

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01/05 **and ending** 9/30/06

- B** Check if applicable:
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SOCIETY OF ST. VINCENT DE PAUL,
DIOCESAN COUNCIL OF DALLAS, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10500 STEPPINGTON, #251

City or town, state or country, and ZIP + 4
DALLAS TX 75230

D Employer identification no.
75-1630370

E Telephone number
214-520-0650

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(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instr.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: SVDPDALLAS.ORG

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

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

I Group Exemption Number 0928

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,822,642

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	1,514,014		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	248,564		
	d Total (add lines 1a through 1c) (cash \$ 900,408 noncash \$ 862,170)	1d			1,762,578
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3	SEE STATEMENT 1		56,809
	4 Interest on savings and temporary cash investments	4			1,699
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		8a	8a		
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11			1,556	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,822,642	
Expenses	13 Program services (from line 44, column (B))	13			1,425,068
	14 Management and general (from line 44, column (C))	14			216,329
	15 Fundraising (from line 44, column (D))	15			20,926
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			1,662,323
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			160,319
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			78,380
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			238,699

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. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) <u>STMT 2</u> (cash \$ <u>39,845</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	39,845	39,845	
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule) _____	24			
25 Compensation of officers, directors, etc. _____	25			
26 Other salaries and wages _____	26	287,331	160,008	127,323
27 Pension plan contributions _____	27			
28 Other employee benefits _____	28			
29 Payroll taxes _____	29			
30 Professional fundraising fees _____	30			
31 Accounting fees _____	31			
32 Legal fees _____	32			
33 Supplies _____	33	59,030	56,813	2,217
34 Telephone _____	34	20,422	17,989	2,433
35 Postage and shipping _____	35	3,182	1,248	1,934
36 Occupancy _____	36			
37 Equipment rental and maintenance _____	37	42,606	41,565	1,041
38 Printing and publications _____	38	10,941	2,987	2,437
39 Travel _____	39	45,469	21,434	8,626
40 Conferences, conventions, and meetings _____	40			15,409
41 Interest _____	41			
42 Depreciation, depletion, etc. (attach schedule) _____	42	959	959	
43 Other expenses not covered above (itemize):				
a <u>SEE STATEMENT 3</u>	43a	1,152,538	1,082,220	70,318
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	1,662,323	1,425,068	216,329
				20,926

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 (See the instructions.)

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4	Program Service Expenses
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.)	(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a THE SOCIETY PROVIDES PRESCRIPTION MEDICATIONS TO THE ELDERLY. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	21,382
b THE SOCIETY PROVIDES JOB TRAINING AND JOB PLACEMENT TO IMMIGRANTS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	13,188
c THE SOCIETY PROVIDES ASSISTANCE IN MAINSTREAMING THE EX-OFFENDER BACK INTO THE COMMUNITY AFTER RELEASE FROM PRISON. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,241
d THE SOCIETY PROVIDES A RANGE OF DISASTER RELIEF SERVICES FOR THOSE IN NEED DUE TO HURRICANE KATRINA. (Grants and allocations \$ 39,845) If this amount includes foreign grants, check here <input type="checkbox"/>	1,383,382
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	5,875
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,425,068

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)		(B)
		Beginning of year		End of year
Assets	45 Cash-non-interest-bearing	101,741	45	238,024
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts	876	47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,738	53	
	54 Investments-securities		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments-land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment: basis	10,030			
b Less: accumulated depreciation (attach schedule)	959	57c	9,071	
58 Other assets (describe		58		
59 Total assets (must equal line 74). Add lines 45 through 58.	110,257	59	247,095	
Liabilities	60 Accounts payable and accrued expenses	30,587	60	8,396
	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)		64b	
	65 Other liabilities (describe SEE STATEMENT 5	1,290	65	
66 Total liabilities. Add lines 60 through 65	31,877	66	8,396	
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	68,617	67	115,736
	68 Temporarily restricted	9,763	68	122,963
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	78,380	73	238,699	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	110,257	74	247,095	

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

Table with 5 main rows (a-e) and sub-rows (1-4) for adjustments. Total revenue is 1,822,642.

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

Table with 5 main rows (a-e) and sub-rows (1-4) for adjustments. Total expenses are 1,662,323.

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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contrib. to employee benefit plans, (E) Expense account and other allowances. Lists 10 individuals.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note: Related organizations include section 509(a)(3) supporting organizations. 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contrib. to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: N/A

Part VI Other Information (See the instructions.)

Yes No

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 77: Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. (See line 81 instructions.) 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
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	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
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		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. 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
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
90a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
	90b		1
91a	The books are in care of <input type="text" value="ELIZABETH DISCO-SHEARER"/> Telephone no. <input type="text" value=""/> Located at <input type="text" value="10500 STEPPINGTON #251"/> ZIP + 4 <input type="text" value="DALLAS, TX"/> <input type="text" value="75230"/>		
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		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
91c			
c	If "Yes," enter the name of the foreign country <input type="text"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/>		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 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 and contracts from government agencies					
94 Membership dues and assessments					56,809
95 Interest on savings and temporary cash investments					1,699
96 Dividends and interest from securities					
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory ..					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <u>OTHER INCOM</u>					1,556
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	60,064
105 Total (add line 104, columns (B), (D), and (E))					60,064

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
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).

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Instr. W) P00046468

Firm's name (or yours if self-employed), address, and ZIP + 4 PICKENS, SNODGRASS, KOCH & CO., P.C. 3001 MEDLIN DR STE 100 ARLINGTON, TX 76015 EIN 75-2356172 Phone no. 817-664-3000

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... a. Sale, exchange, or leasing of property? b. Lending of money or other extension of credit? c. Furnishing of goods, services, or facilities? d. Payment of compensation... e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships... b. Do you have a section 403(b) annuity plan... c. During the year, did the organization receive a contribution... 4a. Did you maintain any separate account... b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

- 5 [X] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26-27. Line 26: Organizations described on lines 10 or 11. Sub-rows a-f include: a) Enter 2% of amount in column (e), line 24; b) Prepare a list for your records to show the name of and amount contributed by each person; c) Total support for section 509(a)(1) test; d) Add: Amounts from column (e) for lines 18, 19, 22, 26b; e) Public support (line 26c minus line 26d total); f) Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for lines 27-28. Line 27: Organizations described on line 12. Sub-rows a-b include: 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."; 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. Sub-rows c-h include: c) Add: Amounts from column (e) for lines 15, 16, 17, 20, 21; d) Add: Line 27a total and line 27b total; e) Public support (line 27c total minus line 27d total); f) Total support for section 509(a)(2) test; g) Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h) Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 4 columns: Question, N/A, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and organizational compliance.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the 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.

Table with 3 columns: Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include: 36 Total lobbying expenditures to influence public opinion, 37 Total lobbying expenditures to influence a legislative body, 38 Total lobbying expenditures (add lines 36 and 37), 39 Other exempt purpose expenditures, 40 Total exempt purpose expenditures (add lines 38 and 39), 41 Lobbying nontaxable amount, 42 Grassroots nontaxable amount, 43 Subtract line 42 from line 36, 44 Subtract line 41 from line 38.

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 on page 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 45 Lobbying nontaxable amount, 46 Lobbying ceiling amount (150% of line 45(e)), 47 Total lobbying expenditures, 48 Grassroots nontaxable amount, 49 Grassroots ceiling amount (150% of line 48(e)), 50 Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) N/A

Table with 3 columns: Description, Yes, No, Amount. Rows include: a Volunteers, b Paid staff or management, 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 through c h.)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **SOCIETY OF ST. VINCENT DE PAUL,
DIOCESAN COUNCIL OF DALLAS, INC.**

Identifying number
75-1630370

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	959

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	959
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
CONFERNECE ASSESSMENTS	\$ <u>56,809</u>
TOTAL	\$ <u><u>56,809</u></u>

Federal Statements

Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
ST. ELIZABETH OF HUNGARY 4015 S. HAMPTON DALLAS, TX, 75224	LOCAL CONFERENCE				\$ 1,500	\$			
ST. THOMAS AQUINAS CONFERENCE 6306 KENWOOD AVENUE DALLAS, TX, 75206	LOCAL CONFERENCE				3,863				
ST. GABRIEL ARCHANGEL 110 ST. GABRIEL WAY MCKINNEY, TX, 75071	LOCAL CONFERENCE				1,250				
ST. AUGUSTINE 1054 N. ST. AUGUSTINE RD DALLAS, TX, 75217	LOCAL CONFERENCE				250				
ST. PIUS 3030 GUS THOMASSON RD DALLAS, TX, 75228	LOCAL CONFERENCE				2,000				
ST. PATRICK 9643 FERNDAL RD	LOCAL CONFERENCE				540				

Federal Statements

Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
DALLAS, TX, 75238					\$	\$	\$		
ST. MARY	LOCAL CONFERENCE				500				
727 S TRAVIS									
SHERMAN, TX, 75090									
ALL SAINTS CATHOLIC CHURCH	LOCAL CONFERENCE				5,591				
5231 MEADOW CREEK									
DALLAS, TX, 75248									
ST. MARK	LOCAL CONFERENCE				2,750				
1201 ALMA DR.									
PLANO, TX, 75075									
CHRIST THE KING	LOCAL CONFERENCE				9,546				
8017 PRESTON RD									
DALLAS, TX, 75225									
VARIOUS MISC GRANTS LESS THAN \$200	LOCAL CONFERENCE				12,055				
TOTAL					\$ 39,845	\$ 0	\$ 0		

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	10,730	5,124	5,606	
AUTOMOTIVE EXPENSE	9,895	9,507	388	
CONTRACT SERVICES	136,332	119,518	16,814	
INSURANCE	7,462		7,462	
MARKETING & PUBLIC RELATIONS	7,004		7,004	
MEMBERSHIP DUES	8,862	240	8,622	
PROFESSIONAL SERVICES	23,755	10,408	13,347	
DONATED SERVICES	80,006	80,006		
DONATED SUPPLIES	513,105	513,105		
BOOKS & SUPSCRIPTIONS	833	668	165	
RENT	295,272	293,839	1,433	
CLIENT ASSISTANCE	32,539	32,539		
MAILING SERVICES	279	279		
STAFF DEVELOPMENT	3,029	3,029		
COMPUTER CONSULTING	5,987	5,987		
MISCELLANEOUS EXPENSE	11,546	7,971	3,575	
COMPUTER SUPPLIES	5,902		5,902	
TOTAL	\$ 1,152,538	\$ 1,082,220	\$ 70,318	\$ 0

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

THE SOCIETY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION
THAT PROVIDES ASSISTANCE TO THE ELDERLY AND NEEDY.

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE	\$ 1,290	\$
TOTAL	\$ 1,290	\$ 0

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
2	Furniture	9/25/06	1,740			1,740	5 MO S/L	0	0
3	Phone	9/25/06	340			340	3 MO S/L	0	0
4	UMCOR-Office Desks	2/20/06	225			225	5 MO S/L	0	26
5	UMCOR-2 Laptops	2/20/06	1,048			1,048	3 MO S/L	0	204
6	UMCOR-CompUSA computer	3/06/06	890			890	3 MO S/L	0	173
7	UMCOR-CompUSA Computer	3/08/06	1,220			1,220	3 MO S/L	0	237
8	UMCOR-CompUSA Computer	3/08/06	473			473	3 MO S/L	0	92
9	12 Fed-Ex Computers donated by Fed-ex	8/01/06	1,200			1,200	3 MO S/L	0	67
10	UMCOR-Austin Xerox Work Center M15	8/01/06	420			420	3 MO S/L	0	23
11	UMCOR-Austin Dell Dimension 3100	8/01/06	478			478	3 MO S/L	0	27
12	UMCOR-Austin Dell Insp. 9400 I	8/01/06	799			799	3 MO S/L	0	44
13	UMCOR-Austin Dell Insp. 9400 II	8/01/06	799			799	3 MO S/L	0	44
14	UMCOR-Austin Dell photo printer I	8/01/06	149			149	3 MO S/L	0	8
15	UMCOR-Austin Dell photo printer II	8/01/06	149			149	3 MO S/L	0	8
16	UMCOR-Austin 2 Sprint cell phones	8/01/06	100			100	3 MO S/L	0	6
Total Other Depreciation			<u>10,030</u>			<u>10,030</u>		<u>0</u>	<u>959</u>
Total ACRS and Other Depreciation			<u>10,030</u>			<u>10,030</u>		<u>0</u>	<u>959</u>
Grand Totals			10,030			10,030		0	959
Less: Dispositions			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>10,030</u>			<u>10,030</u>		<u>0</u>	<u>959</u>

05167 SOCIETY OF ST. VINCENT DE PAUL,

75-1630370

FYE: 9/30/2006

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
2	Furniture	9/25/06	1,740	348	0
3	Phone	9/25/06	340	113	0
4	UMCOR-Office Desks	2/20/06	225	45	0
5	UMCOR-2 Laptops	2/20/06	1,048	349	0
6	UMCOR-CompUSA computer	3/06/06	890	297	0
7	UMCOR-CompUSA Computer	3/08/06	1,220	407	0
8	UMCOR-CompUSA Computer	3/08/06	473	158	0
9	12 Fed-Ex Computers donated by Fed-ex	8/01/06	1,200	400	0
10	UMCOR-Austin Xerox Work Center M15	8/01/06	420	140	0
11	UMCOR-Austin Dell Dimension 3100	8/01/06	478	159	0
12	UMCOR-Austin Dell Insp. 9400 I	8/01/06	799	267	0
13	UMCOR-Austin Dell Insp. 9400 II	8/01/06	799	267	0
14	UMCOR-Austin Dell photo printer I	8/01/06	149	50	0
15	UMCOR-Austin Dell photo printer II	8/01/06	149	50	0
16	UMCOR-Austin 2 Sprint cell phones	8/01/06	100	33	0
	Total Other Depreciation		<u>10,030</u>	<u>3,083</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,030</u>	<u>3,083</u>	<u>0</u>
	Grand Totals		<u>10,030</u>	<u>3,083</u>	<u>0</u>

Federal Statements**Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
PUBLIC CONTRIBUTIONS	\$ 226,024	\$ 862,170	\$ 1,088,194
LESS AMOUNTS REPORTED ON SCH B	-12,500	-839,704	-852,204
NATIONAL SVDP GRANTS	163,000		163,000
OTHER GRANT INCOME	511,384		511,384
LESS FED GRANTS REPORTED BELOW	-248,564		-248,564
CONTRIBUTIONS FROM SCHEDULE B	12,500	839,704	852,204
TOTAL	\$ <u>651,844</u>	\$ <u>862,170</u>	\$ <u>1,514,014</u>

Form 990, Part I, Line 1c - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
GOVT GRANTS	\$ 248,564	\$	\$ 248,564
TOTAL	\$ <u>248,564</u>	\$ <u>0</u>	\$ <u>248,564</u>