

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 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

- 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? 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

G Web site: www.svdop.org/sanmateo

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

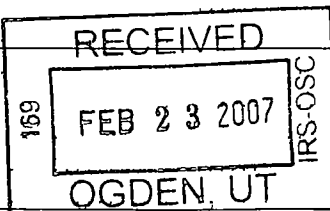
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 5,826,845.

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

SCANNED MAR 12 2007

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



C-15-18 21

**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 \$ _____)  If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch) St. 4	23	2,441,159.	2,441,159.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	84,358.	75,774.	1,626.	6,958.
26 Other salaries and wages	26	1,408,675.	1,265,338.	27,146.	116,191.
27 Pension plan contributions	27				
28 Other employee benefits	28	367,814.	351,765.	5,407.	10,642.
29 Payroll taxes	29	131,659.	119,099.	2,311.	10,249.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	26,522.	24,246.	616.	1,660.
34 Telephone	34	44,693.	40,328.	960.	3,405.
35 Postage and shipping	35	29,681.	4,744.	709.	24,228.
36 Occupancy	36	116,142.	115,100.	669.	373.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	56,017.	12,646.	1,159.	42,212.
39 Travel	39	4,814.	4,061.	210.	543.
40 Conferences, conventions, and meetings	40	9,161.	6,763.	774.	1,624.
41 Interest	41	24,567.	24,567.		
42 Depreciation, depletion, etc (attach schedule)	42	101,025.	87,158.	12,347.	1,520.
43 Other expenses not covered above (itemize)					
a See Statement 5	43a	542,676.	414,972.	41,196.	86,508.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	5,388,963.	4,987,720.	95,130.	306,113.

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 \$ \_\_\_\_\_

BAA

**Part III Statement of Program Service Accomplishments**

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.

What is the organization's primary exempt purpose? ▶ See Statement 6  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

<p>a <u>See Statement 7</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>4,987,720.</p>
<p>b</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶</p>	<p><b>4,987,720.</b></p>

BAA

Form 990 (2005)

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
ASSETS	<b>45</b> Cash – non-interest-bearing	93,240.	<b>45</b>	120,664.
	<b>46</b> Savings and temporary cash investments	731,253.	<b>46</b>	772,800.
	<b>47a</b> Accounts receivable	<b>47a</b> 84,650.		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	2,456.	<b>47c</b> 84,650.
	<b>48a</b> Pledges receivable	<b>48a</b> 39,500.		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	2,000.	<b>48c</b> 39,500.
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use		31,106.	<b>52</b> 27,524.
	<b>53</b> Prepaid expenses and deferred charges		101,427.	<b>53</b> 121,024.
	<b>54</b> Investments – securities (attach schedule) See St 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		806,913.	<b>54</b> 762,212.
	<b>55a</b> Investments – land, buildings, & equipment basis <b>b</b> Less accumulated depreciation (attach schedule)	<b>55a</b>		
<b>55b</b>			<b>55c</b>	
<b>56</b> Investments – other (attach schedule)			<b>56</b>	
<b>57a</b> Land, buildings, and equipment basis		<b>57a</b> 3,240,852.		
<b>b</b> Less accumulated depreciation (attach schedule) <b>Statement 9</b>	<b>57b</b> 804,162.	2,402,789.	<b>57c</b> 2,436,690.	
<b>58</b> Other assets (describe ▶ )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58		4,171,184.	<b>59</b> 4,365,064.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses		165,966.	<b>60</b> 195,391.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) <b>See Statement 10</b>		295,769.	<b>64b</b> 253,733.
	<b>65</b> Other liabilities (describe ▶ )		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65		461,735.	<b>66</b> 449,124.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		3,306,035.	<b>67</b> 3,437,831.
	<b>68</b> Temporarily restricted		324,932.	<b>68</b> 384,327.
	<b>69</b> Permanently restricted		78,482.	<b>69</b> 93,782.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		3,709,449.	<b>73</b> 3,915,940.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		4,171,184.	<b>74</b> 4,365,064.

BAA

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	5,715,454.
<b>b</b>	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	<b>b1</b>	31,569.	
	2 Donated services and use of facilities	<b>b2</b>	120,000.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	151,569.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	5,563,885.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,563,885.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	5,508,963.
<b>b</b>	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	<b>b1</b>	120,000.	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	120,000.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	5,388,963.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,388,963.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
See Statement 11		84,358.	1,598.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				





**Part VII Analysis of Income-Producing Activities** (See the 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					4,500.
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	2,448.	
96 Dividends & interest from securities			14	44,823.	
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	32,722.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			5	2,015,000.	
103 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,094,993.	4,500.
105 Total (add line 104, columns (B), (D), and (E))					2,099,493.

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 the 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 the 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 the 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: Ann G. Cole Date: 2/15/07

Type or print name and title: Ann G. Cole, Treasurer

Paid Preparer's Use Only

Preparer's signature: W. Noel McNabola Date: 2/14/07

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 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

**2005**

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
See Statement 12		219,502.	3,379.	0.
Total number of other employees paid over \$50,000	0			

**Part II - A 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
None		
Total number of others receiving over \$50,000 for professional services	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> 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><b>2</b> 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 style="text-align: center;">See Statement 13</p> <p><b>a</b> Sale, exchange, or leasing of property?</p>		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?	X	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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 )		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,992,721.	1,838,118.	1,874,055.	1,610,247.	7,315,141.
<b>16</b> Membership fees received					0.
<b>17</b> 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	1,831,031.	1,846,708.	1,788,916.	2,153,743.	7,620,398.
<b>18</b> 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	31,097.	27,113.	24,386.	38,501.	121,097.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> 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.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
<b>23</b> Total of lines 15 through 22	3,854,849.	3,711,939.	3,687,357.	3,802,491.	15,056,636.
<b>24</b> Line 23 minus line 17	2,023,818.	1,865,231.	1,898,441.	1,648,748.	7,436,238.
<b>25</b> Enter 1% of line 23	38,548.	37,119.	36,874.	38,025.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	<b>26a</b>	148,725.
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	67,685.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	7,436,238.
<b>d</b> Add. Amounts from column (e) for lines:	<b>18</b> 121,097. <b>19</b>	<b>26d</b>	188,782.
	<b>22</b> 67,685. <b>26b</b>	<b>26e</b>	7,247,456.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26f</b>	97.46 %
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

<b>27 Organizations described on line 12:</b>	N/A			
<b>a</b> 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.	(2004) _____	(2003) _____	(2002) _____	(2001) _____
<b>b</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 11b, 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.	(2004) _____	(2003) _____	(2002) _____	(2001) _____
<b>c</b> Add. Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____	<b>17</b> _____	<b>20</b> _____
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____	<b>27c</b> _____
<b>d</b> Add. Line 27a total _____ and line 27b total _____				<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)				<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		<b>27f</b> _____		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.) ----- ----- -----		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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 ) ----- -----		
33a	33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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	34a Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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	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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

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: 174,329.  
 Cost or Other Basis: 148,057.

Total Gain (Loss) Publicly Traded Securities \$ 26,272.

Other Assets

Description: Retired Auto - 97 Buick Regal Sedan  
 Date Acquired: 4/01/2004  
 How Acquired: Purchase  
 Date Sold: 9/30/2006  
 To Whom Sold:  
 Gross Sales Price: 4,000.  
 Cost or Other Basis: 1,525.

Gain (Loss) 2,475.

Description: Retired Auto - 96 Plymouth Truck Grand V  
 Date Acquired: 10/31/2003  
 How Acquired: Purchase  
 Date Sold: 9/26/2006  
 To Whom Sold:  
 Gross Sales Price: 2,505.  
 Cost or Other Basis: 0.

Gain (Loss) 2,505.

Description: Retired Auto - 97 Toyota Camry  
 Date Acquired: 2/01/2005  
 How Acquired: Purchase  
 Date Sold: 2/07/2006  
 To Whom Sold:  
 Gross Sales Price: 4,675.  
 Cost or Other Basis: 3,205.

Gain (Loss) 1,470.

Total Gain (Loss) Other Assets \$ 6,450.

Total Net Gain (Loss) From Noninventory Sales \$ 32,722.

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

Auto Sales	\$ 202,442.
Free Distribution	272,276.
Store Sales	1,650,455.
Gross Sales	<u>\$ 2,125,173.</u>
Less Returns & Allowances	0.
Net Sales	\$ 2,125,173.
Less Cost Of Goods Sold	110,173.

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

Gross Profit From Sales Of Inventory \$ 2,015,000.

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

Unrealized Gains on Investments Total \$ 31,569.  
\$ 31,569.

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

Food, Shelter and Clothing \$ 2,168,883.  
 Free Distribution from Stores 272,276.  
 Total \$ 2,441,159.

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

	<u>(A)</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
	Total	Program Services	Management & General	Fundraising
Advertising & Public Relations	20,343.	13,621.		6,722.
Catherine Center	20,434.			20,434.
Donations	21,891.	20,891.	1,000.	
Dues, Extension & Renewal	15,010.	13,160.	1,850.	
Dump Fees	35,178.	35,178.		
Insurance	77,445.	72,777.	2,697.	1,971.
Licenses & Fees	28,652.	26,678.	1,129.	845.
Maintenance - Building	38,807.	36,466.	1,281.	1,060.
Other	25,580.	25,306.	230.	44.
Other Events	48,232.		8,813.	39,419.
Payroll Service	5,933.	5,520.	56.	357.
Professional Expenses	50,500.	14,774.	22,326.	13,400.
Property Taxes	3,646.	3,480.	76.	90.
Utilities	59,781.	57,292.	829.	1,660.
Vehicle Expense	91,244.	89,829.	909.	506.
Total	<u>\$ 542,676.</u>	<u>\$ 414,972.</u>	<u>\$ 41,196.</u>	<u>\$ 86,508.</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**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>		
<p>As a safety net when all other resources are exhausted, the Society of St. Vincent de Paul helped 43,570 distinct individuals of all backgrounds, regardless of race, color, creed, age, disability, gender, criminal justice status, based on verified need. In FY 2006 SVdP provided 213,630 instances of service. Persons in any area of San Mateo County were eligible to receive help. 151,120 hours of service were given by 1,251 volunteers who helped 1 out of every 16 residents of the county (6.2% of 707,161 residents.) Of the 43,570 individuals aided, 19,310 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><b>DISTRICT COUNCIL ACTIVITIES:</b></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 3,060 distinct homeless individuals. They received 57,460 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 43 volunteers visited 3,780 distinct incarcerated individuals 9,670 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.</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> <p style="text-align: right;">Includes Foreign Grants: No</p>		1,012,947.
<p><b>CONFERENCE ACTIVITIES:</b>  Volunteer members personally made 10,060 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 1,120 individuals 4,470 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> <p style="text-align: right;">Includes Foreign Grants: No</p>		1,838,244.
<p><b>STORES ACTIVITIES:</b>  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, \$272,276 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> <p style="text-align: right;">Includes Foreign Grants: No</p>		2,136,529.
	\$ 0.	<u>\$ 4,987,720.</u>

**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	\$ 500,696.
	Total	\$ 500,696.
<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
Corporate Bonds	Market Value	192,047.
	Total	\$ 192,047.
<u>U.S. Government Obligations</u>	<u>Valuation Method</u>	<u>Amount</u>
US Treasuries	Market Value	69,469.
	Total	\$ 69,469.
Total Investments - Securities		<u>\$ 762,212.</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	\$ 292,353.	\$ 206,181.	\$ 86,172.
Furniture and Fixtures	91,870.	69,817.	22,053.
Buildings	2,067,862.	478,153.	1,589,709.
Improvements	51,477.	50,011.	1,466.
Land	737,290.		737,290.
Total	<u>\$ 3,240,852.</u>	<u>\$ 804,162.</u>	<u>\$ 2,436,690.</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	\$ 253,733.
	Total <u>\$ 253,733.</u>

**Statement 11**  
**Form 990, Part V-A**  
**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 4	\$ 0.	\$ 0.	\$ 0.
Charles McLaughlin 50 N B Street San Mateo, CA 94401	2nd Vice Pres 4	0.	0.	0.
Ann Cole 50 N B Street San Mateo, CA 94401	Treasurer/Secre 4	0.	0.	0.
William Murphy 50 N B Street San Mateo, CA 94401	Stores/Workshop 4	0.	0.	0.
Roger Hagman 50 N B Street San Mateo, CA 94401	Restorative Jus 4	0.	0.	0.
Lorraine Moriarty 50 N B Street San Mateo, CA 94401	Executive Direc 0	84,358.	1,598.	0.
Robert & Judy Carlson 50 N B Street San Mateo, CA 94401	Development/PR 4	0.	0.	0.
Don Wright 50 N B Street San Mateo, CA 94401	Disaster Prepar 4	0.	0.	0.
Joan Ryan 50 N B Street San Mateo, CA 94401	1st Vice Pres 4	0.	0.	0.
Reggie Pomicpic 50 N B Street San Mateo, CA 94401	Homelessness 4	0.	0.	0.
Deborah Payne 50 N B Street San Mateo, CA 94401	Voice of Poor 4	0.	0.	0.
Martin Duda 50 N B Street San Mateo, CA 94401	Extn & Renewal 4	0.	0.	0.

**Statement 11 (continued)**  
**Form 990, Part V-A**  
**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
Joseph Marchetti 50 N B Street San Mateo, CA 94401	Council Affairs 4	\$ 0.	\$ 0.	\$ 0.
James Casey 50 N B Street San Mateo, CA 94401	Personnel 4	0.	0.	0.
Donna Wright 50 N B Street San Mateo, CA 94401	Auxiliary 4	0.	0.	0.
Rev. Dave Ghiorso 50 N B Street San Mateo, CA 94401	Spiritual Advis 4	0.	0.	0.
Robert Andrews 50 N B Street San Mateo, CA 94401	At Large 4	0.	0.	0.
John Keller 50 N B Street San Mateo, CA 94401	At Large 4	0.	0.	0.
Melody McLaughlin 50 N B Street San Mateo, CA 94401	At Large 4	0.	0.	0.
Katherine Murray 50 N B Street San Mateo, CA 94401	Auxiliary 4	0.	0.	0.
<b>Total</b>		<u>\$ 84,358.</u>	<u>\$ 1,598.</u>	<u>\$ 0.</u>

**Statement 12**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

Name and Address	Title & Average Hours Worked	Compen- sation	Contributio EBP & DC	Expense Account
Anthony P Rouse 50 N. B Street San Mateo, CA 94401	Chief Fin Offic 50	60,730.	1,150.	0.
Oscar Perez 50 N. B Street San Mateo, CA 94401	Store Oper Mngr 40	57,306.	1,072.	0.
Martiza Techlioli	Conf Liason	51,463.	975.	0.

**Statement 12 (continued)**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contributio EBP &amp; DC</u>	<u>Expense Account</u>
50 N. B Street San Mateo, CA 94401	40			
Margaret Jung 50 N. B Street San Mateo, CA 94401	Dir Development 40	50,003.	182.	0.
Total		<u>\$ 219,502.</u>	<u>\$ 3,379.</u>	<u>\$ 0.</u>

**Statement 13**  
**Schedule A, Part III, Line 2**  
**Transactions with Trustees, Directors, Etc.**

A board member provided architectural services to the organization at below market rates to assist in the remodelling of one of the Society's low-income apartments. Total payments were \$9,910 for his staff time. No payments were made for his time.