53,836.	864.	1,382.
Vehicle Expense	69,606.	68,350.	829.	427.
Total	<u><u>\$ 482,999.</u></u>	<u><u>\$ 357,760.</u></u>	<u><u>\$ 50,848.</u></u>	<u><u>\$ 74,391.</u></u>

Statement 6
Form 990, Part III
Organization's Primary Exempt Purpose

Person to person emergency and other help is offered through visits to homes, three homeless centers, four stores, jail ministry, transitional housing and more.

Statement 7
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses		
<p>As a safety net when all other resources are exhausted, the Society of St. Vincent de Paul helped 46,210 distinct individuals of all backgrounds, regardless of race, color, creed, age, disability, gender, criminal justice status, based on verified need. In FY 2005 SVdP provided 308,040 instances of service. Persons in any area of San Mateo County were eligible to receive help. 128,050 hours of service were given by 1,031 volunteers who helped 1 out of every 15 residents of the county (6.5% of 707,161 residents.) Of the 46,210 individuals aided, 21,500 were children. The county's core service providers and other nonprofit groups made referrals, and clients also found SVdP by word of mouth. These services are divided into three program areas as follows:</p> <p>DISTRICT COUNCIL ACTIVITIES:</p> <p>Our centralized assistance office coordinated emergency service to all areas of the county and facilitated moving resources from one part of the county to another as needed, particularly for eviction prevention. In addition to help with food and basic necessities within 24 hours of request, the District Council provided aid to prevent homelessness, primarily through rental and utility assistance.</p> <p>Three homeless help centers assisted 3,020 distinct homeless individuals. They received 56,930 instances of service (food, clothing, laundry, gas, bus fare, payment of union dues, work boots, medicine, mail service, phone use, fees to enter substance abuse centers, shelter or motel vouchers and other basics). Referrals were provided for jobs, mental health services and for other resources.</p> <p>A service learning program for youth involved some 40 youth groups and schools in projects which helped the needy and educated students to the needs around them.</p> <p>A full-time jail chaplain and 48 volunteers visited 3,520 distinct incarcerated individuals 7,250 times. One-on-one visits encouraged positive lifestyle changes. Volunteers with the Restorative Justice program also cared for families and victims of crimes, and offered ex-offenders support after release. Members listened, held religious services, led scripture studies and offered centering prayer experiences for interested inmates.</p>				

Statement 7 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>SVdP's Catherine's Center offered a safe, supportive, housing program for women who were previously incarcerated. The facility housed six residents at a time, who received 24 hour attention while they learned to make healthier life choices. Women who have participated in the program have received ongoing support as needed. A satellite model was set up for previously incarcerated women who were not program residents.</p>		
<p>The Disaster Preparedness Committee empowered people to be ready for self and family care as the first step in disaster readiness. The second step offered volunteers expertise, training and supplies to aid in a potential disaster.</p>		
<p>The Voice of the Poor Committee educated members and the public about the plight of the poor. Time was devoted to building stronger collaborations with organizations who also care for the poor.</p>		1,151,226.
<p>CONFERENCE ACTIVITIES: Volunteer members personally made 11,300 home visits to the poor and families in crisis in San Mateo County. Emergency food, clothing, furniture, household items, rent, utility payments and other basic necessities were provided via 34 small working groups, or conferences. Those served included the working poor and people in institutions. Other Conference activities included extensive holiday food and gift programs at Thanksgiving, Christmas, and Easter. Child assistance programs offered back to school clothes, summer camp assistance and more. Conference members, known as Vincentians, visited 1,090 individuals 4,370 times in rest homes and hospitals. When appropriate, members arranged religious, musical and recreational activities for institutionalized persons. Members also offered a weekly dinner in East Palo Alto.</p>		1,956,186.
<p>STORES ACTIVITIES: Income from selling donated items to the public in four outlet (thrift) stores and a vehicle lot for donated vehicles supported rehabilitative employment, transitional job opportunities, mentoring and a system for giving free merchandise to the needy. From this program alone, \$299,940 worth of goods, including vehicles, was given without cost to needy families and individuals. Items not given away were sold at reasonable prices, making it possible for low income individuals and the general public to stretch their income. The operation diverted useful materials from landfills by creating a convenient way for donors to get items picked up and recycled. Net store and vehicle lot income supported other programs serving the needy.</p>		2,064,919.
	\$ 0.	<u>\$5,172,331.</u>

Statement 11
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
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	2nd Vice Pres 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.
William Murphy 50 N B Street San Mateo, CA 94401	Stores/Workshop 1 to 4 Hours	0.	0.	0.
Roger Hagman 50 N B Street San Mateo, CA 94401	Restorative Jus 1 to 4 Hours	0.	0.	0.
Robert & Judy Carlson 50 N B Street San Mateo, CA 94401	Development/PR 1 to 4 Hours	0.	0.	0.
Don Wright 50 N B Street San Mateo, CA 94401	Disaster Prepar 1 to 4 Hours	0.	0.	0.
Joan Ryan 50 N B Street San Mateo, CA 94401	1st Vice Pres 1 to 4 Hours	0.	0.	0.
Reggie Pomicpic 50 N B Street San Mateo, CA 94401	Homelessness 1 to 4 Hours	0.	0.	0.
Deborah Payne 50 N B Street San Mateo, CA 94401	Voice of Poor 1 to 4 Hours	0.	0.	0.
Martin Duda 50 N B Street San Mateo, CA 94401	Extn & Renewal 1 to 4 Hours	0.	0.	0.
Joseph Marchetti 50 N B Street San Mateo, CA 94401	Council Affairs 1 to 4 Hours	0.	0.	0.

Statement 11 (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
James Casey 50 N B Street San Mateo, CA 94401	Personnel 1 to 4 Hours	\$ 0.	\$ 0.	\$ 0.
Donna Wright 50 N B Street San Mateo, CA 94401	Auxiliary 1 to 4 Hours		0.	0.
Rev. Dave Ghorso 50 N B Street San Mateo, CA 94401	Spiritual Advis 1 to 4 Hours		0.	0.
Robert Andrews 50 N B Street San Mateo, CA 94401	At Large 1 to 4 Hours		0.	0.
John Keller 50 N B Street San Mateo, CA 94401	At Large 1 to 4 Hours		0.	0.
Melody McLaughlin 50 N B Street San Mateo, CA 94401	At Large 1 to 4 Hours		0.	0.
Katherine Murray 50 N B Street San Mateo, CA 94401	Auxiliary 1 to 4 Hours		0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 8
Form 990, Part IV, Line 54
Investments - Securities

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
Equity Securities	Market Value	\$ 507,044.
	Total	\$ 507,044.
<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
Corporate Bonds	Market Value	249,763.
	Total	\$ 249,763.
<u>U.S. Government Obligations</u>	<u>Valuation Method</u>	<u>Amount</u>
US Treasuries	Market Value	50,106.
	Total	\$ 50,106.
Total Investments - Securities		<u>\$ 806,913.</u>

Statement 9
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	\$ 288,490.	\$ 182,705.	\$ 105,785.
Furniture and Fixtures	89,294.	62,235.	27,059.
Buildings	1,952,657.	426,872.	1,525,785.
Improvements	61,049.	54,179.	6,870.
Land	737,290.		737,290.
Total	<u>\$ 3,128,780.</u>	<u>\$ 725,991.</u>	<u>\$ 2,402,789.</u>

Statement 10
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

<u>Mortgages Payable</u>	<u>Balance Due</u>
Bank of America	\$ 295,769.
Total	<u>\$ 295,769.</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization Society of St Vincent de Paul, Particular Council of San Mateo Incorpor	Employer identification number 94-1375833
	Number, street, and room or suite number. If a P O box, see instructions 50 N. B Street	
	City, town or post office. For a foreign address, see instructions San Mateo, CA 94401-3917	state ZIP code

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

- The books are in the care of ▶ Tony Rouse

Telephone No. ▶ 650-343-4405 FAX No. ▶ _____

- 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20__ or

▶ tax year beginning 10/01, 20 04, and ending 9/30, 20 05.

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

3a 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. \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. 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. \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box
- 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	Name of Exempt Organization Society of St Vincent de Paul, Particular Council of San Mateo Incorpor	Employer identification number 94-1375833
	Number, street, and room or suite number. If a P.O. box, see instructions 50 N. B Street	For IRS use only
File by the extended due date for filing the return. See instructions	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-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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

- The books are in care of Tony Rouse
Telephone No. 650-343-4405 FAX No. _____
- 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 organizations four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 8/15, 2006.
- For calendar year _____, or other tax year beginning 10/01, 2004, and ending 9/30, 2005.
- If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

- 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. \$ _____
- 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. \$ _____
- 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. \$ _____

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 Nelle Nabel Title Executive Director CPA Date 5/11/06

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 filed 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 a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Pohl, McNabola, Berg & Company LLP
	Number and street (include suite, room, or apartment number) 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 94133-2108