

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10/01, 2020, and ending 09/30, 20 21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.			D Employer identification number XX-XXX2362	
	Doing Business As		E Telephone number (314) 576-3993		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 66 PROGRESS PARKWAY				
	City or town, state or province, country, and ZIP or foreign postal code MARYLAND HEIGHTS, MO 63043			G Gross receipts \$ 9,853,848.	
F Name and address of principal officer: DAVID BARRINGER 66 PROGRESS PARKWAY, MARYLAND HEIGHTS, MO 63043			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ HTTP://WWW.SVDPUSA.ORG/			H(c) Group exemption number ▶ 5496
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1845 M State of legal domicile: DE		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> 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	20.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	27.
	6 Total number of volunteers (estimate if necessary)	6	262.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	70.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,564,005.	8,840,905.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	320,226.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	540,151.	250,414.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,736.	58,029.
		7,206,892.	9,469,574.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,510,768.	2,114,795.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,231,132.	2,407,141.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	245,379.	245,484.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 765,995.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,146,343.	1,557,794.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,133,622.	6,325,214.
19 Revenue less expenses. Subtract line 18 from line 12	1,073,270.	3,144,360.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,590,927.	13,687,159.
	22 Net assets or fund balances. Subtract line 21 from line 20.	2,542,119.	1,655,840.
	8,048,808.	12,031,319.	

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
	DAVID BARRINGER Type or print name and title	CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY JANE PIERONI CPA	<i>Mary Jane Pieroni</i>	08/09/2022		XXXXX8772
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ XX-XXX1590			
Firm's address ▶ 101 S. HANLEY RD STE 800 ST LOUIS, MO 63105			Phone no. 314-889-1100		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

A NETWORK OF FRIENDS, INSPIRED BY GOSPEL VALUES, GROWING IN HOLINESS AND BUILDING A MORE JUST WORLD THROUGH PERSONAL RELATIONSHIPS WITH AND SERVICE TO PEOPLE IN NEED.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,647,002. including grants of \$ 1,558,849.) (Revenue \$ 320,226.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 575,020. including grants of \$ 555,946.) (Revenue \$ 0.) SEE SCHEDULE O.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,222,022.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>		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>		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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI, MA, NC, PA, TN, WI,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - 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.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID BARRINGER CHIEF EXECUTIVE OFFICER	58.50 2.50			X				229,712.	0.	42,572.
(2) NANCY PINO CHIEF FINANCIAL OFFICER & COO	45.00 3.00			X				150,367.	0.	27,497.
(3) CATHERINE LOHRUM THRU 12/31/20 CHIEF ADVANCEMENT OFFICER	36.00 4.00					X		115,518.	0.	15,198.
(4) THOMAS MULLOY NATIONAL DIR OF POVERTY PROG.	40.00 0.					X		101,478.	0.	6,078.
(5) RALPH MIDDLECAMP PRESIDENT	15.00 3.00	X		X				0.	0.	0.
(6) BRIAN BURGESS VICE PRESIDENT	8.00 1.50	X		X				0.	0.	0.
(7) GUADALUPE SOSA SECRETARY	12.00 0.	X		X				0.	0.	0.
(8) JAMES DODD TREASURER	25.00 2.00	X		X				0.	0.	0.
(9) JOHN BERRY VICE PRESIDENT-SOUTHEAST REG	10.00 0.	X						0.	0.	0.
(10) LYNNE BETTS VICE PRESIDENT-EASTERN REG	12.00 0.	X						0.	0.	0.
(11) WILLIAM BRAZIER VICE PRESIDENT-MIDEAST REG	5.00 0.	X						0.	0.	0.
(12) KATHLEEN BRISSETTE NATIONAL COUNCIL BOARD	5.50 0.	X						0.	0.	0.
(13) RAYMOND DUPONT VICE PRESIDENT-S CENTRAL REG	2.00 0.	X						0.	0.	0.
(14) THOMAS FAHL NATIONAL COUNCIL BOARD	15.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) IRENE FRECHETTE ----- VICE PRESIDENT-NORTHEAST REG	1.00 ----- 0.	X						0.	0.	0.
(16) JOHN HALLISSY ----- VICE PRESIDENT-WESTERN REG	2.00 ----- 0.	X						0.	0.	0.
(17) DON KANY (FROM 8/25/21) ----- VICE PRESIDENT-MIDWEST REG	2.00 ----- 0.	X						0.	0.	0.
(18) PAMELA MATAMBANADZO ----- NATIONAL COUNCIL BOARD	1.00 ----- 0.	X						0.	0.	0.
(19) THOMAS PELGER ----- VICE PRESIDENT-N CENTRAL REG	1.00 ----- 0.	X						0.	0.	0.
(20) CLAUDIA RAMIREZ ----- NATIONAL COUNCIL BOARD	1.00 ----- 0.	X						0.	0.	0.
(21) ANN SCHORNO ----- NATIONAL COUNCIL BOARD	2.00 ----- 0.	X						0.	0.	0.
(22) RAYMOND SICKINGER ----- NATIONAL COUNCIL BOARD	12.00 ----- 0.	X						0.	0.	0.
(23) BARBARA SLAVEN ----- NATIONAL COUNCIL BOARD	1.00 ----- 2.00	X						0.	0.	0.
(24) DIANE SMITH-MELLOY ----- NATIONAL COUNCIL BOARD	1.00 ----- 2.00	X						0.	0.	0.
(25) DAVID WINSLETT (THRU 8/12/21) ----- VICE PRESIDENT-MIDWEST REG	8.00 ----- 0.	X						0.	0.	0.
1b Sub-total								597,075.	0.	91,345.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								597,075.	0.	91,345.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

	Yes	No
3 Did the organization list any former 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 2**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	1,762,825.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	368,762.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,709,318.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 246,703.				
	h	Total. Add lines 1a-1f		8,840,905.				
	Program Service Revenue	2a	MEETING INCOME	Business Code	900099	320,226.	320,226.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			320,226.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			153,252.		153,252.
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						409,535.		
	b	Less: cost or other basis and sales expenses	7b			312,373.		
	c	Gain or (loss)	7c			97,162.		
	d	Net gain or (loss)				97,162.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
b	Less: direct expenses	8b			0.			
c	Net income or (loss) from fundraising events.				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
b	Less: direct expenses	9b			0.			
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			127,995.			
b	Less: cost of goods sold	10b			71,901.			
c	Net income or (loss) from sales of inventory.				56,094.			
Miscellaneous Revenue	11a	REGIONS AND OTHER	Business Code	900099	1,565.	1,565.		
	b	OTHER INCOME		900099	370.	300.	70.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				1,935.		
12	Total revenue. See instructions				9,469,574.	322,091.	70.	
							306,508.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,124,285.	1	1,623,561.	
	2 Savings and temporary cash investments	261,230.	2	261,463.	
	3 Pledges and grants receivable, net	90,413.	3	368,288.	
	4 Accounts receivable, net.	56,805.	4	61,853.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	525,000.	
	8 Inventories for sale or use	224,300.	8	182,344.	
	9 Prepaid expenses and deferred charges	89,544.	9	210,179.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,351,092.			
	b Less: accumulated depreciation.	10b 461,490.			
			2,028,365.	10c	1,889,602.
	11 Investments - publicly traded securities.	3,827,214.	11	5,585,434.	
	12 Investments - other securities. See Part IV, line 11	2,801,771.	12	2,874,146.	
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.	
	14 Intangible assets	0.	14	0.	
15 Other assets. See Part IV, line 11	87,000.	15	105,289.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,590,927.	16	13,687,159.		
Liabilities	17 Accounts payable and accrued expenses	514,358.	17	511,524.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue.	29,629.	19	66,327.	
	20 Tax-exempt bond liabilities.	0.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	532,140.	21	532,193.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	1,017,204.	23	476,987.	
	24 Unsecured notes and loans payable to unrelated third parties.	367,100.	24	0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	81,688.	25	68,809.	
	26 Total liabilities. Add lines 17 through 25.	2,542,119.	26	1,655,840.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,342,949.	27	8,024,737.	
	28 Net assets with donor restrictions.	2,705,859.	28	4,006,582.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30		
	31 Retained earnings, endowment, accumulated income, or other funds.		31		
	32 Total net assets or fund balances	8,048,808.	32	12,031,319.	
33 Total liabilities and net assets/fund balances.	10,590,927.	33	13,687,159.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,469,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,325,214.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,144,360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,048,808.
5	Net unrealized gains (losses) on investments	5	837,374.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	777.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,031,319.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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 exempt 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)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

JSA
OE1210 0.030

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (92.62%); 15 Public support percentage from 2019 Schedule A (90.65%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	301,525.	296,032.	427,884.	35,770.	1,865.	1,063,076.
SALES OF INVENTORY						
TOTALS	<u>301,525.</u>	<u>296,032.</u>	<u>427,884.</u>	<u>35,770.</u>	<u>1,865.</u>	<u>1,063,076.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
1	N/A <hr/> <hr/> <hr/>	\$ 300,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
2	N/A <hr/> <hr/> <hr/>	\$ 250,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
3	N/A <hr/> <hr/> <hr/>	\$ 200,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
4	N/A <hr/> <hr/> <hr/>	\$ 368,762.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											

Name of organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, ATCH 1 address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		293 .	293 .												
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		293 .	293 .												
d Other exempt purpose expenditures		4,221,729 .	8,505,989 .												
e Total exempt purpose expenditures (add lines 1c and 1d)		4,222,022 .	8,506,282 .												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		361,101 .	575,314 .												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		90,275 .	143,829 .												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0 .	0 .												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0 .	0 .												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount				575,314 .	575,314 .
b Lobbying ceiling amount (150% of line 2a, column (e))					862,971 .
c Total lobbying expenditures				293 .	293 .
d Grassroots nontaxable amount				143,829 .	143,829 .
e Grassroots ceiling amount (150% of line 2d, column (e))					215,744 .
f Grassroots lobbying expenditures				293 .	293 .

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: SOCIETY OF ST. VINCENT DE PAUL NAT'L STO
 ADDRESS: 66 PROGRESS PARKWAY
 MARYLAND HEIGHTS, MO 63043-3706
 EIN: XX-XXX5787
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 837,158.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 837,158.
 LOBBYING NONTAXABLE AMOUNT: 150,574.
 GRASSROOTS NONTAXABLE AMOUNT: 37,644.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: SOCIETY OF ST. VINCENT DE PAUL NAT'L FOU
 ADDRESS: 66 PROGRESS PARKWAY
 MARYLAND HEIGHTS, MO 63043-3706
 EIN: XX-XXX3802
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 138,500.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 138,500.
 LOBBYING NONTAXABLE AMOUNT: 27,700.
 GRASSROOTS NONTAXABLE AMOUNT: 6,925.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:	DISASTER SERVICES CORPORATION	
ADDRESS:	320 DECKER DRIVE	
	IRVING, TX 75062	
EIN:	XX-XXX8251	
GRASSROOTS LOBBYING AMOUNT:		
DIRECT LOBBYING AMOUNT:		
TOTAL LOBBYING EXPENDITURES:		
OTHER EXEMPT PURPOSE EXPENDITURES:		3,308,602.
TOTAL EXEMPT PURPOSE EXPENDITURES:		3,308,602.
LOBBYING NONTAXABLE AMOUNT:		315,430.
GRASSROOTS NONTAXABLE AMOUNT:		78,858.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:		
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:		
SHARE OF EXCESS LOBBYING EXPENDITURES:		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.

Employer identification number XX-XXX2362

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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)?, 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

JSA 0E1268 1.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	2,229,738.	1,823,868.	1,606,496.	951,997.	243,972.
b Contributions	578,928.	410,366.	311,365.	722,043.	679,416.
c Net investment earnings, gains, and losses	452,287.	108,274.	24,350.	65,889.	38,907.
d Grants or scholarships					
e Other expenditures for facilities and programs	142,484.	64,769.	87,889.	44,000.	10,298.
f Administrative expenses	61,600.	48,001.	30,454.	89,433.	
g End of year balance	3,056,869.	2,229,738.	1,823,868.	1,606,496.	951,997.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.0000 %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		198,400.		198,400.
b Buildings		1,556,984.	66,413.	1,490,571.
c Leasehold improvements				
d Equipment		26,375.	7,673.	18,702.
e Other		569,333.	387,404.	181,929.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,889,602.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DFA US CORE EQUITY I	2,874,146.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	2,874,146.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT-INTEREST AGREEMENTS	68,809.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	68,809.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY:

SPECIAL ESCROW FUNDS ARE BEING HELD FOR OTHER CONFERENCES AND COUNCILS.

PART V, LINE 4 - INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

BOARD DESIGNATED FUNDS ARE DISTRIBUTED TO SUPPLEMENT BOTH ADMINISTRATIVE AND PROGRAM EXPENSES AS DETERMINED BY A VOTE OF THE BOARD.

PART X, LINE 2 - FIN 48 (ASC 740) STATEMENT:

THE SOCIETY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE SOCIETY FOLLOWS FASB ACCOUNTING STANDARDS FOR UNCERTAINTY IN INCOME TAXES. THESE STANDARDS REQUIRE THAT UNCERTAIN INCOME TAX POSITIONS BE "MORE LIKELY THAN NOT" BEFORE THE AMOUNTS ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. FURTHER, THE STANDARDS REQUIRE THE BENEFIT OR EXPENSE BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. THE SOCIETY HAS ASSESSED ITS FEDERAL AND STATE TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAINTIES OR POSSIBLE RELATED EFFECTS THAT NEEDED TO BE RECORDED AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020.

THE FEDERAL AND STATE INCOME TAX RETURNS OF THE SOCIETY ARE SUBJECT TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. INCOME TAX RETURNS FOR 2018 AND FORWARD MAY BE AUDITED BY REGULATORY AGENCIES; HOWEVER, THE SOCIETY IS NOT AWARE OF

Part XIII Supplemental Information *(continued)*

ANY SUCH ACTIONS AT THIS TIME.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		270,364.
(2) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		12,856.
(3) EUROPE	0.	0.	GRANTMAKING		421,673.
(4) NORTH AMERICA	0.	0.	GRANTMAKING		39,908.
(5) SOUTH AMERICA	0.	0.	GRANTMAKING		120,240.
(6) SOUTH ASIA	0.	0.	GRANTMAKING		8,650.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		8,800.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					882,491.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					882,491.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	TWINNING, EDU	33,700.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	TWINNING, EDU	53,050.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	TWINNING	55,552.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	TWINNING	5,397.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	TWINNING	16,350.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	TWINNING	23,922.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	TWINNING, RENT	20,688.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	HAITI-VINCEN	10,000.	WIRE TRANSFE			
(9)			CENT. AMERICA/CARIBBEAN	TWINNING	24,380.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	TWINNING	13,600.	WIRE TRANSFE			
(11)			CENT. AMERICA/CARIBBEAN	TWINNING	7,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TWINNING	8,550.	WIRE TRANSFE			
(13)			EUROPE/ICELAND/GREENLAND	DISASTER RELIEF SUPPO	421,673.	WIRE TRANSFE			
(14)			NORTH AMERICA	TWINNING	37,408.	WIRE TRANSFE			
(15)			SOUTH AMERICA	TWINNING	5,750.	WIRE TRANSFE			
(16)			SOUTH AMERICA	TWINNING	53,550.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	TWINNING	23,925.	WIRE TRANSFE			
(2)			SOUTH AMERICA	TWINNING	7,550.	WIRE TRANSFE			
(3)			SOUTH AMERICA	TWINNING	26,090.	WIRE TRANSFE			
(4)			SOUTH ASIA	TWINNING	8,650.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	TWINNING	8,800.	WIRE TRANSFE			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 21.

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

THE INTERNATIONAL GRANTMAKING POLICY OF THE NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC. (NATIONAL SVDP) LIMITS A FOREIGN GRANTEE'S USE OF FUNDS TO SPECIFIC PROJECTS THAT FURTHER NATIONAL SVDP'S CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES UNDER SECTION 501(C)(3), EXERCISES CONTROL AND DISCRETION OVER A GRANTEE'S USE OF THE FUNDS, AND PROVIDES FOR RECEIPT AND MAINTENANCE OF PERIODIC ACCOUNTINGS FROM FOREIGN GRANTEES ESTABLISHING THAT THE FUNDS WERE UTILIZED FOR 501(C)(3) PURPOSES. THE APPLICATION OF THESE GUIDELINES SHALL BE ON A RISK-BASED APPROACH AND WILL DIFFER DEPENDING ON: (A) THE NATURE OF THE FOREIGN ORGANIZATION; (B) THE SIZE, SCOPE, AND DURATION OF THE GRANT RELATIONSHIP; AND (3) THE FOREIGN COUNTRY'S LEGAL STRUCTURE AND POLITICAL CLIMATE OF THE REGION.

NATIONAL SVDP REGULARLY REVIEWS AND ASSESSES ITS ONGOING FOREIGN GRANTMAKING ACTIVITIES UTILIZING THE TREASURY RISK MATRIX FOR THE CHARITABLE SECTOR. TO THE GREATEST EXTENT POSSIBLE, NATIONAL SVDP'S GRANTMAKING ACTIVITIES ARE PERFORMED TO COMPLY WITH A LOW RISK TOLERANCE. ALL FOREIGN GRANT RECIPIENTS ARE SCREENED ON THE DEPARTMENT OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL SPECIALLY DESIGNATED NATIONALS LIST (SDN LIST) PRIOR TO GRANT DISTRIBUTION. NATIONAL SVDP ALSO ROUTINELY MONITORS COUNTRY-SPECIFIC SANCTIONS PROGRAMS AND INFORMATION AVAILABLE IN REGIONS WHERE NATIONAL SVDP IS GRANTING FUNDS. PRIOR TO DISTRIBUTING GRANT FUNDS TO A SANCTIONED COUNTRY OR REGION WITH A HIGH RISK OF TERRORISM, NATIONAL SVDP CONSULTS LEGAL COUNSEL AND SECURES APPLICABLE LICENSING WITH OFAC TO

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ENSURE THAT ALL GRANTS COMPLY WITH US LAWS, FOREIGN POLICY AND NATIONAL SECURITY GOALS.

INTERNATIONAL TWINNING PROGRAM

NATIONAL SVDP'S INTERNATIONAL TWINNING (COLLABORATIVE FUNDING) PROGRAM CONNECTS INSTITUTED/AGGREGATED US-BASED SVDP CONFERENCES AND COUNCILS TO INSTITUTED/AGGREGATED SVDP COUNCILS AND CONFERENCES IN FOREIGN COUNTRIES LACKING RESOURCES TO CONDUCT THEIR WORKS OF CHARITY. A SYSTEM OF COLLABORATIVE FUNDING BETWEEN ORGANIZATIONS, CHARITABLE FUNDS ARE COLLECTED FROM TWINNED CONFERENCES AND COUNCILS IN THE US AND GRANTED TO PARTICIPATING TWINNED CONFERENCES AND COUNCILS IN FOREIGN COUNTRIES. THESE GRANTEES SHARE THE SAME RELIGIOUS AND CHARITABLE PURPOSES OF NATIONAL SVDP.

FOREIGN GRANTEES' USE OF FUNDS ARE GOVERNED BY THE INTERNATIONAL TWINNING COMMISSION POLICIES AND PROCEDURES MANUAL, WHICH REQUIRES THE GRANTEE TO USE THE FUNDS FOR SPECIFIC CHARITABLE PROJECTS; PROVIDE ADEQUATE CONTROL AND OVERSIGHT SAFEGUARDS; AND ESTABLISH REGULAR REPORTING ON THE USE OF THE FUNDS FOR NATIONAL SVDP. FOREIGN GRANTEES MUST COMPLETE A CERTIFICATION THAT THE GRANTEE WILL UTILIZE THE FUNDS IN ACCORDANCE WITH THE TWINNING MANUAL, COMPLY WITH ADDITIONAL ANTI-TERRORISM AND LEGISLATIVE/POLITICAL CAMPAIGN RESTRICTIONS REQUIRED UNDER US LAW, AND PROVIDE REPORTING IN ACCORDANCE WITH THE SAME. THIS CERTIFICATION MUST BE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

COMPLETED PRIOR TO THE GRANTING OF ANY TWINNING FUNDS.

ALL INTERNATIONAL TWINNING APPLICATIONS APPROVED BY THE INTERNATIONAL TWINNING COMMISSION ARE REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER AND ARE SUBJECT TO QUARTERLY REPORTING TO THE FINANCE COMMITTEE OR OTHER COMMITTEE AUTHORIZED BY THE NATIONAL SVDP BOARD OF DIRECTORS.

NON-TWINNING GRANTS AND CONTRIBUTIONS

FOREIGN GRANTEES THAT DO NOT PARTICIPATE IN THE INTERNATIONAL TWINNING PROGRAM MUST COMPLETE A PRE-GRANT INQUIRY PRIOR TO RECEIVING A GRANT FROM NATIONAL SVDP. NATIONAL SVDP REVIEWS THE PRE-GRANT INQUIRIES TO ENSURE THAT THE PROJECT(S) TO BE FUNDED FURTHER NATIONAL SVDP'S RELIGIOUS AND CHARITABLE PURPOSES AND THE GRANTEE ORGANIZATION IS AN APPROPRIATE RECIPIENT TO EXPEND THE FUNDS FOR THE PROPOSED PROJECT(S). FOREIGN GRANTS MADE OUTSIDE THE SCOPE OF NATIONAL SVDP'S INTERNATIONAL TWINNING PROGRAM ARE GOVERNED BY A WRITTEN GRANT AGREEMENT THAT RESTRICTS GRANTEE'S USE OF THE FUNDS TO SPECIFIC CHARITABLE AND RELIGIOUS PROJECTS AND MANDATES REPORTING PROCEDURES. LONG-TERM GRANT AGREEMENTS ARE REVIEWED ON A TWO TO THREE-YEAR BASIS.

ALL NON-TWINNING GRANTS AND CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OR OTHER COMMITTEE AUTHORIZED BY THE NATIONAL SVDP BOARD OF DIRECTORS MONTHLY AND ARE SUBJECT TO A SEMI-ANNUAL REPORTING TO

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

THE NATIONAL SVDP BOARD OF DIRECTORS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					1,076,531.	245,484.	831,047.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on 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	Noncash 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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 of the third party:

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? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION:

THE AMOUNTS DUE FOR POSTAGE ARE SEPARATED ON THE INVOICES; UNUSED POSTAGE LEFT OVER AFTER THE CAMPAIGN IS CREDITED. POSTAGE AMOUNTS ARE TRACKED BY AMOUNTS ACTUALLY PAID AND USED.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
GABRIEL GROUP 3190 RIDER TRAIL SOUTH EARTH CITY MO 63045	DIRECT MAIL CONSULTING		X	1,076,531.	205,984.	870,547.
MOSAIC BEGINNINGS LLC 4655 ROBBINS GROVE DRIVE FLORISSANT MO 63034	GRANT WRITING SVC		X		39,500.	-39,500.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DISASTER SERVICES CORPORATION 320 DECKER DRIVE # 100 IRVING, TX 75062	XX-XXX8251	501(C)(3)	446,918.				DISASTER RELIEF
(2) SOCIETY OF SVDP COUNCIL OF ROCKFORD DIOCESE 227 WHITE OAK STREET HAMPSHIRE, IL 60140	XX-XXX0220	501(C)(3)	44,022.				FOP WALK, FOP GRANT
(3) DIOCESAN COUNCIL OF ORLANDO SOCIETY OF SVDP 770A S ORANGE BLOSSOM TRL APOPKA, FL 32703	XX-XXX8683	501(C)(3)	32,051.				FOP WALK, DIRECT MAI
(4) MANHATTAN DISTRICT COUNCIL 1011 1ST AVE. #607 NEW YORK, NY 10022	XX-XXX3024	501(C)(3)	29,010.				FOP WALK
(5) COUNCIL OF ORANGE COUNTY SOCIETY OF SVDP OFFICE 1505 E. 17TH ST. SANTA ANA, CA 92705	XX-XXX3494	501(C)(3)	25,226.				FOP WALK, DIRECT MAI
(6) DIOCESAN COUNCIL OF DALLAS 3826 GILBERT AVENUE DALLAS, TX 75219	XX-XXX0370	501(C)(3)	23,860.				FOP WALK, DIRECT MAI
(7) FORT WAYNE SOCIETY OF SVDP 1600 S. CALHOUN ST FORT WAYNE, IN 46802	XX-XXX5940	501(C)(3)	22,434.				FOP WALK
(8) DISTRICT COUNCIL OF DES MOINES 1426 6TH AVE DES MOINES, IA 50314	XX-XXX1808	501(C)(3)	21,370.				FOP WALK, DIRECT MAI
(9) THE SOCIETY OF SVDP IN ARCHDIOCESE DETROIT 3000 GRATIOT AVE. DETROIT, MI 48207	XX-XXX9592	501(C)(3)	21,193.				DIRECT MAIL, FOP GRA
(10) SVDP SOCIETY BOSTON 18 CANTON STREET STOUGHTON, MA 02072	XX-XXX4826	501(C)(3)	21,128.				FOP WALK, DIRECT MAI
(11) FORT WORTH DIOSECAN COUNCIL 1912 NORWOOD LN ARLINGTON, TX 76013	XX-XXX7696	501(C)(3)	20,000.				FOP GRANT
(12) THE SOCIETY OF SVDP DIOCESAN COUNCIL OF AUS P.O. BOX 81511 AUSTIN, TX 78708	XX-XXX3690	501(C)(3)	19,445.				FOP WALK, FOP GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SVDP SOCIETY PARTICULAR COUNCIL OF DENVER 2830 LAWRENCE ST DENVER, CO 80205	XX-XXX2037	501(C)(3)	15,472.				FOP WALK, DIRECT MAI
(2) SVDP DISTRICT COUNCIL OF GREEN BAY, INC. 1529 LEO FRIGO WAY GREEN BAY, WI 54302	XX-XXX5429	501(C)(3)	15,000.				PORTICUS
(3) DISTRICT COUNCIL OF ATTLEBORO 6 TANYA DRIVE MANSFIELD, MA 02048	XX-XXX7263	501(C)(3)	15,000.				PORTICUS
(4) SOCIETY OF ST. VINCENT DE PAUL GEORGIA 2050 CHAMBLEE-TUCKER RD. ATLANTA, GA 30341	XX-XXX7972	501(C)(3)	13,541.				DIRECT MAIL, FOP GRA
(5) SVDP HOLY TRINITY CONFERENCE 401 ALDERMAN ROAD CHARLOTTESVILLE, VA 22903	XX-XXX7407	501(C)(3)	12,530.				FOP WALK
(6) SVDP ARCHDIOCESAN COUNCIL OF NEW ORLEANS PO BOX 792880 NEW ORLEANS, LA 70179	XX-XXX2053	501(C)(3)	11,077.				DIRECT MAIL, FOP GRA
(7) SOCIETY OF ST. VINCENT DE PAUL MEMPHIS INC. 1306 MONROE MEMPHIS, TN 38104	XX-XXX2650	501(C)(3)	10,688.				FOP WALK, DIRECT MAI
(8) THE SOCIETY OF SVDP OF PHILADELPHIA 611W GRMNTWN PKE PLYMOUTH MEETING, PA 19462	XX-XXX2549	501(C)(3)	10,050.				FOP WALK, FOP GRANT
(9) DISTRICT COUNCIL OF CONTRA COSTA COUNTY 2210 GLADSTONE DRIVE PITTSBURG, CA 94565	XX-XXX8577	501(C)(3)	10,025.				FOP WALK
(10) SOCIETY OF SVDP DIOCESAN COUNCIL SAN DIEGO 4024 CORTE TIERRA ALTA LA MESA, CA 91941	XX-XXX9789	501(C)(3)	10,019.				FOP WALK, DIRECT MAI
(11) THE PARTICULAR COUNCIL OF SOCIETY OF SVDP PO BOX 5579 SAN JOSE, CA 95150	XX-XXX8301	501(C)(3)	10,000.				FOP GRANT
(12) JACKSONVILLE DISTRICT CNCL SOCIETY OF SVDP 3512 BEACH BLVD. JACKSONVILLE, FL 32207	XX-XXX7717	501(C)(3)	9,831.				FOP WALK, FOP GRANT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DISTRICT COUNCIL OF ROCHESTER MINNESOTA 1600 11TH AVE SE ROCHESTER, MN 55904	XX-XXX4559	501(C)(3)	9,713.				FOP WALK
(2) DIOCESAN COUNCIL FOR THE SOCIETY OF SVDP PO BOX 13600 PHOENIX, AZ 85002	XX-XXX6789	501(C)(3)	8,781.				DIRECT MAIL
(3) SACRAMENTO DISTRICT COUNCIL SVDP SOCIETY 2275 WATT AVENUE SACRAMENTO, CA 95825	XX-XXX3161	501(C)(3)	7,695.				FOP WALK
(4) ST. MICHAEL THE ARCHANGEL CONFERENCE SVDP 4491 SPRINGFIELD RD. GLEN ALLEN, VA 23060	XX-XXX8250	501(C)(3)	7,600.				FOP WALK
(5) SOCIETY OF SVDP ARCHDIOCESAN CNCL ST LOUIS 1310 PAPIN STREET ST. LOUIS, MO 63103	XX-XXX2684	501(C)(3)	7,481.				FOP WALK, FOP GRANT
(6) SOCIETY-SVDP ARCHDIOCESE GALVESTON-HOUSTON 2403 HOLCOMBE HOUSTON, TX 77021	XX-XXX4210	501(C)(3)	7,445.				FOP WALK, FOP GRANT
(7) SOCIETY OF SVDP ARCHDIOCESAN COUNCIL MIAMI PO BOX 431232 MIAMI, FL 33243	XX-XXX1310	501(C)(3)	7,149.				DIRECT MAIL
(8) SOCIETY - SVDP DISTRICT COUNCIL OF ARKANSAS 308 N 33RD ST. ROGERS, AR 72756	XX-XXX5130	501(C)(3)	6,832.				FOP WALK
(9) SOCIETY - SVDP OUR LADY OF GRACE CONFERENCE 911 PARK BOULEVRD WEST SACRAMENTO, CA 95691	XX-XXX0902	501(C)(3)	6,780.				FOP WALK, FOP GRANT
(10) OUR DIVINE SAVIOR - CHICO CONFERENCE 566 EAST LASSEN AVE. CHICO, CA 95973	XX-XXX3622	501(C)(3)	6,215.				FOP WALK, FOP GRANT
(11) SOCIETY OF SVDP ARCHDIOCESE OF CHICAGO 12731 SOUTH WOOD ST BLUE ISLAND, IL 60406	XX-XXX5567	501(C)(3)	6,158.				DIRECT MAIL, FOP GRA
(12) ST. FRANCIS DE SALES CONFERENCE SVDP 13360 VALLEYHEART DR SHERMAN OAKS, CA 91423	XX-XXX9039	501(C)(3)	6,100.				FOP WALK, FOP GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOCIETY - SVDP DISTRCT COUNCIL GARY INDIANA 7132 ARIZONA AVE HAMMOND, IN 46323	XX-XXX4600	501(C)(3)	5,986.				FOP WALK
(2) HOLY REDEEMER CONFERENCE SVDP 2411 MONTROSE AVE. MONTROSE, CA 91020	XX-XXX3450	501(C)(3)	5,875.				FOP WALK, FOP GRANT
(3) HOLY NAME CONFERENCE SVDP 1689 CENTRE ST WEST ROXBURY, MA 02132	XX-XXX6335	501(C)(3)	5,815.				FOP WALK
(4) SOCIETY OF SVDP OF JOLIET DIOCESAN COUNCIL 213 MAIN STREET WEST CHICAGO, IL 60185	XX-XXX4129	501(C)(3)	5,775.				DIRECT MAIL
(5) ST. DOROTHEA CONFERENCE, SVDP SOCIETY 240 BROAD STREET EATONTOWN, NJ 07724	XX-XXX4942	501(C)(3)	5,775.				FOP WALK, FOP GRANT
(6) SOCIETY OF ST. VINCENT DE PAUL 6006 THREE CHOPT ROAD RICHMOND, VA 23226	XX-XXX0981	501(C)(3)	5,625.				FOP WALK, FOP GRANT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 42.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL DOMESTIC GRANTS ARE BY APPLICATION. THE APPLICATIONS ARE REVIEWED AND SCORED BY A PREDETERMINED TASK FORCE OR COMMITTEE. IF A GRANT IS AWARDED, THE GRANTEE PARTICIPATES IN A CONFERENCE CALL WHERE REPORTING REQUIREMENTS ARE REVIEWED. ASSISTANCE IS PROVIDED THROUGHOUT THE GRANT PERIOD AND GRANTEES MUST FILE BOTH MID-TERM AND FINAL GRANT REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

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 on 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 checked="" 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BARRINGER CHIEF EXECUTIVE OFFICER	(i)	226,462.	48.	3,202.	13,629.	28,943.	272,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NANCY PINO CHIEF FINANCIAL OFFICER & COO	(i)	149,077.	0.	1,290.	9,000.	18,497.	177,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

TRAVEL AND MEETING EXPENSES OF THE SPOUSE OF THE NATIONAL PRESIDENT ARE TO BE PAID BY THE NATIONAL COUNCIL OF THE US.

TRAVEL AND MEETING EXPENSES OF THE SPOUSE OF THE CHIEF EXECUTIVE OFFICER FOR A MAXIMUM OF THREE MEETINGS PER YEAR ARE TO BE PAID BY THE NATIONAL COUNCIL OF THE US.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.	X	193.	152,299.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10.	94,404.	FMV
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				
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 V, Donee Acknowledgement **29** 3.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

JSA

OE1298 1.000

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I. LINE 32B:

CHARITABLE ADULT RIDES & SERVICES SOLICITS DONATIONS THROUGH THEIR
WEBSITE AND IMMEDIATELY SELLS THEM AT CAR AUCTIONS AND SENDS NET FUNDS
AFTER EXPENSES AND THEIR FEES.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.

Employer identification number
XX-XXX2362

FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION:

A NETWORK OF FRIENDS, INSPIRED BY GOSPEL VALUES, GROWING IN HOLINESS AND
BUILDING A MORE JUST WORLD THROUGH PERSONAL RELATIONSHIPS WITH AND
SERVICE TO PEOPLE IN NEED.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE #1:

CONFERENCE AND COUNCIL ASSISTANCE

THE NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE
PAUL, INC. PROVIDES RESOURCES TO ITS MEMBER LOCAL CHAPTERS
(CONFERENCES/COUNCILS) TO HELP INCREASE THEIR SERVICE CAPACITY.

THE FRIENDS OF THE POOR GRANT PROGRAM PROVIDES GRANTS TO LOCAL
CONFERENCES TO BE USED FOR EMERGENCY ASSISTANCE IN PREVENTING EVICTION,
UTILITY SHUT-OFFS, PROVIDING FOOD AND CLOTHING AND OTHER BASIC NEED
SERVICES. THESE GRANTS HELP EXTEND THE OUTREACH OF LOCAL CONFERENCES BY
AIDING THOSE WHO WOULD NOT HAVE BEEN SERVED WITHOUT THIS ASSISTANCE.

SYSTEMIC CHANGE PROGRAMS PROVIDE GRANTS TO LOCAL COUNCILS AND CONFERENCES
FOR PROJECTS WITH THE SOLE PURPOSE OF HELPING INDIVIDUALS JOURNEY OUT OF
POVERTY AND INTO MIDDLE CLASS.

FUNDRAISING AND GRANT WRITING RESOURCES ARE BEING PROVIDED TO ASSIST
CONFERENCES AND COUNCILS DEVELOP SOUND FUNDRAISING ACTIVITIES.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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COMMUNICATION SERVICES FROM THE NATIONAL COUNCIL INFORM THE MEMBERS OF THE CURRENT EVENTS, NEW TRAINING MATERIALS, GRANT OPPORTUNITIES AND RESOURCES. LOCAL PRESS RELEASES ARE SUBMITTED TO INCREASE THE AWARENESS OF THE SOCIETY AND ITS IMPACT.

MEMBERSHIP SERVICES PROVIDE TRAINING AND RESOURCES TO LOCAL MEMBERS TO ENHANCE THEIR MEMBERSHIP GROWTH AND UNDERSTANDING OF THE OPERATIONAL PRINCIPLES OF THE SOCIETY. SPIRITUAL FORMATION SERVICES HELP CONFERENCE AND COUNCIL MEMBERS DEEPEN THEIR UNDERSTANDING OF THE BASIC RESOURCES OF THE SOCIETY, AND HOW TO MORE FULLY DEVELOP ONESELF IN THE LIKENESS OF GOD.

INTERNATIONAL TWINNING SERVICES PROVIDE LOCAL SVDPUA CONFERENCES THE ABILITY TO FINANCIALLY PARTNER WITH A CONFERENCE IN A FOREIGN COUNTRY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE #2:
DISASTER SERVICES

DISASTER RELIEF FUNDS AID LOCAL SOCIETY OF ST. VINCENT DE PAUL COUNCILS AND CONFERENCES IN RESPONDING QUICKLY AND EFFECTIVELY TO NATURAL AND MAN-MADE DISASTERS. DISASTER SERVICES ALSO TRAINS LOCAL MEMBERS ON BEST PRACTICES FOR DISASTER RESPONSE AND DEPLOYS EMERGENCY RESPONSE TEAMS TO THE IMPACTED AREA.

IN COOPERATION WITH THE SOCIETY OF ST. VINCENT DE PAUL DISASTER SERVICES

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.

Employer identification number
XX-XXX2362

CORPORATION AND ITS MEMBER COUNCILS AND CONFERENCES, THE NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE PAUL, INC. HAS HELPED THOUSANDS OF FAMILIES REBUILD AFTER A NATURAL OR MAN-MADE DISASTER SUCH AS CATASTROPHIC FLOODING, HURRICANES AND DEVASTATING FIRES. WHILE THESE DISASTERS ARE TRAUMATIC FOR ALL WHO EXPERIENCE THEM, OUR MOST VULNERABLE POPULATIONS HAVE THE FEWEST RESOURCES FOR RECOVERY. FAMILIES THAT WERE ON THE EDGE OF POVERTY BEFORE THE DISASTER ARE NOW IN POVERTY FACING THE OVERWHELMING TASK OF REBUILDING THEIR LIVES.

GIVEN THE SOCIETY'S FOUNDING PRINCIPLE OF WORKING FACE-TO-FACE WITH PEOPLE IN POVERTY AND OUR PROVEN ABILITIES TO HELP BEFORE, DURING, AND AFTER THE DISASTERS, AND IN COLLABORATION WITH THE SOCIETY OF THE ST. VINCENT DE PAUL DISASTER SERVICES CORPORATION AND SVDP COUNCILS/CONFERENCES, THE NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE PAUL, INC. PROVIDES MUCH NEEDED ASSISTANCE IN: DISASTER CASE MANAGEMENT AND LOCAL SAFETY NET PROVIDERS HELP DISASTER SURVIVORS DEVELOP INDIVIDUAL RECOVERY PLANS OR ROAD MAPS WITH RESOURCES TO HELP REBUILD AND SHAPE THEIR FUTURE AND ESSENTIAL ITEMS TO RE-FURNISH HOMES UTILIZING A HOLISTIC, COMMUNITY-BASED APPROACH TO HELPING FAMILIES IMMEDIATELY AFTER A DISASTER.

FORM 990, PART VI, SECTION B, LINE 10B:

THE NATIONAL COUNCIL AND ALL THE SVDP CONFERENCES AND COUNCILS IN THE UNITED STATES ARE UNITED IN A WORLDWIDE CHRISTIAN COMMUNITY FOUNDED IN PARIS IN 1833, BY A GROUP OF YOUNG CATHOLIC LAY PEOPLE, LED BY BLESSED FREDERIC OZANAM. THE SOCIETY'S MEMBERSHIP IS OPEN TO ALL THOSE WHO SEEK

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.

Employer identification number
XX-XXX2362

TO LIVE THEIR FAITH LOVING AND COMMITTING THEMSELVES TO THEIR NEIGHBORS
IN NEED.

THE SOCIETY OF ST. VINCENT DE PAUL OF THE UNITED STATES IS A SEPARATE
501(C)(3) ORGANIZATION FROM ITS LOCAL CHAPTERS. LOCAL CHAPTERS ARE
ENCOURAGED TO BECOME THEIR OWN 501(C)(3) ORGANIZATIONS.

CONFERENCES ARE PARISH-BASED CHAPTERS OPERATING IN 4,400 CATHOLIC
PARISHES IN LOCAL NEIGHBORHOODS, HAVING A PRESENCE IN 155 OF THE 184
CATHOLIC DIOCESES (84 PERCENT). THE CONFERENCE IS THE BASE UNIT OF THE
SOCIETY AND IS WHERE THE STRENGTH OF THE SOCIETY IS ROOTED. THE MISSION
OF THE CONFERENCE IS TO JOIN PEOPLE TOGETHER IN A BOND OF FRIENDSHIP, AND
TO GROW SPIRITUALLY BY OFFERING PERSON-TO-PERSON SERVICE TO THOSE WHO ARE
NEEDY AND SUFFERING, IN THE TRADITION OF THE FOUNDER, BLESSED FREDERIC
OZANAM AND PATRON, ST. VINCENT DE PAUL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A CPA FIRM AND REVIEWED BY THE CHIEF
FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER AND PRESENTED TO THE
FINANCE COMMITTEE AND ALL VOTING BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A QUESTIONNAIRE IS DISTRIBUTED TO THE BOARD OF DIRECTORS, NATIONAL
COUNCIL MEMBERS, COMMITTEE CHAIRS AND STAFF. THEN, THE QUESTIONNAIRES ARE
COLLECTED AT THE MAIN OFFICE AND REVIEWED FOR ANY POTENTIAL ISSUES.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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FORM 990, PART VI, SECTION B, LINE 15B:

A NATIONAL SALARY SURVEY IS CONDUCTED EVERY THREE YEARS AND REVIEWED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	127,995.
INVENTORY AT BEGINNING OF YEAR	224,300.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	29,945.
SUBTOTAL	314,240.
MINUS ENDING INVENTORY	182,344.
COST OF GOODS SOLD	71,901.

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$777

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JEFFREY MOISAN DBA JL MOISAN CONSTRUCT'N 2940 KANDAHAR DRIVE ST. CHARLES, MO 63303	CONSTRUCTION	478,904.
WORDS, DATA & IMAGES LLC DBA GABRIEL GRP 3190 RIDER TRAIL SOUTH EARTH CITY, MO 63045	MARKETING	329,864.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**

Employer identification number
XX-XXX2362

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DISASTER SERVICES CORPORATION OF SVDP 320 DECKER DRIVE, NO. 100 IRVING, TX 75062 XX-XXX8251	SEE PART VII	MO	501(C)(3)	7	SEE PART VII	X	
(2) SVDP NATIONAL FOUNDATION 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043 XX-XXX3802	SEE PART VII	MO	501(C)(3)	12, TYPE I	SEE PART VII	X	
(3) SOCIETY OF SVDP NATIONAL STORES 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043 XX-XXX5787	SEE PART VII	MO	501(C)(3)	10	SEE PART VII	X	
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DISASTER SERVICES CORPORATION OF SVDP	B	446,918.	CASH VALUE
(2) SVDP NATIONAL STORES	D	525,000.	CASH VALUE
(3) SVDP NATIONAL STORES	A	4,250.	CASH VALUE
(4) SVDP NATIONAL FOUNDATION	B	26,000.	CASH VALUE
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, COLUMN B - PRIMARY ACTIVITY:

ORGANIZATION: DISASTER SERVICES CORPORATION OF THE SOCIETY OF ST. VINCENT
DE PAUL

PRIMARY ACTIVITY: SUPPORT AND DISASTER RELIEF TO SOCIETY OF ST. VINCENT
DE PAUL COUNCILS AND CONFERENCES.

ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION

PRIMARY ACTIVITY: TO BUILD AN ENDOWMENT FUND.

ORGANIZATION: SOCIETY OF SVDP NATIONAL STORES

PRIMARY ACTIVITY: THRIFT STORE TO SERVE THOSE IN NEED AND TRAINING
FACILITY FOR OTHER SVDP THRIFT STORES.

PART II, COLUMN F - DIRECT CONTROLLING ENTITY:

ORGANIZATION: DISASTER SERVICES CORPORATION OF THE SOCIETY OF ST. VINCENT
DE PAUL

DIRECT CONTROLLING ENTITY: NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY
OF ST. VINCENT DE PAUL, INC.

ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION

DIRECT CONTROLLING ENTITY: NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY
OF ST. VINCENT DE PAUL, INC.

ORGANIZATION: SOCIETY OF SVDP NATIONAL STORES

DIRECT CONTROLLING ENTITY: NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY
OF ST. VINCENT DE PAUL, INC.