

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2008**

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 2008 calendar year, or tax year beginning** OCT 1, 2008 **and ending** SEP 30, 2009

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C Name of organization</b> SOCIETY OF ST. VINCENT DE PAUL, PARTICULAR COUNCIL OF SAN MATEO INC. Doing Business As		<b>D Employer identification number</b> 94-1375833
		Number and street (or P O box if mail is not delivered to street address) Room/suite 50 NORTH B STREET		<b>E Telephone number</b> (650) 373-0622
		City or town, state or country, and ZIP + 4 SAN MATEO, CA 94401-3917		<b>G Gross receipts \$</b> 7,223,914.
		<b>F Name and address of principal officer:</b> ANTHONY ROUSE SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ 0928
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ HTTP://WWW.SVDP-SANMATEOCO.ORG/				
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation</b> 1964
				<b>M State of legal domicile</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>NEIGHBORS COMPASSIONATELY HELP THE MOST VULNERABLE IN SAN MATEO COUNTY WITH SAFETY NET SERVICES.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of employees (Part V, line 2a)	5	85
	6	Total number of volunteers (estimate if necessary)	6	1180
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,779,464.	4,100,301.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,025.	-36,577.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,244,908.	2,146,787.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,122,397.	6,210,511.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,955,880.	3,251,588.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,074,753.	2,075,486.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 288,782.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	988,984.	966,675.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,019,617.	6,293,749.
	19	Revenue less expenses. Subtract line 18 from line 12	102,780.	-83,238.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	6,286,003.	6,036,252.
	22	Net assets or fund balances. Subtract line 21 from line 20	373,082.	208,026.
			5,912,921.	5,828,226.

**Part II Signature Block**

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

Sign Here ▶ *M Joan Sager* Signature of officer Date 2/16/10

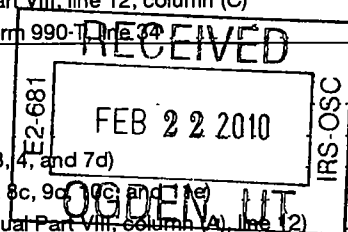
▶ **JOAN SAGER, TREASURER**  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
<i>Frank Rimerman</i>	2/12/10	<input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		
FRANK, RIMERMAN & CO. LLP 1801 PAGE MILL ROAD PALO ALTO, CA 94304	Phone no ▶ (650) 845-8100		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED MAR 11 2010



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SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.

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**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:  
SAFETY NET SERVICES WERE PROVIDED TO 40,000+ UNDUPLICATED NEEDY ADULTS AND CHILDREN THROUGH: 1. DIRECT AID (SVDP'S PFRC - PENINSULA FAMILY RESOURCE CENTER AND SVDP'S HHC'S - 3 HOMELESS HELP CENTERS); 2. SVDP'S RESTORATIVE JUSTICE MINISTRY; AND, 3. SVDP'S 4 THRIFT STORES.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,192,490. including grants of \$ ) (Revenue \$ )  
SVDP'S PFRC AND SVDP'S HHC'S OFFER BASIC SURVIVAL NECESSITIES AND WELLNESS SUPPORT TO FAMILIES AND INDIVIDUALS AT RISK OF HOMELESSNESS OR HOMELESS. PFRC ASSISTS WITH RENT AND UTILITY PAYMENTS, FOOD, CLOTHING, ETC. THROUGH 12,000+ HOME VISITS MADE BY VOLUNTEERS THROUGHOUT SAN MATEO COUNTY.

THREE HHC'S LOCATED IN SOUTH SAN FRANCISCO, SAN MATEO AND REDWOOD CITY, OFFER BASIC SURVIVAL NECESSITIES: FOOD (105,439 MEALS SERVED), SLEEPING BAGS, BUS TOKENS, ID'S, LAUNDRY, MAIL SERVICES AND EMERGENCY MOTEL VOUCHERS, ETC. SVDP IS ALSO THE DAILY VOUCHERING AGENCY FOR BEDS AT SAN MATEO COUNTY SHELTERS.

4b (Code: ) (Expenses \$ 475,665. including grants of \$ ) (Revenue \$ )  
SVDP'S RESTORATIVE JUSTICE MINISTRY WORKS TO HEAL BOTH THE VICTIM AND OFFENDER, IN ORDER TO REGAIN THE TRUST OF THE COMMUNITY. VICTIMS AND THEIR FAMILIES ARE SUPPORTED. TWO SVDP'S RESTORATIVE JUSTICE CHAPLAINS AND 50+ VOLUNTEERS OFFERED PASTORAL CARE TO 3,010 INCARCERATED MEN, WOMEN AND YOUTH.

SVDP'S CATHERINE'S CENTER IS A RESIDENTIAL SAFE HOME FOR 11 (28 SERVED IN FY2009) WOMEN RECENTLY RELEASED FROM JAIL OR PRISON. THE PURPOSE OF THE PROGRAM IS TO TEACH RESTORATIVE JUSTICE PRINCIPLES TO HEAL BODY, MIND AND SPIRIT. SUPPORT IS ALSO PROVIDED FOR THE INCREASING NUMBER OF ALUMNAE HELPING TO REDUCE THE RISK OF RECIDIVISM.

4c (Code: ) (Expenses \$ 2,030,821. including grants of \$ ) (Revenue \$ 2,108,806.)  
SVDP'S 4 STORES IN DALY CITY, SOUTH SAN FRANCISCO, SAN MATEO AND REDWOOD CITY MAKE AVAILABLE LOW-COST AND NO-COST QUALITY GOODS. THE FOUR THRIFT STORES, AND DONATION PICK-UP SERVICE OFFERED IN SAN FRANCISCO, SAN MATEO AND SANTA CLARA COUNTIES, PROVIDE EMPLOYMENT AND JOB TRAINING FOR THE MOST MARGINALIZED. FREE VOUCHERS (8,900) WERE GIVEN THROUGH SVDP'S PFRC HOME VISITS, AT SVDP'S HOMELESS HELP CENTERS AND THROUGH COLLABORATIONS WITH OTHER COMMUNITY BASED ORGANIZATIONS TO HELP PEOPLE SHOP AT SVDP'S STORES FOR CLOTHES, BEDS AND BASIC FURNISHINGS AT NO CHARGE. SVDP'S STORES ALSO SUPPORT AN ELECTRONIC AND MERCHANDISE RE-CYCLING PROGRAM FOR THE BENEFIT OF THE ENVIRONMENT.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 5,698,976. (Must equal Part IX, Line 25, column (B).)

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**Part IV Checklist of Required Schedules**

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>	6		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	85		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4a</b>			
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		20
1b	Enter the number of voting members that are independent		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed <b>CA</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>ANTHONY ROUSE - (650) 373-0621</b> <b>50 NORTH B STREET, SAN MATEO, CA 94401</b>

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LORRAINE MORIARTY EXECUTIVE DIRECTOR	65.00	X		X		X	100,006.	0.	12,791.	
ANTHONY ROUSE CHIEF FINANCIAL OFFICER	64.00			X		X	68,494.	0.	10,158.	
JOSEPH MARCHETTI PRESIDENT	4.00	X		X			0.	0.	0.	
JOAN SAGER TREASURER	4.00	X		X			0.	0.	0.	
ANN COLE SECRETARY	4.00	X		X			0.	0.	0.	
WILLIAM MURPHY STORE/WORKSHOPS	4.00	X					0.	0.	0.	
ROGER HAGMAN DEVELOPMENT	4.00	X					0.	0.	0.	
EDWARD WATSON GOVERNANCE	4.00	X					0.	0.	0.	
DON WRIGHT DISASTER PREPAREDNESS	4.00	X					0.	0.	0.	
JOAN RYAN GOVERNANCE	4.00	X					0.	0.	0.	
REGGIE POMICPIC PERSONNEL	4.00	X					0.	0.	0.	
DEBORAH PAYNE VOICE OF POOR	4.00	X					0.	0.	0.	
MARTIN DUDA EXTENSION & RENEWAL	4.00	X					0.	0.	0.	
CHARLES MCLAUGHLIN PROPERTY	4.00	X					0.	0.	0.	
JAMES CASEY PERSONNEL	4.00	X					0.	0.	0.	
WILLIAM BARULICH DEVELOPMENT	4.00	X					0.	0.	0.	
ROBERT ANDREWS RESTORATIVE JUSTICE	4.00	X					0.	0.	0.	

SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN KELLER FINANCE	4.00	X						0.	0.	0.
MELODY MCLAUGHLIN STORE/WORKSHOPS	4.00	X						0.	0.	0.
SUSAN SWOPE RESTORATIVE JUSTICE	4.00	X						0.	0.	0.
LAWRENCE NEJASMICH PROPERTY	4.00	X						0.	0.	0.
LIZ WATSON AUXILIARY	4.00	X						0.	0.	0.
<b>1b Total</b>								168,500.	0.	22,949.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

**SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.**

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	74,420.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,025,881.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		1,653,187.				
	<b>h Total.</b> Add lines 1a-1f		4100301.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		15,834.			15,834.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses		859766.			
		<b>c</b> Gain or (loss)		-53211.	800.		
		<b>d</b> Net gain or (loss)		-52,411.			-52,411.
	<b>8 a</b> Gross income from fundraising events (not including \$ 122,645. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		77,431.			
		<b>b</b> Less: direct expenses		47,347.			
		<b>c</b> Net income or (loss) from fundraising events		30,084.	30,084.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		2,108,806.				
	<b>b</b> Less. cost of goods sold		106290.				
	<b>c</b> Net income or (loss) from sales of inventory		2002516.	2002516.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> TRUST INCOME		900099	106,342.	106,342.			
<b>b</b> OTHER INCOME		900099	7,845.	7,845.			
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			114,187.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			6210511.	2146787.	0.	-36,577.	

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**SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.**

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**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,251,588.	3,251,588.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	190,283.	36,944.	144,383.	8,956.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,421,315.	1,253,832.	26,708.	140,775.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	325,129.	311,789.	1,928.	11,412.
10 Payroll taxes	138,759.	114,259.	11,981.	12,519.
11 Fees for services (non-employees):				
a Management	26,000.	6,771.	11,510.	7,719.
b Legal	1,215.	316.	538.	361.
c Accounting	20,000.	5,209.	8,854.	5,937.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,295.	1,379.	2,344.	1,572.
g Other	16,815.	4,379.	7,444.	4,992.
12 Advertising and promotion	43,560.	18,198.	11,824.	13,538.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	68,664.	65,076.	3,588.	
17 Travel	12,960.	8,993.	2,232.	1,735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,076.	12,076.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145,417.	123,235.	12,258.	9,924.
23 Insurance	109,416.	89,603.	18,993.	820.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING, POSTAGE, AND</u>	103,207.	31,219.	13,586.	58,402.
b <u>VEHICLE</u>	100,961.	97,180.	3,781.	
c <u>UTILITIES</u>	58,061.	52,945.	3,827.	1,289.
d <u>TELEPHONE</u>	55,238.	45,511.	6,433.	3,294.
e <u>DUMP FEES</u>	45,606.	45,606.		
f All other expenses _____	142,184.	122,868.	13,779.	5,537.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	6,293,749.	5,698,976.	305,991.	288,782.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	188,258.	1	351,534.
	2	Savings and temporary cash investments	2,146,167.	2	2,849,283.
	3	Pledges and grants receivable, net	15,000.	3	29,665.
	4	Accounts receivable, net	196,985.	4	2,089.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	43,362.	8	34,510.
	9	Prepaid expenses and deferred charges	69,172.	9	74,797.
	10a	Land, buildings, and equipment: cost basis	3,749,471.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	1,169,568.		
			2,652,962.	10c	2,579,903.
	11	Investments - publicly traded securities	974,097.	11	114,471.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,286,003.	16	6,036,252.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	215,438.	17	208,026.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	157,644.	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	373,082.	26	208,026.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	5,055,761.	27	4,924,392.
	28	Temporarily restricted net assets	735,007.	28	775,411.
	29	Permanently restricted net assets	122,153.	29	128,423.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	5,912,921.	33	5,828,226.
	34	<b>Total liabilities and net assets/fund balances</b>	6,286,003.	34	6,036,252.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,992,721.	2,189,199.	3,444,243.	3,779,464.	4,147,545.	15,553,172.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	1,992,721.	2,189,199.	3,444,243.	3,779,464.	4,147,545.	15,553,172.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						15,553,172.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,992,721.	2,189,199.	3,444,243.	3,779,464.	4,147,545.	15,553,172.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,097.	47,271.	68,914.	99,073.	106,342.	352,697.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						15,905,869.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	10,199,413.

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.78 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	83.22 %

**16a 33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  ▶

**b 33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  ▶

**17a 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  ▶

**b 10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  ▶

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**  
**Open to Public Inspection**

**Name of the organization** SOCIETY OF ST. VINCENT DE PAUL, PARTICULAR COUNCIL OF SAN MATEO INC. **Employer identification number** 94-1375833

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,153.				
b Contributions	6,270.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	128,423.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		737,290.		737,290.
b Buildings		2,292,660.	657,952.	1,634,708.
c Leasehold improvements		51,477.	51,477.	0.
d Equipment		225,609.	135,891.	89,718.
e Other		442,435.	324,248.	118,187.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,579,903.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,210,511.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,293,749.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-83,238.
4	Net unrealized gains (losses) on investments	4	-1,457.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,457.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-84,695.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,459,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	95,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	153,637.
e	Add lines 2a through 2d	2e	248,637.
3	Subtract line 2e from line 1	3	6,210,511.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,210,511.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,542,386.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	95,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	153,637.
e	Add lines 2a through 2d	2e	248,637.
3	Subtract line 2e from line 1	3	6,293,749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,293,749.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE PAUL MORIARTY AND RICHARD MERRY RESTORATIVE**

JUSTICE ENDOWMENT FUND WAS ESTABLISHED IN 2002 TO FUND THE RESTORATIVE JUSTICE PROGRAM. THE DONATIONS WERE RECEIVED WITH THE DONORS' INTENTION TO BE A TRUE ENDOWMENT - MEANING THAT THE INCOME WOULD BE USED FOR THE RESTORATIVE JUSTICE PROGRAM, BUT THE PRINCIPAL WOULD GROW IN PERPETUITY. THE BALANCE OF THE ENDOWMENT IS THE CUMULATIVE AMOUNT OF DONATIONS. THE GOAL IS TO HAVE A LARGE ENOUGH PRINCIPAL TO PRODUCE INCOME THAT WILL MEANINGFULLY SUPPORT THE RESTORATIVE JUSTICE PROGRAM.

**Part XIV** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PURCHASED STORE INVENTORY: \$106,290

FUNDRAISING EVENTS: \$47,347

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

PURCHASED STORE INVENTORY: \$106,290

FUNDRAISING EVENTS: \$47,347



SOCIETY OF ST. VINCENT DE PAUL,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		CATHERINE CENTER (event type)	AUXILARY PARTY (event type)	2 (total number)		
Revenue	1	Gross receipts	31,945.	69,053.	39,775.	140,773.
	2	Less: Charitable contributions	28,825.	54,045.	39,775.	122,645.
	3	Gross revenue (line 1 minus line 2)	3,120.	15,008.		18,128.
Direct Expenses	4	Cash prizes			1,000.	1,000.
	5	Non-cash prizes				
	6	Rent/facility costs		15,008.	1,875.	16,883.
	7	Other direct expenses	9,517.		5,925.	15,442.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				33,325.
	9	Net income summary. Combine lines 3 and 8 in column (d)				-15,197.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

**13** Indicate the percentage of gaming activity operated in:

<b>13a</b>	%
<b>13b</b>	%

Yes No

- a The organization's facility
- b An outside facility

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ .
- c If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH	41150	1,723,588.	1,469,000.	THRIFT SHOP VALUE	SEE BELOW FOR DESCRIPTION.

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

(F) EMERGENCY ASSISTANCE TO 41,150 INDIVIDUALS IN NEED OF FOOD, RENT, UTILITY, AND OTHER FORMS OF ASSISTANCE. ASSISTANCE NOT PROVIDED AS CASH TO CLIENT BUT PAID DIRECTLY TO VENDORS. ALSO, IN-KIND DONATIONS OF FOOD AND HOUSEHOLD ITEMS PROVIDED TO CLIENTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization **SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.** Employer identification number **94-1375833**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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Schedule J (Form 990) 2008



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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**  
**Open To Public**  
**Inspection**

Name of the organization **SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.** Employer identification number  
**94-1375833**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROGER HAGMAN	BOARD MEMBER	750.	FEES PAID		X
DEBORA ROUSE	CFO'S SPOUSE	37,440.	WAGES PAID		X
KIRI MORIARTY	EXEC DTR'S GRDDTR	1,872.	WAGES PAID		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization **SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.** Employer identification number  
**94-1375833**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		342,288.FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		223,199.FMV	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.

Employer identification number  
94-1375833

FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS EDWARD WATSON AND ELIZABETH WATSON ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6: 1,179 VOLUNTEER CONFERENCE MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: 35 VOLUNTEER CONFERENCE PRESIDENTS ELECT THE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7B: 35 VOLUNTEER CONFERENCE MEMBER PRESIDENTS APPROVE BUDGET, POLICIES AND CAPITAL EXPENITURES.

FORM 990, PART VI, SECTION A, LINE 10: AN INDEPENDENT ACCOUNTING FIRM PREPARES THE ORGANIZATION'S FORM 990. AFTER THE FORM IS COMPLETED, THE FOLLOWING FOUR STEPS ARE TAKEN:

1. AFTER THE FORM 990 IS FINALIZED, THE FORM IS FORWARDED TO THE TREASURER, EXECUTIVE DIRECTOR AND CFO. UPON APPROVAL, IT IS THEN SUBMITTED TO THE MEMBERS OF THE AUDIT COMMITTEE WHO THEN HAVE TWO DAYS TO REVIEW AND RESPOND.

2. AFTER REVIEWING THE AUDIT COMMITTEE COMMENTS AND ADJUSTMENTS, THE EXECUTIVE DIRECTOR AND TREASURER ADVISE THE CFO TO EITHER SEND IT BACK TO THE INDEPENDENT ACCOUNTANTS FOR REWORK OR TO MOVE ON TO STEP THREE.

3. ONCE THE RETURN HAS BEEN FINALIZED IN STEPS 1 AND 2, THE CFO ELECTRONICALLY FORWARDS TO THE PRESIDENT, BOARD OF DIRECTORS AND DISTRICT

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Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.

Employer identification number  
94-1375833

COUNCIL FOR A TWO-DAY REVIEW. AFTER THESE COMMENTS AND RECOMMENDATIONS ARE CONSIDERED AND ANY ADJUSTMENTS MADE FOLLOWING STEPS 1, 2, AND 3, THE EXECUTIVE DIRECTOR AND TREASURER WILL ADVISE THE CFO TO THE FILE THE TAX RETURN.

4. FILING IS UNDERTAKEN IN A TIMELY MANNER.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY REQUIRES MEMBERS OF THE DISTRICT COUNCIL, BOARD OF DIRECTORS, COMMITTEE MEMBERS AND EMPLOYEES TO DISCLOSE ACTIVITIES THAT COULD CAUSE A CONFLICT OF INTEREST.

PROCEDURES FOR ADHERENCE TO THE CONFLICT OF INTEREST POLICY:

A. THE EXECUTIVE DIRECTOR ENSURES THAT ALL MEMBERS COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE DURING THEIR FIRST THREE MONTHS OF APPOINTMENT. NEW HIRES ACKNOWLEDGE RECEIPT OF THE POLICY WITHIN ONE MONTH OF COMMENCING EMPLOYMENT.

B. ANY CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST IS DISCLOSED TO THE COUNCIL LEADERSHIP FOR POSSIBLE DISTRICT COUNCIL ACTION.

C. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS ANNUALLY SIGNS A STATEMENT ATTESTING TO THE FACT THAT HE/SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND MUST MAINTAIN A

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Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL,  
PARTICULAR COUNCIL OF SAN MATEO INC.

Employer identification number  
94-1375833

STRICT ADHERENCE TO TAX-EXEMPT POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: FOR THE TERM OF OFFICE OF THE CURRENT ELECTED PRESIDENT HE/SHE WILL APPOINT AN AD HOC COMPENSATION REVIEW COMMITTEE. THE COMMITTEE WILL MEET DURING THE ANNUAL BUDGET PREPARATION TIMELINE TO REVIEW CURRENT COMPENSATION AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS AND THE DISTRICT COUNCIL. THE COMPENSATION REVIEW COMMITTEE USES THE FOLLOWING GUIDES FOR THEIR RECOMMENDATIONS:

A. COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS AT SIMILARLY SITUATED ORGANIZATIONS.

B. THE COMPENSATION REVIEW COMMITTEE ALSO KEEPS CURRENT AND DETAILED RECORDS IN RESPECT TO DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS.

C. ONCE A DECISION IS MADE, THE COMMITTEE SENDS ITS REVIEW AND RECOMMENDATIONS TO THE BOARD FOR APPROVAL, WHICH IS THEN FORWARDED TO THE DISTRICT COUNCIL FOR ADOPTION AS PART OF THE ANNUAL BUDGET ADOPTION PROCESS. NO PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO COMPENSATION ARE TO BE INVOLVED IN THE PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: ST. VINCENT DE PAUL POSTS THEIR CURRENT FORM 990, AUDITED FINANCIAL STATEMENTS, AND ANNUAL REPORT ON THEIR WEBSITE. PAST AND CURRENT FORM 990S AND AUDITED FINANCIAL STATEMENTS, CURRENT GOVERNING DOCUMENTS, AND THE CURRENT CONFLICT OF INTEREST POLICY

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ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS AND REPORTING: THE  
AUDIT COMMITTEE HAS OVERSIGHT OVER THE AUDIT OF THE FINANCIAL  
STATEMENTS, SELECTION OF THE INDEPENDENT AUDITORS, AND ALSO REVIEWS THE  
FORM 990 BEFORE IT IS FILED WITH THE IRS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROGER HAGMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 750.

(D) DESCRIPTION OF TRANSACTION: FEES PAID TO HAGMAN ASSOCIATES  
ARCHITECTS FOR BUILDING DESIGN PRODUCTION FOR POTENTIAL SITE PURCHASE AT  
938 LINDEN AVENUE, SOUTH SAN FRANCISCO IN PARTNERSHIP WITH THE CITY OF  
SOUTH SAN FRANCISCO.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DEBORA ROUSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFO'S SPOUSE

(C) AMOUNT OF TRANSACTION \$ 37440.

(D) DESCRIPTION OF TRANSACTION: WAGES PAID FOR WORKING AS STORE MANAGER  
OF REDWOOD CITY THRIFT STORE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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(A) NAME OF PERSON: KIRI MORIARTY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXEC DTR'S GRDDTR

(C) AMOUNT OF TRANSACTION \$ 1872.

(D) DESCRIPTION OF TRANSACTION: WAGES PAID FOR WORKING AS PART-TIME

OFFICE ASSISTANT AT ST. VINCENT DE PAUL'S CATHERINE CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO