STATE OF CALIFORNIA
RRF-1
(Rev. 01/20/2024)
IN

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE

(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

SOCIETY OF ST.VINCENT DE PAUL
DISTRICT COUNCIL OF ALAMEDA COUNTY
Name of Organization

List all DBAs and names the organization uses or has used

2272 SAN PABLO AVE
Address (Number and Street)

OAKLAND, CA 94612
City or Town, State, and ZIP Code

(510) 638-7600
Telephone Number

Email Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 0003561

Corporation or Organization No. 0003561

Federal Employer ID No. 94-1156493

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 10/01/24 ending 9/30/25) list:

Total Revenue $ (including noncash contributions) 7,054,003. Noncash Contributions $ 1,300,595. Total Assets $ 11,240,874.

Program Expenses $ 1,395,015. Total Expenses $ 7,787,392.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	☐	☒
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	☐	☒
5 During this reporting period, did the organization receive any governmental funding?	☒	☐
6 During this reporting period, did the organization hold a raffle for charitable purposes?	☐	☒
7 Does the organization conduct a vehicle donation program?	☐	☒
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	☒	☐
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	☐	☒

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	ELIZABETH DAVIS	EXE DIR. ELECT	8/18/26

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01 , 2024, and ending 9/30 , 20 2025

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
SOCIETY OF ST.VINCENT DE PAUL
DISTRICT COUNCIL OF ALAMEDA COUNTY
2272 SAN PABLO AVE
OAKLAND, CA 94612

D Employer identification number: 94-1156493

E Telephone number: (510) 638-7600

G Gross receipts $ 8,846,199.

F Name and address of principal officer: ELIZABETH DAVIS
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

H(c) Group exemption number

J Website: WWW.SDVP-ALAMEDA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1938

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	60
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,342,123.	6,067,454.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,712.	164,825.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,032,987.	821,724.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,485,822.	7,054,003.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
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)	2,483,860.	2,683,034.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 762,895.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,490,877.	4,276,651.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,974,737.	6,959,685.
19	Revenue less expenses. Subtract line 18 from line 12	2,511,085.	94,318.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,987,884.	11,240,874.
21	Total liabilities (Part X, line 26)	283,913.	350,958.
22	Net assets or fund balances. Subtract line 21 from line 20	10,703,971.	10,889,916.

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

Signature of officer — Date: 8/18/26

ELIZABETH DAVIS — EXE DIR. ELECT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
KEVIN LAM	KEVIN LAM			P00152317

Firm's name: KEVIN LAM CPA
Firm's address: 3182 CAMPUS DRIVE #377, SAN MATEO, CA 94403
Firm's EIN: 81-3085366
Phone no. 650-571-1738

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 10/01/2024 , and ending (mm/dd/yyyy) 9/30/2025 .

Corporation/Organization name: SOCIETY OF ST.VINCENT DE PAUL DISTRICT COUNCIL OF ALAMEDA COUNTY

California corporation number: 0003561

Additional information. See instructions.

FEIN: 94-1156493

PMB no.

Street address (suite or room): 2272 SAN PABLO AVE

City: OAKLAND | State: CA | ZIP code: 94612

Foreign country name | Foreign province/state/county | Foreign postal code

A First return. ☐ Yes ☒ No

B Amended return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

F Federal return filed? 1 ● ☐ 990T 2 ● ☐ 990-PF
3 ● ☐ Sch H (990) 4 ☐ Other 990 series

G Is this a group filing? See instructions ● ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L Is the organization a limited liability company? ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☐ No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1 2,778,745.
	2	Gross dues and assessments from members and affiliates ●		2
	3	Gross contributions, gifts, grants, and similar amounts received ●		3 6,067,454.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		4 8,846,199.
	5	Cost of goods sold ●	5 964,489.	
	6	Cost or other basis, and sales expenses of assets sold ●	6	
	7	Total costs. Add line 5 and line 6		7 964,489.
	8	Total gross income. Subtract line 7 from line 4 ●		8 7,881,710.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9 7,787,392.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10 94,318.
Payments	11	Total payments ●		11
	12	Use tax. See General Information K ●		12
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14
	15	Penalties and interest. See General Information J		15
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉		16 0.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ► | Title: EXE DIR. ELECT | Date: 8/18/26 | ● Telephone: (510) 638-7600

Paid Preparer's Use Only

Preparer's signature ► KEVIN LAM | Date | Check if self-employed ► ☒ | ● PTIN: P00152317

Firm's name (or yours, if self-employed) and address ► KEVIN LAM CPA, 3182 CAMPUS DRIVE #377, SAN MATEO, CA 94403 | ● Firm's FEIN: 81-3085366 | ● Telephone: 650-571-1738

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

CACA1112L 01/14/25