

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020Open to Public
Inspection

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2020 calendar year, or tax year beginning**

10/01/2020, and ending

09/30, 2021

B Check if applicable:

- Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/unit

66 PROGRESS PARKWAY

City or town, state or province, country, and ZIP or foreign postal code

MARYLAND HEIGHTS, MO 63043

F Name and address of principal officer: DAVID BARRINGER

66 PROGRESS PARKWAY, MARYLAND HEIGHTS, MO 63043

I Tax-exempt status: 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) or 527**J Website:** ► [HTTP://WWW.SVDPUSA.ORG/](http://WWW.SVDPUSA.ORG/)**K Form of organization:** Corporation Trust Association Other ► **L Year of formation:** 1845 **M State of legal domicile:** DE**Part I Summary**

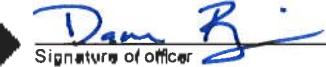
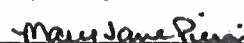
1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a)
4	Number of independent voting members of the governing body (Part VI, line 1b)
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)
6	Total number of volunteers (estimate if necessary)
7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b	Net unrelated business taxable income from Form 990-T, line 34

		Prior Year	Current Year
		6,564,005.	8,840,905.
8	Contributions and grants (Part VIII, line 1h)	0.	320,226.
9	Program service revenue (Part VIII, line 2g)	540,151.	250,414.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,736.	58,029.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,206,892.	9,469,574.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,510,768.	2,114,795.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,231,132.	2,407,141.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	245,379.	245,484.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	765,995.	
b	Total fundraising expenses (Part IX, column (D), line 25) ►	1,146,343.	1,557,794.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,133,622.	6,325,214.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,073,270.	3,144,360.
19	Revenue less expenses. Subtract line 18 from line 12		

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 18)	10,590,927.	13,687,159.
21	Total liabilities (Part X, line 26)	2,542,119.	1,655,840.
22	Net assets or fund balances. Subtract line 21 from line 20	8,048,808.	12,031,319.

Part II Signature Block

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

Sign Here		Date 8/9/2022	
Paid Preparer Use Only	Print/Type preparer's name MARY JANE PIERONI CPA	Preparer's signature 	Date 08/09/2022 Check <input type="checkbox"/> if self-employed PTIN XXXXX8772
	Firm's name ► BDO USA, LLP		Firm's EIN ► XX-XXX1590
	Firm's address ► 101 S. HANLEY RD STE 800 ST LOUIS, MO 63105		Phone no. 314-889-1100

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

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:**

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

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 3,647,002. including grants of \$ 1,558,849.) (Revenue \$ 320,226.)
SEE SCHEDULE Q.

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

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

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

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

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

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2 Is the organization required to complete Schedule B, Schedule of Contributors See Instructions?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.
- 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.
- 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.
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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.
- c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.
- 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.
- 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.
- 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.
- 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.
- 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.
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9	X	
10	X	
11a	X	
11b	X	
11c		X
11d		X
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b	X	
15	X	
16		X
17	X	
18		X
19		X
20a		X
20b		
21		X

Part IV Checklist of Required Schedules (continued)

- 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Yes No
22 X
- 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 X
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
24a X
24b
24c
24d
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **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 X
- 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 X
- 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% 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 X
- 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):
- a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV,
28a X
 - b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV,
28b X
 - c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV,
28c X
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M,
29 X
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M,
30 X
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I,
31 X
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II,
32 X
- 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 X
- 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
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2,
35a X
35b X
- 36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2,
36 X
- 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 X
- 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 X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Yes No
1a 37
1b 0.
1c X
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part 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	27
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ►		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	3
e 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	
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.		
a 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:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a 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	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
<i>Note: See the instructions for additional information the organization must report on Schedule O</i>		
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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	X
<i>If "Yes," see instructions and file Form 4720, Schedule N.</i>		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
<i>If "Yes," complete Form 4720, Schedule O.</i>		

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

Section A. Governing Body and Management

- | | Yes | No |
|---|---|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a
20 | |
| 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 | | |
| 1b Enter the number of voting members included on line 1a, above, who are independent | 1b
20 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2
<input checked="" type="checkbox"/> | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3
<input checked="" type="checkbox"/> | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4
<input checked="" type="checkbox"/> | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5
<input checked="" type="checkbox"/> | |
| 6 Did the organization have members or stockholders? | 6
<input checked="" type="checkbox"/> | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a
<input checked="" type="checkbox"/> | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b
<input checked="" type="checkbox"/> | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a
<input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? | 8b
<input checked="" type="checkbox"/> | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | 9
<input checked="" type="checkbox"/> | |
- 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
- 1b Enter the number of voting members included on line 1a, above, who are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

- | | Yes | No |
|--|--|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a
<input checked="" type="checkbox"/> | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b
<input checked="" type="checkbox"/> | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a
<input checked="" type="checkbox"/> | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a
<input checked="" type="checkbox"/> | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b
<input checked="" type="checkbox"/> | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c
<input checked="" type="checkbox"/> | |
| 13 Did the organization have a written whistleblower policy? | 13
<input checked="" type="checkbox"/> | |
| 14 Did the organization have a written document retention and destruction policy? | 14
<input checked="" type="checkbox"/> | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a
<input checked="" type="checkbox"/> | |
| b Other officers or key employees of the organization | 15b
<input checked="" type="checkbox"/> | |
| 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 with a taxable entity during the year? | 16a
<input checked="" type="checkbox"/> | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b
<input checked="" type="checkbox"/> | |
- 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 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 Did the organization have a written conflict of interest policy? If "No," go to line 13
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a The organization's CEO, Executive Director, or top management official
- b Other officers or key employees of the organization
- 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 with a taxable entity during the year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► HI, MA, NC, PA, TN, WI,
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
TII: ORGANIZATION 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043 314-576-1993

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

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

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

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Key employee	Employee	Independent contractor	Other			
(1) DAVID BARRINGER CHIEF EXECUTIVE OFFICER	58.50 2.50		X					229,712.	0.	42,572.
(2) NANCY PINO CHIEF FINANCIAL OFFICER & COO	45.00 3.00		X					150,367.	0.	27,497.
(3) CATHERINE LOHRUM THRU 12/31/20 CHIEF ADVANCEMENT OFFICER	36.00 4.00				X			115,518.	0.	15,198.
(4) THOMAS MULLOY NATIONAL DTR OF POVERTY PROG.	40.00 0.				X			101,478.	0.	6,078.
(5) RALPH MIDDLECAMP PRESIDENT	15.00 3.00	X	X					0.	0.	0.
(6) BRIAN BURGESS VICE PRESIDENT	8.00 1.50	X	X					0.	0.	0.
(7) GUADALUPE SOSA SECRETARY	12.00 0.	X	X					0.	0.	0.
(8) JAMES DODD TREASURER	25.00 2.00	X	X					0.	0.	0.
(9) JOHN BERRY VICE PRESIDENT-SOUTHEAST REG	10.00 0.	X						0.	0.	0.
(10) LYNNE BETTS VICE PRESIDENT-EASTERN REG	12.00 0.	X						0.	0.	0.
(11) WILLIAM BRAZIER VICE PRESIDENT-MIDEAST REG	5.00 0.	X						0.	0.	0.
(12) KATHLEEN BRISSETTE NATIONAL COUNCIL BOARD	5.50 0.	X						0.	0.	0.
(13) RAYMOND DUPONT VICE PRESIDENT-S CENTRAL REG	2.00 0.	X						0.	0.	0.
(14) THOMAS FAHL NATIONAL COUNCIL BOARD	15.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer	Independent Contractor	Officer	Key Employee	Employee	Highest Compensated Employee			
15) IRENE FRECHETTE VICE PRESIDENT-NORTHEAST REG	1.00 0.	X						0	0.	0.
16) JOHN HALLISY VICE PRESIDENT-WESTERN REG	2.00 0.	X						0	0.	0.
17) DON KANY (FROM 8/25/21) VICE PRESIDENT-MIDWEST REG	2.00 0.	X						0	0.	0.
18) PAMELA MATAMBAZDO NATIONAL COUNCIL BOARD	1.00 0.	X						0	0.	0.
19) THOMAS PELGER VICE PRESIDENT-N CENTRAL REG	1.00 0.	X						0	0.	0.
20) CLAUDIA RAMIREZ NATIONAL COUNCIL BOARD	1.00 0.	X						0	0.	0.
21) ANN SCHIORSO NATIONAL COUNCIL BOARD	2.00 0.	X						0	0.	0.
22) RAYMOND SICKINGER NATIONAL COUNCIL BOARD	12.00 0.	X						0	0.	0.
23) BARBARA SLAVEN NATIONAL COUNCIL BOARD	1.00 2.00	X						0	0.	0.
24) DIANE SMITH-MELLOY NATIONAL COUNCIL BOARD	1.00 2.00	X						0	0.	0.
25) DAVID WINSLETT (THRU 8/12/21) VICE PRESIDENT-MIDWEST REG	8.00 0.	X						0	0.	0.
1b Sub-total								597,075.	0.	91,345.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								597,075.	0.	91,345.

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

	Yes	No
3	X	
4	X	
5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b	1,762,825.			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	368,762.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	b, JUG, 315.			
g Noncash contributions included in lines 1a-1f.	1g	\$ 346,703.			
Total. Add lines 1a-1f		8,840,905.			
Program Service Revenue		Business Code			
2a MEETING INCOME	900099	320,226.	320,226		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		320,226.			
3 Investment income (including dividends, interest, and other similar amounts).			153,252.		153,252
4 Income from investment of tax-exempt bond proceeds			0.		
5 Royalties			0.		
6a Gross rents	(i) Real 6a				
b Loss: rental expenses	(ii) Personal 6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)			0.		
7a Gross amount from sales of assets other than inventory	(i) Securities 7a	409,535.			
b Less: cost or other basis and sales expenses	7b	312,333.			
c Gain or (loss)	7c	97,162.			
d Net gain or (loss)			97,162.		97,162.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	Ba	0.			
b Less: direct expenses	Bb	0.			
c Net income or (loss) from fundraising events			0.		
9a Gross income from gaming activities. See Part IV, line 19	Ba	0.			
b Less: direct expenses	Bb	0.			
c Net income or (loss) from gaming activities			0.		
10a Gross sales of inventory, less returns and allowances	10a	523,529.			
b Less: cost of goods sold	10b	51,526.			
c Net income or (loss) from sales of inventory			56,094.		56,094.
Miscellaneous Revenue		Business Code			
11a REGIONS AND OTHER	900099	1,565.	1,565.		
b OTHER INCOME	900099	370.	300.	70.	
c					
d All other revenue					
e Total. Add lines 11a-11d		1,935.			
12 Total revenue. See Instructions		9,469,574.	522,091.	70.	306,505.

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).**Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,232,304	1,232,304		
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 16 and 16	882,491	882,491		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	476,585	102,078	341,249	33,258
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	1,457,632	133,003	508,786	215,843
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,686	31,381	25,692	6,613
9 Other employee benefits	277,621	133,258	103,372	40,991
10 Payroll taxes	131,617	59,400	54,790	17,427
11 Fees for services (nonemployees):				
a Management	0			
b Legal	34,862	16,639	18,223	
c Accounting	25,466		25,465	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	245,484			245,484
f Investment management fees	8,451		8,451	
g Other. (If line 11g amount exceeds 10% of line 26, column (A) amount, list line 11g expenses on Schedule O)	69,430	44,430	25,000	
12 Advertising and promotion	13,360	11,552	1,808	
13 Office expenses	256,658	106,840	26,427	123,391
14 Information technology	151,554	106,768	17,946	26,840
15 Royalties	0			
16 Occupancy	109,167	53,746	43,868	11,553
17 Travel	164,185	159,388	776	4,021
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	435,525	434,849	676	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	155,391	11,373	73,535	4,507
23 Insurance	21,564	10,625	7,725	3,214
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24a. If line 24e amount exceeds 10% of line 26, column (A) amount, list line 24e expenses on Schedule O)				
a ADMINISTRATIVE EXPENSES	83,851	18,226	39,089	25,736
b DUES & SUBSCRIPTIONS	18,430	5,722	7,870	4,838
c TRAINING	9,180	1,684	5,217	2,279
d MISCELLANEOUS TAX	545	85	460	
e All other expenses	175	175		
25 Total functional expenses. Add lines 1 through 24e	6,325,214	4,222,022	1,337,197	765,995
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1,124,285.	1,523,561.
	2 Savings and temporary cash investments.	261,230.	261,463.
	3 Pledges and grants receivable, net	36,413.	368,258.
	4 Accounts receivable, net.	36,805.	61,853.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	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.	0.
	7 Notes and loans receivable, net	0.	525,013.
	8 Inventories for sale or use	224,330.	182,344.
	9 Prepaid expenses and deferred charges	39,545.	210,179.
	10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	10a 2,351,092.	10b 461,490.
	b Less: accumulated depreciation.	2,026,355.	10c 1,929,602.
	11 Investments - publicly traded securities	3,827,214.	5,585,434.
	12 Investments - other securities. See Part IV, line 11.	2,801,771.	2,874,145.
	13 Investments - program-related. See Part IV, line 11.	0.	0.
	14 Intangible assets	0.	0.
	15 Other assets. See Part IV, line 11	87,000.	105,289.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	10,590,927.	13,687,159.
Liabilities	17 Accounts payable and accrued expenses	514,319.	511,524.
	18 Grants payable	0.	0.
	19 Deferred revenue	20,629.	66,327.
	20 Tax-exempt bond liabilities	0.	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	539,140.	539,194.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	0.
	23 Secured mortgages and notes payable to unrelated third parties	1,017,205.	476,987.
	24 Unsecured notes and loans payable to unrelated third parties.	357,100.	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	81,688.	68,809.
	26 Total liabilities. Add lines 17 through 25	2,542,119.	1,655,840.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	5,342,949.	8,024,737.
	28 Net assets with donor restrictions	2,705,859.	4,006,582.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	29
	30 Paid-in or capital surplus, or land, building, or equipment fund.	30	30
	31 Retained earnings, endowment, accumulated income, or other funds.	31	31
	32 Total net assets or fund balances	8,048,808.	12,331,319.
	33 Total liabilities and net assets/fund balances	10,590,927.	13,687,159.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020Open to Public
InspectionName of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**Employer identification number
XX XXX2362**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

USA
GE 1210 0 030

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,284,419.	9,454,790.	7,592,180.	6,564,005.	8,840,905.	42,736,299.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	10,284,419.	9,454,790.	7,592,180.	6,564,005.	8,840,905.	42,736,299.
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).						1,591,454.
6 Public support. Subtract line 5 from line 4						41,144,845.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10,284,419.	9,454,790	7,592,180.	6,564,005.	8,840,905.	42,736,299.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	104,836.	113,072.	128,472.	110,017.	153,252.	609,649.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,169.	13,884.	70.	16,123.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ► ABCD-1						
	301,525.	296,032.	427,884.	35,770.	1,865.	1,853,015.
11 Total support. Add lines 7 through 10						43,425,147.
12 Gross receipts from related activities, etc. (see Instructions)					12	721,874.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	92.62%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.65%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/> X
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 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 Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 6 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.

1
- 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).

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.

3a
- 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.

3b
- 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.

3c
- 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.

4a
- 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.

4b
- 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.

4c
- 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).

5a
- 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?

5b
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?

5c
- 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**.

6
- 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).

7
- 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).

8
- 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**.

9a
- 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**.

9b
- 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**.

9c
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

10a
- b 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.)

10b

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c 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	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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	
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	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 those activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>)	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
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 responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

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

Schedule of Contributors

OMB No. 1545-0047

2020

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

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

Organization type (check one):

Filers of:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **\$** _____

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

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

Employer identification number
XX-XXX2362

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	\$ 300,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	N/A	\$ 250,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	N/A	\$ 200,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	N/A	\$ 368,762.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(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 organization NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.

Employer Identification number

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2020**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 8 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (8) organizations: Complete Part III.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	293.	293.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	293.	293.
c Total lobbying expenditures (add lines 1a and 1b)	4,221,729.	8,505,989.
d Other exempt purpose expenditures	4,222,022.	8,506,202.
e Total exempt purpose expenditures (add lines 1c and 1d)	361,101.	575,314.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	90,275.	143,829.
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	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 the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
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) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

Part IV Supplemental Information (continued)ATTACHMENT 1SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

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

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

Part IV Supplemental Information (continued)**ATTACHMENT 1 (CONT'D)****SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS**

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

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2020Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.**Employer identification number
XX-XXX2362**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part 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)	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \$	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1. ► \$
(ii) Assets included in Form 990, Part X. ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1. ► \$
b Assets included in Form 990, Part X. ► \$

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

Schedule D (Form 990) 2020

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange program
- e Other _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,229,738.	1,823,868.	1,606,496.	951,997.	243,972.
b Contributions	578,928.	410,366.	311,365.	722,043.	679,416.
c Net investment earnings, gains, and losses	452,287.	108,274.	24,350.	65,889.	38,907.
d Grants or scholarships					
e Other expenditures for facilities and programs	142,484.	64,769.	87,889.	64,333.	10,298.
f Administrative expenses	61,600.	48,001.	30,454.	39,433.	
g End of year balance	3,056,869.	2,229,738.	1,823,868.	1,606,496.	951,997.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 100.0000 %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

(I) Unrelated organizations

(II) Related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		198,400.		198,400.
b Buildings		1,556,984.	66,413.	1,490,571.
c Leasehold improvements				
d Equipment		26,375.	7,673.	18,702.
e Other		569,433.	387,404.	181,929.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 1,889,602.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DFA US CORE EQUITY I	2,874,146.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,874,146.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIII.)	2d
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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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

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

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

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

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

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

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

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

Part XIII Supplemental Information (continued)

ANY SUCH ACTIONS AT THIS TIME.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No. 1545-0047

2020Open to Public
InspectionName of the organization NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.Employer identification number
XX-XXX2362**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		270,364.
(2) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		12,856.
(3) EUROPE	0.	0.	GRANTMAKING		421.673.
(4) NORTH AMERICA	0.	0.	GRANTMAKING		39,908.
(5) SOUTH AMERICA	0.	0.	GRANTMAKING		120.240.
(6) SOUTH ASIA	0.	0.	GRANTMAKING		8,650.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		8,800.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					882,491.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					882,491.

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Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant:	(e) Amount of cash grant	(f) Manner of disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
11			TWINNING,		33,700.	WIRE TRANSFE			
12	EDU - AMERICAS/ARIBBEAN	EDU	TWINNING,		53,050.	WIRE TRANSFE			
13	EDU - AMERICAS/ARIBBEAN	EDU			55,552.	WIRE TRANSFE			
14	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			5,397.	WIRE TRANSFE			
15	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			16,350.	WIRE TRANSFE			
16	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			23,922.	WIRE TRANSFE			
17	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			20,688.	WIRE TRANSFE			
18	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			10,000.	WIRE TRANSFE			
19	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			24,380.	WIRE TRANSFE			
20	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			13,600.	WIRE TRANSFE			
21	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			7,000.	WIRE TRANSFE			
22	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			8,550.	WIRE TRANSFE			
23	EDU - AMERICAS/AMERICAS/AMERICAS	EDU			421,673.	WIRE TRANSFE			
24	NORTH AMERICA	TWINNING			37,408.	WIRE TRANSFE			
25	SOUTH AMERICA	TWINNING			5,750.	WIRE TRANSFE			
26	SOUTH AMERICA	TWINNING			53,550.	WIRE TRANSFE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Description of noncash assistance	(h) Value of noncash assistance (book, fair, appraisal, other)
11		SOUTH AMERICA	TWINNING		23,925.	WIRE TRANSFE		
12		SOUTH AMERICA	TWINNING		7,550.	WIRE TRANSFE		
13		SOUTH AMERICA	TWINNING		26,090.	WIRE TRANSFE		
14		SOUTH ASIA	TWINNING		8,650.	WIRE TRANSFE		
15		SUB-SAHARAN AFRICA	TWINNING		8,800.	WIRE TRANSFE		
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
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27								
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29								
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or donee has provided a section 501(c)(3) equivalency letter

21.

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020

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

(4) Type of grant or assistance	(5) Region	(6) Number of non-cash grants	(7) Amount of non-cash assistance	(8) Manner of cash distribution	(9) Description of non-cash assistance	(10) Method of valuation (book, FMV, appraisal, other)
[1]						
[2]						
[3]						
[4]						
[5]						
[6]						
[7]						
[8]						
[9]						
[10]						
[11]						
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[14]						
[15]						
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Part IV Foreign Forms

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

Part V**Supplemental Information**

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

PART I, LINE 2:

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

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

Part V**Supplemental Information**

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

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

INTERNATIONAL TWINNING PROGRAM

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

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

Part V**Supplemental Information**

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

COMPLETED PRIOR TO THE GRANTING OF ANY TWINNING FUNDS.

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

NON-TWINNING GRANTS AND CONTRIBUTIONS

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

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

Part V**Supplemental Information**

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

THE NATIONAL SVDP BOARD OF DIRECTORS.

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2020Open to Public
InspectionName of the organization NATIONAL COUNCIL OF THE UNITED STATES
SOCIETY OF ST. VINCENT DE PAUL, INC.Employer identification number
XX-XXX2362**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

ALL STATES

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

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

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

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

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

- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

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

- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | |
|---|-------|
| a The organization's facility | 13a % |
| b An outside facility | 13b % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION:

THE AMOUNTS DUE FOR POSTAGE ARE SEPARATED ON THE INVOICES; UNUSED POSTAGE

LEFT OVER AFTER THE CAMPAIGN IS CREDITED, POSTAGE AMOUNTS ARE TRACKED BY

AMOUNTS ACTUALLY PAID AND USED.

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
GABRIEL GROUP 3190 RIDER TRAIL SOUTH EARTH CITY MO 63045	DIRECT MAIL CONSULTING	X	1,076,531.	205,984.	870,547.
MOSAIC BEGINNINGS LLC 4655 ROBBINS GROVE DRIVE FLORISSANT MO 63034	GRANT WRITING SVC	X	39,500.	-39,500.	

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: NATIONAL COUNCIL OF THE UNITED STATES

SOCIETY OF ST. VINCENT DE PAUL, INC.

► Attach to Form 990.

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

2020

Open to Public
Inspection

OMB No. 1545-0047

Employer identification number
XX-XXX2362

Part I General Information on Grants and Assistance

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

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

1 Name and address of organization or government	2a EIN	3a)IRC section (if applicable)	4a) Amount of cash grant	5a) Method of valuation [Book, FMV, appraisals, other]	6a) Description of noncash assistance	7a) Purpose of grant or assistance
[1] DISASTER SERVICES CORPORATION 320 LECKER DRIVE # 100 IRVING, TX 75062	XX-XXXX8251	501C(3)	446,918.			DISASTER RELIEF
[2] SOCIETY OF SYD'S COUNCIL OF ROCKFORD DIOCESE 227 WHITE OAK STREET HAMPSHIRE, IL 60140	XX-XXXX9200	501C(3)	44,022.			POP WALK, POP GRANT
[3] DISCERN COUNCIL OF ORANGE SOCIETY OF SYD'S 770A S BRANGE BLOSSOM TRL APOPKA, FL 32703	XX-XXXX8643	501C(3)	32,051.			POP WALK, DIRECT MAIL
[4] INFORMATION DISTRICT COUNCIL 1011 1ST AVE - #607 NEW YORK, NY 10012	XX-XXXX3054	501C(3)	29,010.			POP WALK
[5] COUNCIL OF ORANGE COUNTY SOCIETY OF SYD'S OFFICE 1505 E. 17TH ST. SANTA ANA, CA 92705	XX-XXXX5494	501C(3)	25,226.			POP WALK, DIRECT MAIL
[6] DISCERN COUNCIL OF DALLAS 3820 CALBERT AVENUE DALLAS, TX 75219	XX-XXXX0370	501C(3)	23,860.			POP WALK, DIRECT MAIL
[7] FORT WAYNE SOCIETY OF SYD'S 1600 S CALICOON ST FORT WAYNE, IN 46822	XX-XXXX910	501C(3)	22,410.			POP WALK
[8] DISTRICT COUNCIL OF DES MOINES 1426 6TH AVE DES MOINES, IA 50314	XX-XXXX8606	501C(3)	21,310.			POP WALK, DIRECT MAIL
[9] THE SOCIETY OF SYD'S IN ROCHESTER DETROIT 3000 GRATIOT AVE. DETROIT, MI 48207	XX-XXXX9592	501C(3)	21,193.			DIRECT MAIL, POP GRANT
[10] SYD'S SOCIETY BOSTON 18 CANTON STREET STOWTHON, MA 02072	XX-XXXX4620	501C(3)	21,128.			POP WALK, DIRECT MAIL
[11] FORT WORTH DISCERN COUNCIL 1012 NORMWOOD LN ARLINGTON, TX 76013	XX-XXXX7646	501C(3)	20,000.			POP GRANT
[12] THE SOCIETY OF SYD'S DIOCESAN COUNCIL OF AUS P.O. BOX 81511 AUSTIN, TX 78708	XX-XXXX3300	501C(3)	19,445.			POP WALK, POP GRANT

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

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

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

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Schedule I Form 990 2020

SCHEDULE I
(Form 990)

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

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES**

SOCIETY OF ST. VINCENT DE PAUL, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) 501C section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, fair, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance
[1] SWDF SOCIETY PARTICULAR COUNCIL OF DENVER 2830 LAWRENCE ST. DENVER, CO 80205	XN-XXXX2037	501(C)(3)	15,472.				POP WALK, DIRECT MAIL
[2] SWDF DISTRICT COUNCIL OF GREEN BAY, INC. 1529 LEO FRIGO WAY GREEN BAY, WI 54302	XN-XXXX5429	501(C)(3)	15,000.				PORTICUS
[3] DISTRICT COUNCIL OF ATTLEBORO 6 MANZA DRIVE MANSFIELD, MA 02348	XN-XXXX1263	501(C)(3)	15,000.				PORTICUS
[4] SOCIETY OF ST. VINCENT DE PAUL GEORGIA 2050 CHAMBLEE-TUCKER RD. ATLANTA, GA 30341	XN-XXXX7972	501(C)(3)	13,541.				DIRECT MAIL, POP GRANT
[5] SWDF HOLY TRINITY CONFERENCE 401 ALDERMAN ROAD CHARLOTTESVILLE, VA 22903	XN-XXXX7407	501(C)(3)	12,530.				POP WALK
[6] SWDF ARCHDIOCEAN COUNCIL OF NEW ORLEANS PO BOX 793860 NEW ORLEANS, LA 70179	XN-XXXX2053	501(C)(3)	11,077.				DIRECT MAIL, POP GRANT
[7] SOCIETY OF ST. VINCENT DE PAUL MEMPHIS INC. 306 MADISON MEMPHIS, TN 38103	XN-XXXX650	501(C)(3)	10,688.				POP WALK, DIRECT MAIL
[8] SWDF SOCIETY OF SWDF OF PHILADELPHIA 611W GRIMMEN FINE PLYMOUTH MEETING, PA 19462	XN-XXXX2549	501(C)(3)	10,050.				POP WALK, POP GRANT
[9] DISTRICT COUNCIL OF CONTRA COSTA COUNTY 2210 GLADSTONE DRIVE PITTSBURG, CA 94565	XN-XXXX8577	501(C)(3)	10,075.				POP WALK
[10] SOCIETY OF SWDF DIOCESAN COUNCIL SAN DIEGO 4024 CORTE TIERRA ALTA LA JESIA, CA 91941	XN-XXXX9789	501(C)(3)	10,019.				POP WALK, DIRECT MAIL
[11] THE PARTICULAR COUNCIL OF SOCIETY OF SWDF PO BOX 5579 SAN JOSE, CA 95150	XN-XXXX301	501(C)(3)	10,000.				POP GRANT
[12] JACKSONVILLE DISTRICT COUNCIL SOCIETY OF SWDF 3552 BEACH BLVD. JACKSONVILLE, FL 32207	XN-XXXX1777	501(C)(3)	9,831.				POP WALK, POP GRANT

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

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

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

Schedule I (Form 990) 2020

SCHEDULE I
(Form 990)

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

Internal Revenue Service
Department of the Treasury

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

► Attach to Form 990.

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

CMB No. 1545-0047

2020

Open to Public
Inspection

Same as the organization

NATIONAL COUNCIL OF THE UNITED STATES

121 ST. VINCENT DR. PHILA., PA.

Employee identification number
XX-XXXX2362

Pan I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	2) EIN	3) IRC section if applicable;	4) Amount of cash grant	5) Amount of non-cash assistance	6) Method of valuation (book, FMV, appraiser, other)	7) Description of noncash assistance	8) Purpose of grant or assistance
[1] DISTRICT COUNCIL OF ROCHESTER MINNESOTA 1600 1/2 ST. AVE SE ROCHESTER, MN 55904	XX-XXXX559	501(C)(3)	9,713.				POP WALK
[2] DIOCESAN COUNCIL FOR THE SOCIETY OF SVDP PO BOX 13600 PHOENIX, AZ 85002	XX-XXXX6789	501(C)(3)	8,781.				DIRECT MAIL
[3] SACRAMENTO DISTRICT COUNCIL SVDP SOCIETY 5575 MATT AVENUE SACRAMENTO, CA 95825	XX-XXXX3161	501(C)(3)	7,695.				POP WALK
[4] ST. MICHAEL THE ARCHANGEL CONFERENCE SVDP 4491 SPRINGFIELD RD. GLEN ALLEN, VA 23060	XX-XXXX8250	501(C)(3)	7,600.				POP WALK
[5] SOCIETY OF SVDP ARCHDIOCESE CINCINNATI ST LOUIS 1310 PARK STREET ST. LOUIS, MO 63103	XX-XXXX689	501(C)(3)	7,481.				POP WALK
[6] SOCIETY-SVDP ARCHDIOCESE CALIFORNIA-INDUSTRIAL 2103 HOLLOWBEE HOUSTON, TX 77021	XX-XXXX1210	501(C)(3)	7,445.				POP WALK, POP GRANT
[7] SOCIETY OF SVDP ARCHDIOCESE CINCINNATI PO BOX 431234 HONOLULU, HI 96841	XX-XXXX310	501(C)(3)	7,141.				DIRECT MAIL
[8] SOCIETY - SVDP DISTRICT COUNCIL OF ARKANSAS 308 N 33RD ST. ROGERS, AR 72756	XX-XXXX5130	501(C)(3)	6,832.				POP WALK
[9] SOCIETY - SVDP OUR LADY OF GRACE CONFERENCE 911 PARK BOULEVARD WEST SACRAMENTO, CA 95891	XX-XXXX0801	501(C)(3)	6,780.				POP WALK, POP GRANT
[10] GUR DIENE SAVIOR - CHICAGO CONFERENCE 566 EAST LASSEN AVE. CHICAGO, IL 60613	XX-XXXX3632	501(C)(3)	6,215.				POP WALK, POP GRANT
[11] SOCIETY OF SVDP ARCHDIOCESE OF CHICAGO 11711 SOUTH WOOD ST BLUE ISLAND, IL 60406	XX-XXXX5567	501(C)(3)	6,158.				DIRECT MAIL, POP GRA
[12] ST. FRANCIS DE SALES CONFERENCE SVDP 1360 VALLEYFARTH DR SHERMAN OAKS, CA 91423	XX-XXXX9039	501(C)(3)	6,100.				POP WALK, POP GRANT

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

Part I **General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section or application	1(d) Amount of cash grant*	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
{1} SOCIETY OF ST. VINCENT DE PAUL, INC.							FOP WALK
{2} SOCIETY OF ST. VINCENT DE PAUL, INC.							FOP WALK, FOP GRANT
{3} SOCIETY OF ST. VINCENT DE PAUL, INC.							FOP WALK
{4} SOCIETY OF ST. VINCENT DE PAUL, INC.							DIRECT MAIL
{5} SOCIETY OF ST. VINCENT DE PAUL, INC.							FOP WALK, FOP GRANT
{6} SOCIETY OF ST. VINCENT DE PAUL, INC.							FOP WALK, FOP GRANT
{7}							
{8}							
{9}							
{10}							
{11}							
{12}							

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

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

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

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

► Attach to Form 990.

► Schedule II (Form 990) 2020

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Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2:

ALL DOMESTIC GRANTS ARE BY APPLICATION. THE APPLICATIONS ARE REVIEWED AND

SCORED BY A PREDETERMINED TASK FORCE OR COMMITTEE. IF A GRANT IS AWARDED,

THE GRANTEE PARTICIPATES IN A CONFERENCE CALL WHERE REPORTING

REQUIREMENTS ARE REVIEWED. ASSISTANCE IS PROVIDED THROUGHOUT THE GRANT

PERIOD AND GRANTEES MUST FILE BOTH MID-TERM AND FINAL GRANT REPORTS.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public
InspectionName of the organization
SOCIETY OF ST. VINCENT DE PAUL, INC.

NATIONAL COUNCIL OF THE UNITED STATES

Employer identification number
XX-XXX2362

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III
- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |
- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.
- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III,
- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III,
- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(F) Nonqualified benefits (B)(iv)-(C)	(G) Total of columns (B)(iv)-(C)	(H) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
DAVID BARRINGER <u>1</u> CHIEF EXECUTIVE OFFICER	\$26,462.	48.	\$1,200.	\$13,629.	\$28,943.	\$272,284.
NANCY PINO <u>2</u> CHIEF FINANCIAL OFFICER & COO	\$149,077.	0.	\$0.	\$0.	\$0.	\$0.
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	193 .	152,299 .	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10 .	94,404 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(_____)				
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				

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

29

3 .

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

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

Schedule M (Form 990) 2020

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Part II

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

PART I. LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization SOCIETY OF ST. VINCENT DE PAUL, INC.	NATIONAL COUNCIL OF THE UNITED STATES	Employer identification number XX-XXX2362
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FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION:

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

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

CONFERENCE AND COUNCIL ASSISTANCE

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

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

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

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

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

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

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

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

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

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

Name of the organization SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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CORPORATION AND ITS MEMBER COUNCILS AND CONFERENCES, THE NATIONAL COUNCIL OF THE UNITED STATES, SOCIETY OF ST. VINCENT DE PAUL, INC. HAS HELPED THOUSANDS OF FAMILIES REBUILD AFTER A NATURAL OR MAN-MADE DISASTER SUCH AS CATASTROPHIC FLOODING, HURRICANES AND DEVASTATING FIRES. WHILE THESE DISASTERS ARE TRAUMATIC FOR ALL WHO EXPERIENCE THEM, OUR MOST VULNERABLE POPULATIONS HAVE THE FEWEST RESOURCES FOR RECOVERY. FAMILIES THAT WERE ON THE EDGE OF POVERTY BEFORE THE DISASTER ARE NOW IN POVERTY FACING THE OVERWHELMING TASK OF REBUILDING THEIR LIVES.

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

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

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

Name of the organization SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number XX-XXX2362
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TO LIVE THEIR FAITH LOVING AND COMMITTING THEMSELVES TO THEIR NEIGHBORS IN NEED.

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

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

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

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

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

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

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

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

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

AVAILABLE UPON REQUEST.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

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

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$777

FORM 990, PART XII, LINE 2C

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

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

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

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

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue ServiceName of the organization:
SOCIETY OF ST. VINCENT DE PAUL, INC.**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.

Open to Public
InspectorGo to www.irs.gov/Form990 for instructions and the latest information.

Employee Identification number

XX-XXX2362

OMB No. 1545-0007
2020

XX-XXX2362

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

[1]	[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]						
[5]						
[6]						

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

[1]	[a] Name, address and EIN of related organization	[b] Primary activity	[c] Legal domicile (state or foreign country)	[d] Temp. Code section (# section 511(c)(3))	[e] Public charity status (# section 511(c)(3))	[f] Direct controlling entity	[g] Section 511(b)(3) controlled entity?
[1]	DISASTER SERVICES CORPORATION OF SVDP 320 DECKER DRIVE, NO. 100 IRVING, TX 75062	XX-XXX8251 SEE PART VII MO	501(c)(3); 7		SEE PART VII	X	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[2]	SVDP NATIONAL FOUNDATION XX-XXX3802 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043	SEE PART VII MO	501(c)(3); 12, TYPE I		SEE PART VII	X	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
[3]	SOCIETY OF SVDP NATIONAL STORES 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043	XX-XXX5787 SEE PART VII MO	501(c)(3); 13		SEE PART VII	X	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
[4]							
[5]							
[6]							
[7]							

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

JSA

OE13071000
42060E 049P 8/9/2022 9:52:57 AM V 20-7.24**Schedule R (Form 990) 2020**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct contracting entity	(e) Predominant income (related, unrelated), excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of- year assets	(h) Code V - US amount n. box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(j) Percent-age ownership
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (c corp, s corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a X	
b Gift, grant, or capital contribution to related organization(s).	1b X	
c Gift, grant, or capital contribution from related organization(s).	1c X	
d Loans or loan guarantees to or for related organization(s).	1d X	
e Loans or loan guarantees by related organization(s).	1e X	
f Dividends from related organization(s).	1f X	
g 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 X	
j Lease of facilities, equipment, or other assets to related organization(s).	1j X	
k Lease of facilities, equipment, or other assets from related organization(s).	1k X	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l 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 X	
o Sharing of paid employees with related organization(s).	1o X	
p 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 thresholds.
- | [a] Name of related organization | [b] Transaction type (a-s) | [c] Amount involved | [d] Method of determining amount involved |
|---|----------------------------|---------------------|---|
| [1] DISASTER SERVICES CORPORATION OF SVDP | B | \$446,918. | CASH VALUE |
| [2] SVDP NATIONAL STORES | D | \$125,000. | CASH VALUE |
| [3] SVDP NATIONAL STORES | A | \$1,200. | CASH VALUE |
| [4] SVDP NATIONAL FOUNDATION | B | \$10,000. | CASH VALUE |
| [5] | | | |
| [6] | | | |

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

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

{11} Name, address, and EIN of entity	{10} Primary activity	{11c} Legal domicile (state or foreign country)	{12} Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	{13} Are all partners' section 501(c)(3) organizations?	{14} Share of total income	{15} Share of end-of-year assets	{16} Are partners' associations?	{17} Code Y - UG- amount in box 20 of Schedule K-1 (Form 1995):		{18} General or managing partner?	{19} Percentage ownership:
								Yes	No		
{11}											
{12}											
{13}											
{14}											
{15}											
{16}											
{17}											
{18}											
{19}											
{10}											
{11}											
{12}											
{13}											
{14}											
{15}											
{16}											

Part VII Supplemental Information

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

PART II, COLUMN B - PRIMARY ACTIVITY:

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

DE PAUL

PRIMARY ACTIVITY: SUPPORT AND DISASTER RELIEF TO SOCIETY OF ST. VINCENT

DE PAUL COUNCILS AND CONFERENCES.

ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION

PRIMARY ACTIVITY: TO BUILD AN ENDOWMENT FUND.

ORGANIZATION: SOCIETY OF SVDP NATIONAL STORES

PRIMARY ACTIVITY: THRIFT STORE TO SERVE THOSE IN NEED AND TRAINING

FACILITY FOR OTHER SVDP THRIFT STORES.

PART II, COLUMN F - DIRECT CONTROLLING ENTITY:

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

DE PAUL

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

OF ST. VINCENT DE PAUL, INC.

ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION

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

OF ST. VINCENT DE PAUL, INC.

ORGANIZATION: SOCIETY OF SVDP NATIONAL STORES

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

OF ST. VINCENT DE PAUL, INC.