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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)

 \blacktriangleright 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 F	or th		2020, and ending	<u>g</u>	09/30 ,20 ₂₁
B c	heck if ap	C Name of organization SOCIETY OF ST. VINCENT DE PAU FOUNDATION	L NATIONAL	D Employer ide	entification number
	Addre			XX-XXX3	802
	7	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	ımber
	Initial	return 66 PROGRESS PARKWAY		(314) 576	6-3993
	Termi	City or town, state or province, country, and ZIP or foreign postal code			
	Amen			G Gross receipt	ts \$ 203,993.
		F Name and address of principal officer: DAVID BARRINGER		H(a) Is this a grou	
	pendi	66 PROGRESS PARKWAY, MARYLAND HEIGHTS, M	0 63043-370	6 H(b) Are all subordinates?	
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attac	h a list. (see instructions)
J	Websi	ite: ▶ N/A		H(c) Group exemp	otion number
K	Form o	of organization: X Corporation Trust Association Other	L Year of	formation: 2017 M	State of legal domicile: MO
Р	art I	Summary	'	•	
		Briefly describe the organization's mission or most significant activities: SEE	E SCHEDULE (Ο.	
ø		, , , , , , , , , , , , , , , , , , , ,			
and					
ern	2	Check this box ▶ if the organization discontinued its operations or dis	sposed of more tha	n 25% of its net assets	 3.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			8.
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line	1b)		4 8.
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5 0.
Ξ̈́		Total number of volunteers (estimate if necessary)			6 12.
Å	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0
		Net unrelated business taxable income from Form 990-T, line 34			7b 0
		·		Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		151,25	6. 190,111
Revenue	9	Program service revenue (Part VIII, line 2g)	COPY FOR		0. 0
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	LIC INSPECTION	40,62	13,882
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0. 0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		191,88	2. 203,993
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,00	0. 126,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			0. 0
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		97	0. 0
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,04	8. 16,903
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		168,01	8. 142,903
		Revenue less expenses. Subtract line 18 from line 12		23,86	61,090
ces				Beginning of Current Y	ear End of Year
sets	20	Total assets (Part X, line 16)		570,40	2. 136,857
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		502,22	0.
F S	22	Net assets or fund balances. Subtract line 21 from line 20		68,18	2. 136,857
Pa	rt II	Signature Block			
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying sect, and complete. Declaration of preparer (other than officer) is based on all information of	chedules and statem	ents, and to the best of	my knowledge and belief, it is
	5, 00110	201, and complete. Declaration of preparer (other than officer) is based on an information of	or willon proparer has	arry knowicage.	
e:		\			
Sig He		Signature of officer		Date	
116	16	DAVID BARRINGER CEC)		
		Type or print name and title			
Paid	4	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
	a parer	MARY JANE PIERONI CPA Mary Jane Rusi	08/09		
	Only	Firm's name ▶ BDO USA, LLP		1 111110 2111	XX-XXX1590
	•	Firm's address ► 101 S. HANLEY RD STE 800 ST LOUIS,			314-889-1100
May	the I	RS discuss this return with the preparer shown above? (see instructions)			
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2020)

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Pa	art III	Statement of Program Se Check if Schedule O cont		ny line in this Part III		X
1	•	escribe the organization's r				
2	prior Fo				which were not listed on the	Yes X No
3	Did the services	organization cease cond?	lucting, or make significar		it conducts, any program	Yes X No
4	Describ expense	s. Section 501(c)(3) and	am service accomplishmen	required to report	hree largest program service the amount of grants and a	
			AND MANAGES A NATI	ONAL FUNDRAIS		0)
			NUING SUPPORT SOLEI TATES, SOCIETY OF ST			
			ITS CHARITABLE MISS		FAUL, INC.	
4b	(Code:) (Expenses \$_	including gra	ants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)
4	Oth	annon coming (December)	on Cohodule O.)			
	(Expens		ling grants of \$) (Revenue \$)	
JSA	-	ogram service expenses >	138,500.			Form 990 (2020)
0E1	203	7TO 049P 8/9/2022	9:39:54 AM V 20)-7.24	SUPERSEDED COPY	PAGE

Form 990 (2020)
Part IV Chocklist of Populard Schodules

Part	Checklist of Required Schedules		V	Na
	In the consciention described in parties 504/5/(0) on 4047/5/(4) /other there are instant foundation/0. If II/on II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	х	
_	complete Schedule A	2	X	
2	-	-	- 1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
4	candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		21
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	- 21	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
_	complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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			3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		- 21
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	CONTRACTOR CONTRACTOR OF PARTY CONTROLLED FOR LATE AND CONTRACTOR SCHOOLING LANGUE CONTRACTOR		44	

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	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
L	through 24d and complete Schedule K. If "No," go to line 25a			Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? $\it lf$			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3.7
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Λ
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		Х
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Estable contrary and the Book of Estable and the Contrary of t		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms M 2C included in line to Fator A if not and it is to 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2020

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \blacktriangleright			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	va		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Х
	and services provided to the payor?	7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

SOCIETY OF ST. VINCENT DE PAUL NATIONAL Page 6 XX-XXX3802 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 Section A. Governing Body and Management No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х X 13 13 Did the organization have a written whistleblower policy?.......... X 14 14 Did the organization have a written document retention and destruction policy?...... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶_ 17

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.

X Upon request Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records The Organization 66 PROGRESS PARKWAY MARYLAND HEIGHTS. MO 63043 314-576-3993 20

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

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

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 ne	either the organizatio	n nor anv relate	ed organization c	ompensated any	current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/truster				is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related organizations	
(1) DAVID W. BARRINGER	1.50										
CEO	59.50			Х				0.	229,712.	42,572.	
(2)NANCY PINO	2.00								-		
CFO	46.00			Х				0.	150,367.	27,497.	
(3) CATHERINE LOHRUM	4.00										
COO (UNTIL 12/31/2020)	36.00			Х				0.	115,518.	15,198.	
(4) JOSEPH MANOGUE	3.00										
CHAIR	0.	X		Х				0.	0.	0 .	
(5) JOSEPH RILEY	2.20										
VICE CHAIR	0.	X		Х				0.	0.	0 .	
(6) JEFFREY LEWIS	1.00										
SECRETARY	0.	X		Х				0.	0.	0 .	
(7) ROGER PLAYWIN	2.00										
TREASURER	1.50	X		Х				0.	0.	0 .	
(8) BETH BRAZIER-RYDESKY	.10										
DIRECTOR	0.	X						0.	0.	0	
(9) JOSEPH IMPICCHICHE	2.00										
DIRECTOR	0.	X						0.	0.	0	
(10) RALPH MIDDLECAMP	1.00										
DIRECTOR	17.00	X						0.	0.	0 .	
(11) GREG POPE	1.00										
DIRECTOR	0.	X						0.	0.	0	
(12) JAMES DODD	2.00										
DIRECTOR	25.00	X						0.	0.	0	
(13) RYAN CARNEY	4.00										
COO (FROM 02/01/2021)	36.00			Х				0.	0.	0	
(14)											

_	n 990 (2020)	. 17												Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y Em	plo			and F	ligi			yees (c	ontinue		
	(A) Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe	more rson	e than o is both or/truste	an	(D) Reportable compensation from the	Reporta compensati relate organiza	on from	am	(F) timated tount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization d related anization	b
	Sub total							_	0.	495	,597.		85,2	267.
	Sub-total Total from continuation sheets to Part VII, S								0.		0.			0.
	I Total (add lines 1b and 1c)	•						•	0.	495	,597.		85,2	267.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste			e) who	re	eceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former office													
	employee on line 1a? If "Yes," complete Schede											3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes					4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any					5		X
Se	ection B. Independent Contractors	os, compre	10 001	rout	iic o	101	Sucii	por	3011	<u> </u>				
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) compens	ation	

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 ▶

Part VIII Statement of Revenue

ıaı	C VIII	Check if Schedule O contains a respons	e or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ڡۣٚۊۜ	С	Fundraising events 1c					
ifts	d	Related organizations					
פֿיַּפ	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
eric		and similar amounts not included above . 1f	190,111.				
들돈	g	Noncash contributions included in					
ğ		lines 1a-1f 1g \$					
တွဲ ၕ	h	Total. Add lines 1a-1f	▶	190,111.			
			Business Code				
Se	2a						
ΘŽ	b						
S Z	C						
eve	d						
Program Service Revenue	e						
Ξ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends, i					
		other similar amounts)	▶	13,882.			13,882.
	4	Income from investment of tax-exempt bond p	oroceeds . ►	0.			
	5	Royalties	▶	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss)		-			
e	d	Net gain or (loss)	▶	0.			
Other R	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		0.			
	C	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
			0.				
	b	Less: direct expenses 9b Net income or (loss) from gaming activities .		0.			
	10a	Gross sales of inventory, less					
	IVA	returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
s		7. 1	Business Code				
e son	11a						
ane	b						
e e	C						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions	▶	203,993.			13,882.

Form **990** (2020)

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Part IX Statement of Functional Expenses

	organizations must complete column (A	

	Check if Schedule O contains a resp	onse or note to any lin	ne in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	126,000.	126,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	474.		474.	
С	Accounting	3,150.		3,150.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	173.		173.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.).	0.			
12	Advertising and promotion	0.			
13	Office expenses	606.		606.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	12,500.	12,500.		
20	Interest	12,500.	12,300.		
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23		0.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_					
a					
b					
q					
d					
	All other expenses Add lines 1 through 24e	142,903.	138,500.	4,403.	
	Joint costs. Complete this line only if the			1,200.	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2020) Page **11**

Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20,401.	1	25,618.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	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.
ts	7	Notes and loans receivable, net	500,000.	7	405.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	50,001.	11	110,834.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	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	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	570,402.	16	136,857.
	17	Accounts payable and accrued expenses	2,220.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
liq		controlled entity or family member of any of these persons	0.	22	0.
Ľ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	500,000.	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	502,220.	26	0.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	68,182.	27	136,857.
Bal	28	Net assets with donor restrictions.	0.	28	0.
pu	20	Organizations that do not follow FASB ASC 958, check here ▶	<u> </u>	20	0.
		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net ,	32	Total net assets or fund balances	68,182.	32	136,857.
Z	33	Total liabilities and net assets/fund balances	570,402.	33	136,857.
			2.0,202.	_ 55	Form 990 (20

Form 990 (2020) Page **12**

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			03,9		
2					142,903		
3	Revenue less expenses. Subtract line 2 from line 1	3			61,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			68,1	182.	
5	Net unrealized gains (losses) on investments	5			7,5	85.	
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				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		1	36,8	357.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	1 Accounting method used to prepare the Form 990: Cash X Accrual 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?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c						
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the	7			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Name of the organization

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.

SOCIETY OF ST. VINCENT DE PAUL NATIONAL

OMB No. 1545-0047

2020
Open to Public Inspection

Employer identification number

FOUNDATION XX-XXX3802 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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. 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. 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)

t Enter the number of supported	d organizations					<u>+</u>
g Provide the following informati	on about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(described on lines 1-10	listed in your governing		(v) Amount of monetary support (see	(vi) Amount of other support (see
ATTACHMENT 1		above (see instructions))	Yes	No	instructions)	instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					126,000.	

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fair	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	. , , , ,		,,		,	
	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<u>-6</u>	Public support. Subtract line 5 from line 4						
	tion B. Total Support		41.0047	1 1 2 2 2 2	() 0040	(),,,,,,,,	T
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for organization, check this box and stop here	r the organizati	ion's first, secon	d, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2020 (li			e 11, column (f))	14	%
15	Public support percentage from 2019						%
	331/3% support test - 2020. If the or						check this
	box and stop here. The organization q						
b	b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check						
	this box and stop here. The organizati						
17a	a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
b	Part VI how the organization meets organization	2019. If the or zation meets the	ganization did in the facts-and-circ	not check a box cumstances test	on line 13, 16, check this bo	Sa, 16b, or 17a x and stop her e	, and line e. Explain
18	organization						. ∷ ▶ □

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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.)

Sec	tion A. Public Support			, բ.ဎ۵۵۵ ٥		···· /	
	ndar 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						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	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						
С	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 organizati	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ [
	tion C. Computation of Public Supp					T	
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage			T	
17	Investment income percentage for 2020 (lin		•			17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiz	ation . 🕨 🔼
b	331/3% support tests - 2019. If the orga	anization did no	t 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 $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔼
20	Private foundation If the organization of	lid not chack '	a hov on line 1	1 10a or 10h	chack this have	and soo instru	otions -

Schedule A (Form 990 or 990-EZ) 2020 Page 4

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5 Schedule A (Form 990 or 990-F7) 2020

	16 A (1 01111 000 01 000 E2) 2020		'	age O
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		Х
L	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?	11b		Λ
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		Х
Secti	on B. Type I Supporting Organizations	110		
	51. 21. 1) po 1 oupporting of game attento		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? 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.	1	Х	
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? 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.	2		X
Secti	on 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)? 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).			
Casti		1		
Secu	on 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		162	NO
	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	$\overline{}$	r´
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
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? 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.	26		
_	G .	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the arranjection have the power to regularly appoint or elect a majority of the officers directors or			
а	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</i> "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ection 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						
Se	ection 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):							
а	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						
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	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						
Se	ection 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-functional		ited Type III supporting	g organization				
	(see instructions).							

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	4 Amounts paid to acquire exempt-use assets					
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	9 Distributable amount for 2020 from Section C, line 6					
10	10 Line 8 amount divided by line 9 amount					

Secti	on 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 - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	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			
С	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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 I - INFORMATION ABOUT	SUPPORTED	ORGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SOCIETY OF ST. VINCENT DE PAUL, INC.	13-5562362	2 7	Х	126,000.	0.
TOTAL AMOUNT OF SUPPORT				126,000.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

SOCIETY OF ST. VINCENT FOUNDATION	I DE PAUL NATIONAL	XX-XXX3802				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundary	ation				
	501(c)(3) taxable private foundation					
	301(0)(0) taxable private foundation					
Check if your organization is co	vered by the General Rule or a Special Rule.					
Note: Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See				
General Rule						
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contrib property) from any one contributor. Complete Parts I and II. See instruction printributions.	_				
Special Rules						
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contribution the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	or 990-EZ), Part II, line as of the greater of (1)				
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						
-	n't covered by the General Rule and/or the Special Rules doesn't file Schanswer "No" on Part IV, line 2, of its Form 990; or check the box on line					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SOCIETY OF ST. VINCENT DE PAUL NATIONAL Employer identification number XX-XXX3802 FOUNDATION

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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization SOCIETY OF ST. VINCENT DE PAUL NATIONAL **Employer identification number**

	F'OUNDA'I'ION	XX-XX	XX3802
Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _	

Name of or	rganization SOCIETY OF ST. VINCENT FOUNDATION	DE PAUL NATIONAL	Employer identification number XX-XXX3802				
Part III		contributions to organizations	described in section 501(c)(7), (8), or				
art iii	(10) that total more than \$1,000 for	the year from any one contributions completing Part III, enter the eyear. (Enter this information on	Itor. Complete columns (a) through (e) and total of <i>exclusively</i> religious, charitable, etc.				
(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, a	nd 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, ar	nd 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				
	Transferee's name, address, a	(e) Transfer of gift	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				
		(-\ T	L				
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 F	of gift Relationship of transferor to transferee				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

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 un	der section 501(h)): Co	mplete Part II-A. Do not com	plete Part II-B.
		that have NOT filed Form 5768 (election			
If th Tax)	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy n	Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) orga				
Nam	ne of organization SOCIETY C	F ST. VINCENT DE PAUL N	ATIONAL	Employer ide	ntification number
FOU	UNDATION			XX-XXX	3802
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa		1 0	`	
2	·	xpenditures (See instructions)		▶\$	
3		campaign activities (See instructio			
Pa	rt I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	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.				
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. Ent			
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?	(=0.0.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Yes No
5	Enter the names, addresses	and employer identification numbers. For each organization listed, en	er (EIN) of all section	on 527 political organiza	ations to which the filing
		tributions received that were prom			
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Hame	(2) / (33. 333	(5) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					,
(1)					
(2)					
(2)					
(3)					
(3)					
(4)					
(-)			1		

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

Schedule C (Form 990 or 990-EZ) 2020

(5)

(6)

Sch	edule C (Form 990 or 990-EZ) 2020 SOCIET	Y OF ST. VINCENT DE PAUL NATIONA	L XX-XX	XX3802 Page 2
Pa	Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	er's name,
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		293.
k	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c	: Total lobbying expenditures (add lines 1	a and 1b)		293.
c	Other exempt purpose expenditures		138,500.	8,505,989.
e	Total exempt purpose expenditures (ad	d lines 1c and 1d) [138,500.	8,506,282.
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	columns.		27,700.	575,314.
	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.		
ç	Grassroots nontaxable amount (enter 25	5% of line 1f)	6,925.	143,829.
ŀ	Subtract line 1g from line 1a. If zero or le	ess, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0 .
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ition file Form 4720	
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
	(Some organizations that made a	a section 501(h) election do not have to compl	ete all of the five columi	is 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.			
С	Total lobbying expenditures				293.	293.			
d	Grassroots nontaxable amount				143,829.	143,829.			
е	Grassroots ceiling amount (150% of line 2d, column (e))					215,744.			
f	Grassroots lobbying expenditures				293.	293.			

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Eor	(election under section 501(h)).	(a	1)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a	Volunteers?						
b c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	ection	า		
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
rai	III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts o	of				
•	political expenses for which the section 527(f) tax was paid). Current year			2a			
a b	Carryover from last year			2b			
C	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ng	_			
_	and political expenditure next year?			4			
₅ Par	Taxable amount of lobbying and political expenditures (See instructions)			5			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	l grou	ıp list); Part	II-A, li	nes 1	and

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: NATIONAL COUNCIL OF THE UNITED STATES, S

ADDRESS: 66 PROGRESS PARKWAY

MARYLAND HEIGHTS, MO 63043-3706

XX-XXX2362 EIN:

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT: 293.

DIRECT LOBBYING AMOUNT:

293. TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 4,221,729. TOTAL EXEMPT PURPOSE EXPENDITURES: 4,222,022.

LOBBYING NONTAXABLE AMOUNT: 361,101.

GRASSROOTS NONTAXABLE AMOUNT:

90,275.

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 STO

ADDRESS: 66 PROGRESS PARKWAY

MARYLAND HEIGHTS, ME 63043-3706

XX-XXX5787 EIN:

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

837,158. OTHER EXEMPT PURPOSE EXPENDITURES:

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:

Schedule C (Form 990 or 990-EZ) 2020

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, TN 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 ► 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.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

	SUTTINDATE ON	vy vyv2000
	UNDATION Organizations Maintaining Densy Advised Eurode or Other Similar Eurode or A	XX-XXX3802
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	(h) Funda and other accounts
	(a) Donor advised funds	(b) Funds and other accounts
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	
	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 fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	а
b	Total acreage restricted by conservation easements	b
С	Number of conservation easements on a certified historic structure included in (a)	С
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted 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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and e	xpense 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.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue set of orthogonal transports and the provided transports and transports and transports and transports and transports are the control of the provided transports and transports are the control of the co	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes these	research in furtherance of public se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	
-	art, historical treasures, or other similar assets held for public exhibition, education, or resear	ch 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 ass	ets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990 Part X	• •

	rt Organizations Maintaini	na Calla	otions of	Art Hice	orical Tr	acuroc	or Other	Similar Assats	(continued)
	<u> </u>								· / /
3	Using the organization's acquisition		sion, and o	other rec	oras, chec	k any oi	the follow	ing that make s	ignificant use of its
	collection items (check all that app	iy):			¬ .				
a	Public exhibition			d		or exchan			
b	Scholarly research			e	Other				
С	Preservation for future gene								
4	Provide a description of the organ	nization's	collections	s and exp	lain how	they furth	er the or	ganization's exen	npt purpose in Part
	XIII.								
5	During the year, did the organization	n solicit o	or receive o	donations	of art, hist	orical trea	sures, or	other similar	
	assets to be sold to raise funds rath			ained as p	art of the	organizati	on's colle	ction?	Yes No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition ans	wered "Ye	es" on Fo	rm 990, I	Part IV, lii	ne 9, or r	eported an amo	ount on Form
	990, Part X, line 21.								
1a	Is the organization an agent, trus-								t
	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement in	n Part XII	I and comp	plete the f	ollowing ta	ble:			
								Amou	int
С	Beginning balance					1	С		
d	Additions during the year					1	d		
е	Distributions during the year					1	е		
f	Ending balance					1	f		
2a	Did the organization include an am						custodial	account liability?	Yes No
	If "Yes," explain the arrangement in							-	
	rt V Endowment Funds.				· ·		·		
	Complete if the organiza	tion ans	wered "Ye	es" on Fo	rm 990, I	Part IV, li	ne 10.		
			rent year		ior year		ears back	(d) Three years bac	(e) Four years back
12	Beginning of year balance								
	Contributions								
b									
С	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
t	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		rrent year		ce (line 1g	, column (a	a)) held as	:	
a	Board designated or quasi-endown			_%					
D	Permanent endowment	%							
С		%		4000/					
•	The percentages on lines 2a, 2b, a				C O			data and to a the	
3a	Are there endowment funds not in	tne posse	ession of the	ne organi	zation that	are neid	and admir	histered for the	Yes No
	organization by:								
	(i) Unrelated organizations								3a(i)
_	(ii) Related organizations								. 3a(ii)
b	If "Yes" on line 3a(ii), are the relate	•		•					. 3b
4	Describe in Part XIII the intended u			ition's end	owment fu	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	iipment. ation ans	swered "Y	es" on F	orm 990.	Part IV. li	ine 11a. S	See Form 990.	Part X. line 10.
	Description of property	1011 0110		r other basis		or other basis		cumulated	(d) Book value
				stment)	(0	other)		reciation	
1a	Land	T I							
b	Buildings								
С	Leasehold improvements	1							
d	Equipment	ľ							
e	Other								
Tota	I Add lines 1a through 1e (Column	(d) must	equal For	m 990 Pa	rt X colum	n (R) line	10c)		

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered	d "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 (c) Method of valuation (c) Cost or end-of-year market	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	1 "Voo" on Form 000	Port IV line 11e See Form 000	Dort V line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(4)			Soot of one of your marke	or variation
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		Dowt IV line 44d Con Form 000	Don't V. line 45
	Complete if the organization answered		, Part IV, line 1 Id. See Form 990,	
(4)	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.	/		
	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at 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 .

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	e D (Form 990) 2020		Page 4
Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
_	Other (Describe in Part XIII.)	1	
b	Add lines 4a and 4b	4c	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	Part V, I	ine 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.		,
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

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

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

THE FOUNDATION 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 FOUNDATION HAS ASSESSED ITS FEDERAL AND STATE TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAINTIES OR POSSIBLE RELATED EFFECTS THAT NEED TO BE RECORDED AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020.

THE FEDERAL AND STATE INCOME TAX RETURNS OF THE FOUNDATION 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 FOUNDATION IS NOT AWARE OF ANY SUCH ACTIONS AT THIS TIME.

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization SOCIETY OF ST. VINCENT DE PAUL NATIONAL **Employer identification number** FOUNDATION XX-XXX3802 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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) DIO COUNCIL OF DALLAS 3826 GILBERT AVENUE, DALLAS, TX 75219 XX-XXX0370 501(C)(3) 100,000. CASH VALUE CHARITABLE PHARMACY (2) NATIONAL COUNCIL OF THE U.S. 26,000. 66 PROGRESS PARKWAY, MD HEIGHTS, MO 63043 XX-XXX2362 501(C)(3) CASH VALUE MEETING SUPPORT (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) 2020

2.

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					

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

PART I LINE 2:

MOST 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. IN

SOME INSTANCES, GRANT AND ASSISTANCE AWARDS ARE REVIEWED AND DISCUSSED BY

THE FULL BOARD AT BOARD MEETINGS.

Schedule I (Form 990) (2020)

SCHEDULE J (Form 990)

Compensation InformationFor 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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization FOUNDATION

SOCIETY OF ST. VINCENT DE PAUL NATIONAL

Employer identification number XX-XXX3802

Part	Questions Regarding Compensation										
			Yes	No							
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.										
	First-class or charter travel Housing allowance or residence for personal use										
	Travel for companions Payments for business use of personal residence										
	Tax indemnification and gross-up payments Health or social club dues or initiation fees										
	Discretionary spending account Personal services (such as maid, chauffeur, chef)										
h	If any of the hoves on line 1a are checked did the organization follow a written policy regarding nayment										
b	o 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	1b									
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?	2									
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.										
	Compensation committee Written employment contract										
	Independent compensation consultant Compensation survey or study										
	Form 990 of other organizations 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:			37							
а	Receive a severance payment or change-of-control payment?	4a		X							
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X							
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X							
	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										
3	compensation contingent on the revenues of:										
а	The organization?	5a		Х							
b	Any related organization?	5b		X							
	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:										
а	The organization?	6a		Х							
	Any related organization?	6b		Х							
	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.	7		Х							
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	8		Х							
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in										
	Regulations section 53.4958-6(c)?	9									
		•									

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

Schedule J (Form 990) 2020

SOCIETY OF ST. VINCENT DE PAUL NATIONAL XX-XXX3802

Schedule J (Form 990) 2020 Page 2

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.

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

Schedule J (Form 990) 2020

SOCIETY OF ST. VINCENT DE PAUL NATIONAL XX-XXX3802

Schedule J (Form 990) 2020

Part | 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.

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FOUNDATION

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

Name of the organization SOCIETY OF ST. VINCENT DE PAUL NATIONAL

Employer identification number XX-XXX3802

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

THE FOUNDATION ORGANIZES AND MANAGES A NATIONAL FUNDRAISING PROGRAM TO PROVIDE CONTINUING SUPPORT SOLELY TO THE NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE PAUL, INC. TO ASSIST IN FULFILLING ITS CHARITABLE MISSION.

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

THE FOUNDATION ORGANIZES AND MANAGES A NATIONAL FUNDRAISING PROGRAM TO PROVIDE CONTINUING SUPPORT SOLELY TO THE NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE PAUL, INC. TO ASSIST IN FULFILLING ITS CHARITABLE MISSION.

FORM 990, PART VI, SECTION A, LINE 6:

PER THE BYLAWS, THE SOLE MEMBER OF THE ORGANIZATION IS NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE PAUL, INC. (13-5562362).

FORM 990, PART VI, SECTION A, LINE 7A

NATIONAL COUNCIL OF THE U.S., SOCIETY OF ST. VINCENT DE PAUL INC., THE SOLE MEMBER OF THE FOUNDATION, HAS THE ABILITY TO APPOINT AND REMOVE THE DIRECTORS OF THE FOUNDATION. THE MEMBER SHALL APPOINT AT LEAST 5 AND NOT MORE THAN TWENTY-FIVE ADDITIONAL VOTING MEMBERS OF THE BOARD OF DIRECTORS. FOR ALL SUCH APPOINTMENTS AFTER THE APPOINTMENT OF THE INITIAL DIRECTORS, APPOINTMENTS SHALL BE MADE BY THE MEMBER AFTER RECEIVING RECOMMENDATIONS FROM THE BOARD OF DIRECTORS. IF THE MEMBER BELIEVES THAT

A RECOMMENDED CANDIDATE IS NOT ACCEPTABLE, IT SHALL CONSULT WITH THE BOARD OF DIRECTORS. IF AFTER CONSULTATION THE MEMBER DOES NOT WISH TO APPOINT THE RECOMMENDED CANDIDATE, IT SHALL SO INFORM THE BOARD OF DIRECTORS AND MAY PROCEED TO APPOINT ANOTHER PERSON AS DIRECTOR. THIS IS INTENDED TO BE A COLLABORATIVE PROCESS.

FORM 990, PART VI, SECTION A, LINE 7B

NATIONAL COUNCIL OF THE U.S., SOCIETY OF ST. VINCENT DE PAUL INC., THE

SOLE MEMBER OF THE FOUNDATION, HAS CERTAIN POWERS RESERVED TO IT IN ITS

CAPACITY AS MEMBER. THESE RESERVED POWERS ARE:

- TO DETERMINE AND MAINTAIN THE PHILOSOPHY AND IDENTITY OF THE FOUNDATION;
- TO APPOINT AND REMOVE THE DIRECTORS OF THE FOUNDATION;
- TO INITIATE AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF
 THE FOUNDATION WHICH SHALL BE PRESENTED TO THE BOARD OF DIRECTORS FOR
 THEIR REVIEW, APPROVAL AND, IF APPROVED, ADOPTION, AND TO APPROVE
 AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE FOUNDATION
 WHICH HAVE BEEN INITIATED BY AND ADOPTED BY THE BOARD OF DIRECTORS;
- TO APPROVE ANY BORROWING OR GUARANTIES BY THE FOUNDATION IN ACCORDANCE WITH POLICIES WHICH MAY BE ESTABLISHED BY THE MEMBER;
- TO APPROVE THE PURCHASE OR SALE OR OTHER ACQUISITION, DISPOSITION OR

 TRANSFER OF REAL ESTATE, INCLUDING ANY INTEREST THEREIN, BY THE

 FOUNDATION, EXEMPT FOR REAL ESTATE RECEIVED AS A BEQUEST OR DONATION AND

 NOT USED IN THE CHARITABLE ACTIVITIES OF THE FOUNDATION AND WITH OTHER

 EXCEPTIONS WHICH MAY BE ESTABLISHED BY THE MEMBER;
- TO INITIATE THE MERGER OR DISSOLUTION OF THE FOUNDATION FOR

AUTHORIZATION BY THE BOARD OF DIRECTORS, AND TO APPROVE THE MERGER OR
DISSOLUTION OF THE FOUNDATION, IF THE SAME IS AUTHORIZED BY RESOLUTION OF
THE BOARD OF DIRECTORS, AND TO DETERMINE THE DISTRIBUTION OF THE ASSETS
OF THE FOUNDATION, UPON DISSOLUTION; AND

- TO RECEIVE FROM THE CHIEF EXECUTIVE OFFICER OF THE FOUNDATION AN ANNUAL REPORT OF THE OPERATIONS AND ANNUAL FINANCIAL REPORTS OF THE FOUNDATION AND SUCH OTHER REPORTS WHICH MAY BE REQUESTED BY THE MEMBER.

EXCEPT AS PROVIDED ABOVE, THE GOVERNANCE OF THE FOUNDATION SHALL BE
EXERCISED, ITS PROPERTY CONTROLLED, AND ITS AFFAIRS CONDUCTED BY THE
BOARD OF DIRECTORS. EACH DIRECTOR SHALL BE ENTITLED TO ONE VOTE ON EACH
MATTER BEFORE THE BOARD OF DIRECTORS.

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

THE CHIEF EXECUTIVE OFFICER AND BOARD PRESIDENT REVIEW THE FORM 990, AND IT IS SENT TO BOARD MEMBERS PRIOR TO FILING.

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

A QUESTIONNAIRE IS DISTRIBUTED TO THE BOARD OF DIRECTORS AND OFFICERS.

THE QUESTIONNAIRES ARE COLLECTED AT THE MAIN OFFICE AND REVIEWED FOR ANY POTENTIAL ISSUES.

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

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization SOCIETY OF ST. VINCENT DE PAUL NATIONAL Employer identification number FOUNDATION XX-XXX3802

OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL NATIONAL

Employer identification number XX-XXX3802

FOUNDATION

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
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					

Part II 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	Section 5 contr	12(b)(13) olled
						Yes	No
(1) DISASTER SERVICES CORPORATION OF SVDP XX-XXX8251 320 DECEKER DRIVE, NO. 100 IRVING, TX 75062	SEE PART VII	MO	501(C)(3)	7	SEE PART VII		Х
(2) SOCIETY OF ST. VINCENT DE PAUL, INC. XX-XXX2362 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043	SEE PART VII	DE	501(C)(3)	7	N/A		X
(3) SOCIETY OF SVDP NATIONAL STORES XX-XXX5787 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 64043	SEE PART VII		501(C)(3)	10	SEE PART VII		X
(4)							
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

	As (a) (b) (c) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e											
Name, address, and EIN of		Legal domicile (state or foreign	Direct controlling	income (related, unrelated, excluded from tax under	Share of total	Share of end-of-	Dispro	portionate	Code V - UBI amount in box 20 of Schedule K-1	Gene	eral or aging	Percentage
		Country)		3000013 312 314)			Yes	No	1	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)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	Section 512(b)(13 controlled entity?
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Schedule R (Form 990) 2020

Yes No

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

3

Schedule R	(Form 990) 2020	Page
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

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?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
		1c		X
	Gift, grant, or capital contribution from related organization(s)	1d		X
	Loans or loan guarantees to or for related organization(s)	1e		X
е	Loans or loan guarantees by related organization(s)	16		
_		1f		Х
	Dividends from related organization(s)			X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	-	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
·				
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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 through	esholo	ls.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method type (a-s)	of det unt inv		ng
	, , , , , , , , , , , , , , , , , , ,			
(1)				
(2)				
(3)				
(4)				
(5)				

(6) JSA

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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	Organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	end-of-year		Disproportionate Code V - UBI		ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													_
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page **5**

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: NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST.

VINCENT DE PAUL

PRIMARY ACTIVITY: PROVIDES RESOURCES TO ITS MEMBER LOCAL CHAPTERS

(COUNCILS AND CONFERENCES) TO INCREASE THEIR SERVICE CAPACITY.

ORGANIZATION: ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL 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 STORES

DIRECT CONTROLLING ENTITY: NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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

OF ST. VINCENT DE PAUL, INC.