

Return of Organization Exempt From Income Tax

2006

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 2006 calendar year, or tax year beginning 10/01, 2006, and ending 9/30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C 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) 373-0622. F Accounting method: Cash, Accrual, Other (specify).

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

G Web site: www.svdp.org/sanmateo

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 7,943,005.

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

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21). Revenue total: 7,609,873. Expenses total: 5,648,100. Net assets at end of year: 5,938,863.

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EXPENSES

ASSETS

Handwritten signature/initials

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule) St 4	23	2,773,708.	2,773,708.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	90,000.	51,750.	24,750.	13,500.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,413,372.	1,270,348.	39,520.	103,504.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	346,825.	327,039.	10,746.	9,040.
29 Payroll taxes	29	132,188.	116,832.	5,146.	10,210.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	30,398.	27,965.	469.	1,964.
34 Telephone	34	46,162.	40,087.	2,590.	3,485.
35 Postage and shipping	35	22,420.	4,490.	1,572.	16,358.
36 Occupancy	36	65,732.	63,936.	1,484.	312.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	39,755.	8,418.	2,600.	28,737.
39 Travel	39	8,074.	7,005.	663.	406.
40 Conferences, conventions, and meetings	40	10,434.	8,389.	1,040.	1,005.
41 Interest	41	20,681.	20,681.		
42 Depreciation, depletion, etc (attach schedule)	42	108,041.	95,111.	9,511.	3,419.
43 Other expenses not covered above (itemize)					
a See Statement 5	43a	540,310.	386,690.	41,890.	111,730.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	5,648,100.	5,202,449.	141,981.	303,670.

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

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? ▶ <u>See Statement 6</u> 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.)
a <u>See Statement 7</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	5,202,449.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	5,202,449.

BAA

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	120,664.	45	133,114.
	46 Savings and temporary cash investments	772,800.	46	1,748,932.
	47a Accounts receivable	47a 636,573.		
	b Less allowance for doubtful accounts	47b	84,650.	47c 636,573.
	48a Pledges receivable	48a 24,000.		
	b Less allowance for doubtful accounts	48b	39,500.	48c 24,000.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		27,524.	52 25,203.
	53 Prepaid expenses and deferred charges		121,024.	53 124,143.
	54a Investments — publicly-traded securities Stmt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		762,212.	54a 1,099,413.
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments — land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)			56
	57a Land, buildings, and equipment basis	57a 3,583,543.		
b Less accumulated depreciation (attach schedule) Statement 9	57b 900,818.	2,436,690.	57c 2,682,725.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		4,365,064.	59 6,474,103.	
LIABILITIES	60 Accounts payable and accrued expenses		195,391.	60 327,429.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule) See Statement 10		253,733.	64b 207,811.
	65 Other liabilities (describe <input type="checkbox"/> _____)			65
	66 Total liabilities. Add lines 60 through 65		449,124.	66 535,240.
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		3,437,831.	67 5,169,526.
	68 Temporarily restricted		384,327.	68 641,215.
	69 Permanently restricted		93,782.	69 128,122.
	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 and column (B) must equal line 21)		3,915,940.	73 5,938,863.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		4,365,064.	74 6,474,103.

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

a	Total revenue, gains, and other support per audited financial statements		a	7,821,023.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1	61,150.	
	2 Donated services and use of facilities	b2	150,000.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4			b 211,150.
c	Subtract line b from line a			c 7,609,873.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2			d
e	Total revenue (Part I, line 12). Add lines c and d			e 7,609,873.

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

a	Total expenses and losses per audited financial statements		a	5,798,100.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1	150,000.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4			b 150,000.
c	Subtract line b from line a			c 5,648,100.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d			e 5,648,100.

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		90,000.	1,796.	0.

Part VI Other Information (continued)

		Yes	No
82 a	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	
82 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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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.			
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 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
86 a	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) organizations. Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	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
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
	d Enter. Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>CA</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		55
91 a	The books are in care of <u>Tony Rouse</u> Telephone number <u>650-373-0621</u> Located at <u>50 N B Street, San Mateo, CA,</u> ZIP + 4 <u>94401-3917</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

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 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 _____					
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	4,697.	
96 Dividends & interest from securities			14	64,217.	
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	28,125.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			5	2,089,211.	
103 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,186,250.	
105 Total (add line 104, columns (B), (D), and (E))					2,186,250.

Note: Line 105 plus line 1e, 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)
N/A	

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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

Please Sign Here

▶ Ann G. Cole Signature of officer Date 5/13/08

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

Paid Preparer's Use Only

Preparer's signature ▶ W. Noel McNabola W. Noel McNabola Date 5/9/08

Firm's name (or yours if self employed), address, and ZIP + 4 ▶ PMB Helin Donovan, LLP
 ▶ 50 FRANCISCO ST STE 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

2006

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		229,100.	4,581.	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>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 style="text-align: center;">See Statement 13</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> <p style="text-align: right;">See Form 990, Part V</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 Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	X	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement</p>		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p>4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g</p>		X
<p>b Did the organization make any taxable distributions under section 4966?</p>		N/A
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>		N/A
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>		0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u></p>		0.

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

I certify that 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,189,199.	1,992,721.	1,838,118.	1,874,055.	7,894,093.
16 Membership fees received					0.
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	1,845,055.	1,831,031.	1,846,708.	1,788,916.	7,311,710.
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	47,271.	31,097.	27,113.	24,386.	129,867.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	4,081,525.	3,854,849.	3,711,939.	3,687,357.	15,335,670.
24 Line 23 minus line 17	2,236,470.	2,023,818.	1,865,231.	1,898,441.	8,023,960.
25 Enter 1% of line 23	40,815.	38,548.	37,119.	36,874.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	160,479.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	186,782.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	8,023,960.
d Add. Amounts from column (e) for lines	18 129,867. 19	26d	316,649.
	22	26b	186,782.
e Public support (line 26c minus line 26d total)		26e	7,707,311.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	96.05 %

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.	(2005) _____ (2004) _____ (2003) _____ (2002) _____	
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.	(2005) _____ (2004) _____ (2003) _____ (2002) _____	
c Add. Amounts from column (e) for lines	15 _____ 16 _____	27c
	17 _____ 20 _____ 21 _____	27d
d Add. Line 27a total _____ and line 27b total _____		27e
e Public support (line 27c total minus line 27d total)		27f
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 2002 through 2005, 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		
\$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) 2006	(b) 2005	(c) 2004	(d) 2003	(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 (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.

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

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

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

Publicly Traded Securities

Gross Sales Price: 160,129.
 Cost or Other Basis: 130,829.

Total Gain (Loss) Publicly Traded Securities \$ 29,300.

Other Assets

Description: 1 Retired Auto - 98 VW Passat
 Date Acquired: 2/01/2005
 How Acquired: Donated
 Date Sold: 11/30/2006
 To Whom Sold:
 Gross Sales Price: 3,535.
 Cost or Other Basis: 4,317.

Gain (Loss) -782.

Description: 1 Retired Auto - 96 Dodge Caravan
 Date Acquired: 7/01/2005
 How Acquired: Donated
 Date Sold: 8/13/2007
 To Whom Sold:
 Gross Sales Price: 350.
 Cost or Other Basis: 743.

Gain (Loss) -393.

Total Gain (Loss) Other Assets \$ -1,175.

Total Net Gain (Loss) From Noninventory Sales \$ 28,125.

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

Auto Sales	\$ 214,033.
Free Distribution	267,797.
Store Sales	1,804,624.

Gross Sales	<u>\$ 2,286,454.</u>
Less Returns & Allowances	0.
Net Sales	<u>\$ 2,286,454.</u>
Less Cost Of Goods Sold	197,243.
Gross Profit From Sales Of Inventory	<u>\$ 2,089,211.</u>

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

Unrealized Gains on Investments		\$ 61,150.
	Total	\$ <u>61,150.</u>

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

Food, Shelter and Clothing		\$ 2,505,911.
Free Distribution from Stores		267,797.
	Total	\$ <u>2,773,708.</u>

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

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Advertising & Public Relations	14,216.	2,145.		12,071.
Catherine Center	12,855.			12,855.
Donations	8,278.	8,088.	190.	
Dues, Extension & Renewal	13,507.	11,827.	1,680.	
Dump Fees	41,363.	41,363.		
Insurance	94,888.	84,717.	7,929.	2,242.
Licenses & Fees	31,044.	27,879.	1,100.	2,065.
Maintenance - Building	36,587.	31,110.	1,979.	3,498.
Other	26,784.	25,639.	425.	720.
Other Events	63,436.			63,436.
Payroll Service	5,407.	4,933.	144.	330.
Professional Expenses	50,159.	13,186.	24,493.	12,480.
Property Taxes	3,781.	3,673.	60.	48.
Utilities	54,928.	51,893.	1,543.	1,492.
Vehicle Expense	83,077.	80,237.	2,347.	493.
Total	\$ <u>540,310.</u>	\$ <u>386,690.</u>	\$ <u>41,890.</u>	\$ <u>111,730.</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 40,170 distinct individuals of all backgrounds, regardless of race, color, creed, age, disability, gender, criminal justice status, based on verified need. In FY 2007 SVdP provided 116,290 instances of service. Persons in any area of San Mateo County were eligible to receive help. 168,530 hours of service were given by 1,160 volunteers who helped 1 out of every 18 residents of the county (5.7% of 707,161 residents.) Of the 40,170 individuals aided, 17,320 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 3,680 distinct homeless individuals. They received 66,640 instances of service (food, clothing, laundry, gas, bus faire, 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 51 volunteers visited 2,440 distinct incarcerated individuals 10,750 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> <p>SVdP's Catherine's Center offered a safe, supportive, housing program for women who were previously incarcerated. The facility housed eleven 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</p>				

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

Description	Grants and Allocations	Program Service Expenses
<p>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>		1,198,322.
CONFERENCE ACTIVITIES:		
<p>Volunteer members personally made 9,910 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 1,130 individuals 4,500 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>		2,065,557.
STORES ACTIVITIES:		
<p>Income from selling donated items to the public in four outlet (thrift) stores and a vehicle donation program supported rehabilitative employment, transitional job opportunities, mentoring and a system for giving free merchandise to the needy. From this program alone, \$267,797 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 income supported other programs serving the needy.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		1,938,570.
	<u>\$ 0.</u>	<u>\$ 5,202,449.</u>

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

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
Equity Securities	Market Value	\$ 692,608.
	Total	\$ 692,608.
<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
Corporate Bonds	Market Value	257,606.
	Total	\$ 257,606.
<u>U.S. Government Obligations</u>	<u>Valuation Method</u>	<u>Amount</u>
US Treasuries	Market Value	149,199.
	Total	\$ 149,199.
Publicly Traded Securities		<u>\$ 1,099,413.</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	\$ 440,192.	\$ 237,411.	\$ 202,781.
Furniture and Fixtures	149,958.	80,719.	69,239.
Buildings	2,204,626.	531,897.	1,672,729.
Improvements	51,477.	50,791.	686.
Land	737,290.		737,290.
Total	<u>\$ 3,583,543.</u>	<u>\$ 900,818.</u>	<u>\$ 2,682,725.</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	\$ 207,811.
Total	<u>\$ 207,811.</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 40	90,000.	1,796.	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

<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>
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.
Total		<u>\$ 90,000.</u>	<u>\$ 1,796.</u>	<u>\$ 0.</u>

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

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP & DC</u>	<u>Expense Account</u>
Anthony P Rouse 50 N. B Street San Mateo, CA 94401	Chief Fin Offic 50	60,800.	1,216.	0.
Oscar Perez 50 N. B Street San Mateo, CA 94401	Store Oper Mngr 40	63,300.	1,266.	0.
Martiza Techlioli	Conf Liason	53,000.	1,060.	0.

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

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
50 N. B Street San Mateo, CA 94401	40			
Margaret Jung 50 N. B Street San Mateo, CA 94401	Dir Development 40	52,000.	1,039.	0.
		Total \$ <u>229,100.</u>	\$ <u>4,581.</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 \$2,109 for his staff time. No payments were made for his time.

A board member provided construction 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 \$7,895 for his staff time. No payments were made for his time.

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return. See instructions.</small>	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, 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 (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 section 501(c) corporation required to file Form 990-T) extension of time until 5/15, 20 08, 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 06, and ending 9/30, 20 07

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.	3a	\$	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.	3b	\$	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.	3c	\$	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.