

## FOR PUBLIC DISCLOSURE

EXTENDED TO AUGUST 15, 2023

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>NATIONAL COUNCIL OF THE U.S. SOCIETY OF ST VINCENT DE PAUL INC</b>		D Employer identification number <b>13-5562362</b>
	Doing business as		E Telephone number <b>3145763993</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>8,855,322.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MARYLAND HEIGHTS, MO 63043</b>		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: <b>DAVID BARRINGER SAME AS C ABOVE</b>		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
J Website: <b>HTTPS://SSVPUSA.ORG</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			
L Year of formation: <b>1845</b> M State of legal domicile: <b>DE</b>			

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	270
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	70.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,840,905.	7,105,526.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	320,226.	433,757.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	250,414.	316,810.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,029.	121,593.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,469,574.	7,977,686.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,114,795.	3,552,450.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,407,141.	2,534,607.
	b Total fundraising expenses (Part IX, column (D), line 25)	245,484.	362,393.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	974,736.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,557,794.	2,119,126.
19 Revenue less expenses. Subtract line 18 from line 12	6,325,214.	8,568,576.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,144,360.	-590,890.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	13,687,159.	11,183,272.
		1,655,840.	1,118,940.
		12,031,319.	10,064,332.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	<b>DAVID BARRINGER, CEO</b>	<b>5/23/2022</b>
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	<b>JEANNE DEE</b>	<b>Jeanne M. Dee</b>
	Firm's name	Firm's EIN
	<b>ANDERS MINKLER HUBER &amp; HELM LLP</b>	<b>43-0831507</b>
	Firm's address	Phone no.
	<b>800 MARKET STREET, SUITE 500 ST. LOUIS, MO 63101-2501</b>	<b>(314) 655-5500</b>

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

NATIONAL COUNCIL OF THE U.S.

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 2

Form 990 (2021)

**Part III** Statement of Program Service Accomplishments

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

☒ X

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 \$ **5,483,138.** including grants of \$ **2,489,010.** ) (Revenue \$ **209,426.** )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ **824,020.** including grants of \$ **796,419.** ) (Revenue \$ )  
**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 **6,307,158.**

Form 990 (2021)

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

Form 990 (2021)

13-5562362 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>X</b>	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>X</b>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>X</b>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>X</b>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

132003 12-09-21

Form **990** (2021)

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

Form 990 (2021)

13-5562362 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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		<b>X</b>
<b>23</b> 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	<b>X</b>	
<b>24a</b> 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		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</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		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> 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		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> 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	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>35b</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	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<b>X</b>	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

132004 12-09-21

Form 990 (2021)

15010522 781445 62546.000

5  
2021.05080 NATIONAL COUNCIL OF THE U 62546.01

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

Form 990 (2021)

13-5562362 Page 5

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 24		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>3a</b> X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<b>4a</b> X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>5a</b> X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> 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?			<b>6a</b> X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?			<b>7a</b> X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b> X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 1		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b> X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			<b>14a</b> X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
<b>15</b> 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? If "Yes," see the instructions and file Form 4720, Schedule N.			<b>15</b> X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<b>16</b> X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			



## NATIONAL COUNCIL OF THE U.S.

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 6

Form 990 (2021)

**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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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.														
b Enter the number of voting members included on line 1a, above, who are independent		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?														X
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?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?							X							
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?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
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														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?													X	
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?													X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?													X	
b Describe on 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													X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done													X	
13 Did the organization have a written whistleblower policy?													X	
14 Did the organization have a written document retention and destruction policy?													X	
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													X	
b Other officers or key employees of the organization													X	
If "Yes" to line 15a or 15b, describe the process on 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?														X
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 **THE ORGANIZATION - (314) 576-3993**  
**66 PROGRESS PARKWAY, MARYLAND HEIGHTS, MO 63043**

**NATIONAL COUNCIL OF THE U.S.**

**SOCIETY OF ST VINCENT DE PAUL INC**

13-5562362 Page 7

Form 990 (2021)

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BARRINGER CHIEF EXECUTIVE OFFICER	50.00 10.00			X				238,236.	0.	28,971.
(2) NANCY PINO CFO & COO	45.00 5.00			X				158,097.	0.	29,788.
(3) RYAN CARNEY CHIEF ADVANCEMENT OFFICER	43.00 2.00				X			115,703.	0.	14,940.
(4) LAURA KAMPER SENIOR DIRECTOR OF FINANCE, HR & FAC	40.00				X			103,920.	0.	21,084.
(5) THOMAS MULLOY NATIONAL DIRECTOR OF POVERTY PROGRAM	40.00				X			104,791.	0.	6,276.
(6) RALPH MIDDLECAMP PRESIDENT	17.50 2.58	X		X				1,377.	0.	0.
(7) GUADALUPE SOSA SECRETARY	15.00	X		X				0.	0.	0.
(8) JAMES DODD TREASURER	25.00 0.50	X						0.	0.	0.
(9) IRENE FRECHETTE VICE PRESIDENT-NORTHEAST REGION	10.00	X						0.	0.	0.
(10) JOHN BERRY VICE PRESIDENT-SOUTHEAST REGION	15.00	X						0.	0.	0.
(11) LYNNE BETTS VICE PRESIDENT-EASTERN REGION	5.50	X						0.	0.	0.
(12) WILLIAM BRAZIER VICE PRESIDENT-MIDEAST REGION	14.00	X						0.	0.	0.
(13) DON KANY VICE PRESIDENT-MIDWEST REGOIN	5.00	X						0.	0.	0.
(14) THOMAS PELGER VICE PRESIDENT-NORTH CENTRAL REGION	25.00	X						0.	0.	0.
(15) RAYMOND DUPONT VICE PRESIDENT-SOUTH CENTRAL REGION	5.00	X						0.	0.	0.
(16) JOHN HALLISSY VICE PRESIDENT-WESTERN REGION	10.00	X						0.	0.	0.
(17) STEVE HAVEMANN NATIONAL COUNCIL BOARD	15.00	X						0.	0.	0.

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

Form 990 (2021)

13-5562362 Page **8**

**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL SYSLO NATIONAL COUNCIL BOARD	7.00	X						0.	0.	0.
(19) KATHLEEN BRISSETTE NATIONAL COUNCIL BOARD	6.00	X						0.	0.	0.
(20) RAYMOND SICKINGER NATIONAL COUNCIL BOARD	12.00	X						0.	0.	0.
(21) BARBARA SLAVEN NATIONAL COUNCIL BOARD	2.00									
	1.25	X						0.	0.	0.
(22) DIANE SMITH-MELLOY NATIONAL COUNCIL BOARD	1.00									
	1.50	X						0.	0.	0.
(23) PAMELA MATAMBANADZO NATIONAL COUNCIL BOARD	25.00	X						0.	0.	0.
(24) CLAUDIA RAMIREZ NATIONAL COUNCIL BOARD	1.00	X						0.	0.	0.
(25) BRIAN BURGESS VICE PRESIDENT	8.00									
	1.75	X		X				0.	0.	0.
<b>1b Subtotal</b>								722,124.	0.	101,059.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								722,124.	0.	101,059.

**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 **5**

- 3** Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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
WORDS, DATA AND IMAGES LLC DBA GABRIEL GROU 3190 RIDER TRAIL SOUTH, EARTH CITY, MO 6304	MARKETING	242,258.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>1</b>		

Form **990** (2021)



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

Form 990 (2021)

13-5562362 Page **9**

**Part VIII Statement of Revenue**

Check 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	1,831,576.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,273,950.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 334,193.				
	<b>h</b> Total. Add lines 1a-1f			7,105,526.			
<b>Program Service Revenue</b>	<b>2 a</b> MEETING INCOME	<b>Business Code</b>	812900	433,757.	433,757.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f			433,757.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			221,400.			221,400.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other	885,143.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		789,733.			
	<b>c</b> Gain or (loss)	<b>7c</b>		95,410.			
	<b>d</b> Net gain or (loss)			95,410.			95,410.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		201,245.			
<b>b</b> Less: cost of goods sold	<b>10b</b>		87,903.				
<b>c</b> Net income or (loss) from sales of inventory			113,342.			113,342.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	901101	8,251.	8,181.	70.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e</b> Total. Add lines 11a-11d			8,251.			
	<b>12</b> Total revenue. See instructions			7,977,686.	441,938.	70.	430,152.

132009 12-09-21

Form **990** (2021)

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

Form 990 (2021)

13-5562362 Page **10**

**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	2,443,847.	2,443,847.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,108,603.	1,108,603.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	472,710.	164,392.	283,477.	24,841.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	405.	405.		
7 Other salaries and wages	1,510,382.	759,505.	494,892.	255,985.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,527.	42,232.	25,654.	9,641.
9 Other employee benefits	333,979.	168,421.	107,949.	57,609.
10 Payroll taxes	139,604.	65,963.	53,000.	20,641.
11 Fees for services (nonemployees):				
a Management				
b Legal	56,253.	5,415.	50,838.	
c Accounting	50,813.		50,813.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	362,393.			362,393.
f Investment management fees	8,483.		8,483.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	90,188.	78,953.	5,060.	6,175.
12 Advertising and promotion	14,970.	14,807.	153.	10.
13 Office expenses	305,785.	155,017.	20,243.	130,525.
14 Information technology	129,436.	96,961.	12,894.	19,581.
15 Royalties				
16 Occupancy	68,078.	33,128.	24,496.	10,454.
17 Travel	499,091.	464,181.	15,304.	19,606.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	624,254.	622,421.	1,833.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,055.	77,950.	72,473.	6,632.
23 Insurance	21,769.	10,593.	7,834.	3,342.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>ADMINISTRATIVE EXPENSES</b>	91,466.	14,824.	38,596.	38,046.
b <b>DUES &amp; SUBSCRIPTIONS</b>	16,575.	3,500.	5,886.	7,189.
c <b>TRAINING</b>	9,697.	1,040.	6,591.	2,066.
d <b>MISC TAX</b>	213.		213.	
e All other expenses	-25,000.	-25,000.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,568,576.	6,307,158.	1,286,682.	974,736.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Form **990** (2021)

15010522 781445 62546.000

11  
2021.05080 NATIONAL COUNCIL OF THE U 62546.01

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

Form 990 (2021)

13-5562362 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,623,561.	1	304,874.
	2 Savings and temporary cash investments .....	261,463.	2	261,463.
	3 Pledges and grants receivable, net .....	368,288.	3	35,000.
	4 Accounts receivable, net .....	61,853.	4	39,933.
	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 .....		5	
	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) .....		6	
	7 Notes and loans receivable, net .....	525,000.	7	500,158.
	8 Inventories for sale or use .....	182,344.	8	186,481.
	9 Prepaid expenses and deferred charges .....	210,179.	9	235,593.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,380,086.		
	10b Less: accumulated depreciation .....	618,546.		
	10c	1,889,602.	10c	1,761,540.
	11 Investments - publicly traded securities .....	5,585,434.	11	7,773,012.
	12 Investments - other securities. See Part IV, line 11 .....	2,874,146.	12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	105,289.	15	85,218.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,687,159.	16	11,183,272.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	511,524.	17	479,985.
	18 Grants payable .....	66,327.	18	35,514.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	532,193.	21	545,786.
	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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	476,987.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	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 .....	68,809.	25	57,655.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,655,840.	26	1,118,940.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	8,024,737.	27	6,959,160.
	28 Net assets with donor restrictions .....	4,006,582.	28	3,105,172.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	12,031,319.	32	10,064,332.
	33 <b>Total liabilities and net assets/fund balances</b> .....	13,687,159.	33	11,183,272.

Form 990 (2021)

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

Form 990 (2021)

13-5562362 Page **12**

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,977,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,568,576.
3	Revenue less expenses. Subtract line 2 from line 1	3	-590,890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,031,319.
5	Net unrealized gains (losses) on investments	5	-1,373,429.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,668.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,064,332.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

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) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **NATIONAL COUNCIL OF THE U.S.  
SOCIETY OF ST VINCENT DE PAUL INC** Employer identification number  
**13-5562362**

**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).)
- 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 on 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		
<b>Total</b>						



## NATIONAL COUNCIL OF THE U.S.

Schedule A (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 2

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9454790.	7592180.	6564005.	8840905.	7105526.	39557406.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9454790.	7592180.	6564005.	8840905.	7105526.	39557406.
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)						
6 Public support. Subtract line 5 from line 4.						39557406.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	9454790.	7592180.	6564005.	8840905.	7105526.	39557406.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	113,072.	128,472.	110,017.	153,252.	212,917.	717,730.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		2,169.	13,884.	70.	70.	16,193.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	296,032.	427,884.	35,770.	1,865.	8,181.	769,732.
11 Total support. Add lines 7 through 10						41061061.
12 Gross receipts from related activities, etc. (see instructions)					12	1,155,631.

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 ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	96.34	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.62	%
16a 33 1/3% support test - 2021. 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"/>
b 33 1/3% support test - 2020. 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 - 2021. 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 - 2020. 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) 2021

## NATIONAL COUNCIL OF THE U.S.

Schedule A (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 3

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....



b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....



20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



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

Schedule A (Form 990) 2021

13-5562362 Page 4

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

132024 01-04-21

Schedule A (Form 990) 2021

15010522 781445 62546.000

17  
2021.05080 NATIONAL COUNCIL OF THE U 62546.01

## NATIONAL COUNCIL OF THE U.S.

SOCIETY OF ST VINCENT DE PAUL INC

Schedule A (Form 990) 2021

13-5562362 Page 5

**Part IV** Supporting Organizations (continued)**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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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.
- 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described on 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.

	Yes	No
1		
2		
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** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ 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.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

## NATIONAL COUNCIL OF THE U.S.

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 6

Schedule A (Form 990) 2021

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Schedule A (Form 990) 2021



## NATIONAL COUNCIL OF THE U.S.

Schedule A (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

## 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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

## REGIONS AND OTHER INCOME

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	<b>NATIONAL COUNCIL OF THE U.S. SOCIETY OF ST VINCENT DE PAUL INC</b>	Employer identification number	<b>13-5562362</b>
----------------------	---	--------------------------------	-------------------

**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.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**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? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

## NATIONAL COUNCIL OF THE U.S.

Schedule C (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 2

**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, 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)	112.	112.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	112.	112.												
d	Other exempt purpose expenditures	6,307,046.	7,348,798.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,307,158.	7,348,910.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	465,358.	517,446.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	116,340.	129,362.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

## 4-Year Averaging Period Under Section 501(h)

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

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

## Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount			575,314.	517,446.	1,092,760.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,639,140.
c Total lobbying expenditures			293.	112.	405.
d Grassroots nontaxable amount			143,829.	129,362.	273,191.
e Grassroots ceiling amount (150% of line 2d, column (e))					409,787.
f Grassroots lobbying expenditures			293.	112.	405.

Schedule C (Form 990) 2021

**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 I-A, LINE 1:

GRASSROOTS LOBBYING ON ISSUES RELATED TO THE POOR THROUGH OUR VOICE OF  
THE POOR COMMITTEE



## NATIONAL COUNCIL OF THE U.S.

Schedule C (Form 990 or 990-EZ)

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 4

**Part IV** Supplemental Information (continued)

## Schedule C

Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member

SOCIETY OF ST. VINCENT DE PAUL NATIONAL STORES

Employer ID Number

84-3235787

Affiliated Group Member Address

66 PROGRESS PARKWAY

ST. LOUIS, MO 63043-3706

Electing Member

NO

## Limits on Lobbying Expenditures:

Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	1,041,752.	d												
Total exempt purpose expenditures (add lines 1c and 1d).	1,041,752.	e												
Lobbying nontaxable amount.														
Enter the amount from the following table:														
<table><tr><th>If the amount on line e is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>&gt; 500,000 &lt;= 1,000,000</td><td>100,000 + 15% &gt; 500,000</td></tr><tr><td>&gt; 1,000,000 &lt;= 1,500,000</td><td>175,000 + 10% &gt; 1,000,000</td></tr><tr><td>&gt; 1,500,000 &lt;= 17,000,000</td><td>225,000 + 5% &gt; 1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	179,175.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	44,794.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION**

Employer ID Number  
**82-2513802**

Affiliated Group Member Address  
**66 PROGRESS PARKWAY  
 ST. LOUIS, MO 63043-3706**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0.  
 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0.  
 Total lobbying expenditures (add lines 1a and 1b) ..... 0.  
 Other exempt purpose expenditures ..... 0.  
 Total exempt purpose expenditures (add lines 1c and 1d). ..... 0.

**Lobbying nontaxable amount.**

Enter the amount from the following table:

If the amount on line e is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f) ..... 0.  
 Subtract line 1g from line 1a (limit to zero) ..... 0.  
 Subtract line 1f from line 1c (limit to zero) ..... 0.  
 Member's share of excess lobbying expenditures ..... 0.

**Line**

**1a**

**b**

**c**

**d**

**e**

**f**

**g**

**h**

**i**

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Name of the organization **NATIONAL COUNCIL OF THE U.S.  
SOCIETY OF ST VINCENT DE PAUL INC**

Employer identification number  
**13-5562362**

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ 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)? ☐ Yes ☐ 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.

b 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 .....	▶ \$ .....

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

Schedule D (Form 990) 2021

132051 10-28-21

## NATIONAL COUNCIL OF THE U.S.

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 2

Schedule D (Form 990) 2021

**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 exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	3,056,869.	2,229,738.	1,823,868.	1,606,496.	951,977.
b Contributions	323,215.	578,928.	410,366.	311,365.	722,043.
c Net investment earnings, gains, and losses	-391,479.	452,287.	108,274.	24,350.	65,889.
d Grants or scholarships					
e Other expenditures for facilities and programs	182,897.	142,484.	64,769.	87,889.	44,000.
f Administrative expenses	76,406.	61,600.	48,001.	30,454.	89,433.
g End of year balance	2,729,302.	3,056,869.	2,229,738.	1,823,868.	1,606,476.

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

a Board designated or quasi-endowment ☒ 100 %

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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		1,581,635.	105,774.	1,475,861.
c Leasehold improvements				
d Equipment		30,718.	11,502.	19,216.
e Other		569,333.	501,270.	68,063.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,761,540.

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

13-5562362 Page **3**

**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) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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) .....		
<b>Total.</b> (Col. (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) .....	
<b>Total.</b> (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. (1) Federal income taxes .....	
(2) <b>SPLIT-INTEREST AGREEMENT</b> .....	<b>57,655.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>57,655.</b>

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) 2021



**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.

**PART IV, LINE 2B:**

WE HOLD FUNDS FOR INACTIVE COUNCILS AND CONFERENCES WHERE THERE IS NO  
OTHER SUPERIOR COUNCIL AVAILABLE TO HOLD THESE FUNDS.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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 A MOUNT 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, 2022 AND 2021. 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 2019 AND FORWARD MAY BE AUDITED BY REGULATORY AGENCIES; HOWEVER, THE SOCIETY IS NOT AWARE OF ANY SUCH ACTIONS AT THIS TIME.

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

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

Employer identification number

**13-5562362****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
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		234,263.
EAST ASIA AND THE PACIFIC			GRANTMAKING		19,510.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTMAKING		728,205.
NORTH AMERICA			GRANTMAKING		45,549.
SOUTH AMERICA			GRANTMAKING		68,775.
SOUTH ASIA			GRANTMAKING		2,000.
SUB-SAHARAN AFRICA			GRANTMAKING		10,300.
<b>3 a Subtotal</b> .....	0	0			1,108,602.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	0	0			1,108,602.

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

Schedule F (Form 990) 2021

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION SUPPLIES - HAITI	26,400.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION SUPPLIES AND SCHOOL TUITION- HAITI	36,450.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	56,488.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	7,669.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	14,870.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	25,616.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	20,020.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	28,150.		0.		

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 ..... 19

3 Enter total number of other organizations or entities ..... 19

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

Schedule F (Form 990)

**13-5562362**

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	5,400.		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE ASSISTANCE	13,200.		0.		
			EAST ASIA AND THE PACIFIC	CHARITABLE ASSISTANCE	19,510.		0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	CHARITABLE ASSISTANCE	728,205.		0.		
			NORTH AMERICA	CHARITABLE ASSISTANCE	45,549.		0.		
			SOUTH AMERICA	CHARITABLE ASSISTANCE	6,500.		0.		
			SOUTH AMERICA	CHARITABLE ASSISTANCE	29,125.		0.		
			SOUTH AMERICA	CHARITABLE ASSISTANCE	27,250.		0.		
			SOUTH AMERICA	CHARITABLE ASSISTANCE	5,900.		0.		

[illegible]





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

Schedule F (Form 990) 2021

13-5562362 Page 4

**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

Schedule F (Form 990) 2021

## NATIONAL COUNCIL OF THE U.S.

Schedule F (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 5

**Part V** Supplemental Information

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

**PART I, LINE 2:**

THE INTERNATIONAL GRANTMAKING POLICY OF THE NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC. (NATIONAL SVDP) LIMITS A FOREIGN GRANTEE'S USE OF FUNDS TO SPECIFIC PROJECTS THAT FURTHER NATIONAL SVDP'S CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES UNDER SECTION 501 (C)(3), EXERCISES CONTROL AND DISCRETION OVER A GRANTEE'S USE OF THE FUNDS, AND PROVIDES FOR RECEIPT AND MAINTENANCE OF PERIODIC ACCOUNTINGS FROM FOREIGN GRANTEES ESTABLISHING THAT THE FUNDS WERE UTILIZED FOR 501 (C)(3) PURPOSES. THE APPLICATION OF THESE GUIDELINES SHALL BE ON A RISK-BASED APPROACH AND WILL DIFFER DEPENDING ON: (A) THE NATURE OF THE FOREIGN ORGANIZATION; (B) THE SIZE, SCOPE, AND DURATION OF THE GRANT RELATIONSHIP; AND (3) THE FOREIGN COUNTRY'S LEGAL STRUCTURE AND POLITICAL CLIMATE OF THE REGION. NATIONAL SVDP REGULARLY REVIEWS AND ASSESSES ITS ONGOING FOREIGN GRANTMAKING ACTIVITIES UTILIZING THE TREASURY RISK MATRIX FOR THE CHARITABLE SECTOR. TO THE GREATEST EXTENT POSSIBLE, NATIONAL SVDP'S GRANTMAKING ACTIVITIES ARE PERFORMED TO COMPLY WITH A LOW RISK TOLERANCE. ALL FOREIGN GRANT RECIPIENTS ARE SCREENED ON THE DEPARTMENT OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL SPECIALLY DESIGNATED NATIONALS LIST (SDN LIST) PRIOR TO GRANT DISTRIBUTION. NATIONAL SVDP ALSO ROUTINELY MONITORS COUNTRY-SPECIFIC SANCTIONS PROGRAMS AND INFORMATION AVAILABLE IN REGIONS WHERE NATIONAL SVDP IS GRANTING FUNDS. PRIOR TO DISTRIBUTING GRANT FUNDS TO A SANCTIONED COUNTRY OR REGION WITH A HIGH RISK OF TERRORISM, NATIONAL SVDP CONSULTS LEGAL COUNSEL AND SECURES APPLICABLE LICENSING WITH OFAC TO ENSURE THAT ALL GRANTS COMPLY WITH US LAWS, FOREIGN POLICY AND NATIONAL SECURITY GOALS.

INTERNATIONAL TWINNING PROGRAM NATIONAL SVDP'S INTERNATIONAL TWINNING

132075 12-20-21

Schedule F (Form 990) 2021

NATIONAL COUNCIL OF THE U.S.

Schedule F (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362 Page 5

**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.

(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 GRANTEEES SHARE THE SAME RELIGIOUS AND CHARITABLE PURPOSES OF NATIONAL SVDP. FOREIGN GRANTEEES' 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 GRANTEEES 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 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 GRANTEEES THAT DO NOT PARTICIPATE IN THE INTERNATIONAL TWINNING PROGRAM MUST COMPLETE A PRE-GRANT INQUIRY PRIOR TO RECEIVING A GRANT FROM NATIONAL SVDP. NATIONAL

**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.

SVDP REVIEWS THE PRE-GRANT INQUIRIES TO ENSURE THAT THE PROJECT(S) TO BE FUNDED FURTHER NATIONAL SVDP'S RELIGIOUS AND CHARITABLE PURPOSES AND THE GRANTEE ORGANIZATION IS AN APPROPRIATE RECIPIENT TO EXPEND THE FUNDS FOR THE PROPOSED PROJECT(S). FOREIGN GRANTS MADE OUTSIDE THE SCOPE OF NATIONAL SVDP'S INTERNATIONAL TWINNING PROGRAM ARE GOVERNED BY A WRITTEN GRANT AGREEMENT THAT RESTRICTS GRANTEE'S USE OF THE FUNDS TO SPECIFIC CHARITABLE AND RELIGIOUS PROJECTS AND MANDATES REPORTING PROCEDURES. LONG-TERM GRANT AGREEMENTS ARE REVIEWED ON A TWO TO THREE-YEAR BASIS.

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

**SCHEDULE G  
(Form 990)**

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 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **NATIONAL COUNCIL OF THE U.S.  
SOCIETY OF ST VINCENT DE PAUL INC** Employer identification number **13-5562362**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants  
b ☒ Internet and email solicitations f ☐ Solicitation of government grants  
c ☒ Phone solicitations g ☐ Special fundraising events  
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WORDS, DATA AND IMAGES LLC DBA GABRIEL GROUP - 3190	DIRECT MAIL CONSULTING		X	1,416,112.	303,274.	1,112,838.
AMERICAN PHILANTHROPIC - 119 N. HIGH STREET, WEST CHESTER, JEFFREY A. BROOKS - 2547 7TH AVE W., SEATTLE, WA 98119	GRANT CONSULTING SERVICES		X	0.	58,320.	-58,320.
	SOLICITATION COPY WRITER		X	0.	800.	-800.
<b>Total</b>				1,416,112.	362,394.	1,053,718.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Schedule G (Form 990) 2021

SEE PART IV FOR CONTINUATIONS



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

13-5562362 Page 2

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....				
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
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))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
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: \_\_\_\_\_

**NATIONAL COUNCIL OF THE U.S.**

Schedule G (Form 990) 2021

**SOCIETY OF ST VINCENT DE PAUL INC**

**13-5562362** Page **3**

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** 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 explanations 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: WORDS, DATA AND IMAGES LLC DBA GABRIEL GROUP

(I) ADDRESS OF FUNDRAISER: 3190 RIDER TRAIL SOUTH, EARTH CITY, MO 63045

(I) NAME OF FUNDRAISER: AMERICAN PHILANTHROPIC

(I) ADDRESS OF FUNDRAISER: 119 N. HIGH STREET, WEST CHESTER, PA 19380

**PART I, LINE 28 - FUNDRAISER ADDITIONAL INFORMATION**

132083 10-21-21

Schedule G (Form 990) 2021

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

13-5562362 Page 4

Schedule G (Form 990)

**Part IV** Supplemental Information (continued)

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.

Schedule G (Form 990)

132084 11-18-21

15010522 781445 62546.000

48

2021.05080 NATIONAL COUNCIL OF THE U 62546.01

**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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**NATIONAL COUNCIL OF THE U.S.**

**SOCIETY OF ST VINCENT DE PAUL INC**

Employer identification number

**13-5562362**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DISASTER SERVICES CORPORATION 511 E. JOHN CARPENTER FWY, STE 500 IRVING, TX 75062	82-0658251	501(C)(3)	796,419.	0.			DISASTER RELIEF
DIOCESAN COUNCIL OF ORLANDO, SOCIETY OF ST. VINCENT DE PAUL, INC. - 770 A S ORANGE BLOSSOM TRAIL - APOPKA, FL 32703	59-2948683	501(C)(3)	77,127.	0.			FOP WALK, FOP GRANT, DIRECT MAIL, SYSTEMIC CHANGE, PORTICUS
THE SOCIETY OF ST. VINCENT DE PAUL IN THE ARCHDIOCESE OF DETROIT - 3000 GRATIOT AVE. - DETROIT, MI 48207	38-1359592	501(C)(3)	76,639.	0.			FOP WALK, FOP GRANT, DIRECT MAIL, SYSTEMIC CHANGE, MULTICULTURAL
DES MOINES COUNCIL OF ST. VINCENT DE PAUL SOCIETY - 801 73RD ST STE J - WINDSOR HEIGHTS, IA 50324	42-6021808	501(C)(3)	59,799.	0.			FOP WALK, FOP GRANT, DIRECT MAIL, SYSTEMIC CHANGE, IMMERSION, PORTICUS
THE SOCIETY OF ST. VINCENT DE PAUL DIOCESAN COUNCIL OF AUSTIN - P.O. BOX 81511 - AUSTIN, TX 78708	74-2763690	501(C)(3)	54,342.	0.			FOP WALK, FOP GRANT, MULTICULTURAL
SOCIETY OF ST. VINCENT DE PAUL ROCKFORD COUNCIL - 227 WHITE OAK STREET - HAMPSHIRE, IL 60140	06-1640220	501(C)(3)	50,745.	0.			FOP WALK, FOP GRANT, DIRECT MAIL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **72.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

**NATIONAL COUNCIL OF THE U.S.**

13-5562362 Page 1

**SOCIETY OF ST VINCENT DE PAUL INC**

Schedule I (Form 990) Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL GEORGIA - 2050C CHAMBLEE TUCKER RD - ATLANTA, GA 30341	58-0967972	501(C)(3)	50,052.	0.			FOP GRANT, DIRECT MAIL, SYSTEMIC CHANGE
DISTRICT COUNCIL OF CONTRA COSTA CTY SOCIETY OF ST. VINCENT DE PAUL - 2210 GLADSTONE DRIVE - PITTSBURG, CA 94565	94-1448577	501(C)(3)	47,235.	0.			FOP WALK, FOP GRANT, SYSTEMIC CHANGE, MULTICULTURAL
ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF GREEN BAY INC - 1529 LEO FRIGO WAY - GREEN BAY, WI 54302	39-1035429	501(C)(3)	40,480.	0.			FOP WALK, FOP GRANT, PORTICUS
SOCIETY OF ST. VINCENT DE PAUL DIOCESAN COUNCIL OF DALLAS INC. - 3826 GILBERT AVENUE - DALLAS, TX 75219	75-1630370	501(C)(3)	34,020.	0.			FOP WALK, FOP GRANT, MULTICULTURAL, DIRECT MAIL
DIOCESAN COUNCIL FOR THE SOCIETY OF ST. VINCENT DE PAUL DIOCESE PHOENIX - PO BOX 13600 - PHOENIX, AZ 85002	86-0096789	501(C)(3)	33,230.	0.			FOP WALK, DIRECT MAIL
SOCIETY OF ST. VINCENT DE PAUL IN THE ARCHDIOCESE OF BOSTON INC. - 18 CANTON STREET - STOUGHTON, MA 02072	04-2104826	501(C)(3)	31,911.	0.			FOP WALK, DIRECT MAIL
DISTRICT COUNCIL OF ATTLEBORO 6 TANYA DRIVE MANSFIELD, MA 02048	83-1207263	501(C)(3)	30,000.	0.			PORTICUS
ST. VINCENT DE PAUL SOCIETY PARTICULAR COUNCIL OF DENVER - 2830 LAWRENCE ST - DENVER, CO 80205	84-6032037	501(C)(3)	28,427.	0.			FOP WALK, FOP GRANT, URBAN FARM, DIRECT MAIL
ST. VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF NEW ORLEANS - PO BOX 792880 - NEW ORLEANS, LA 70179	72-0802053	501(C)(3)	25,760.	0.			FOP GRANT, DIRECT MAIL

Schedule I (Form 990)

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

13-5562362

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY ST. VINCENT DE PAUL ALAMEDA - 2272 SAN PABLO AVE - OAKLAND, CA 94612	94-1156493	501(C)(3)	25,290.	0.			FOP WALK, SYSTEMIC CHANGE
ST. VINCENT DE PAUL ST. AMBROSE CONFERENCE - 3107 63RD AVE - CHEVERLY, MD 20785	47-2233510	501(C)(3)	25,000.	0.			FOP GRANT, SYSTEMIC CHANGE
SOCIETY OF ST. VINCENT DE PAUL DIOCESAN COUNCIL OF SAN DIEGO - 4024 CORTE TIERRA ALTA - LA MESA, CA 91941	23-7149789	501(C)(3)	22,060.	0.			FOP WALK, FOP GRANT, DIRECT MAIL
FORT WAYNE SOCIETY OF ST. VINCENT DEPAUL INC. - 1600 S. CALHOUN STREET - FORT WAYNE, IN 46802	35-0975940	501(C)(3)	21,792.	0.			FOP WALK
DIOCESAN COUNCIL SOCIETY OF ST. VINCENT DE PAUL CLEVELAND DIOCESE - 1404 E. 9TH ST. 3RD FL. - CLEVELAND, OH 44114	51-0434414	501(C)(3)	20,998.	0.			FOP WALK, FOP GRANT, DIRECT MAIL
THE SOCIETY OF SAINT VINCENT DE PAUL FORT WORTH DIOCESAN COUNCIL - 1912 NORWOOD LANE - ARLINGTON, TX 76013	75-2887696	501(C)(3)	20,992.	0.			FOP WALK, FOP GRANT, DIRECT MAIL
ST. PAUL THE APOSTLE - NEW YORK 405 WEST 59TH STREET NEW YORK, NY 10019	81-1725328	501(C)(3)	20,725.	0.			FOP WALK
CENTRAL COUNCIL SVDP IN THE DIOCESES OF ROCKVILLE CENTRE - 249 BROADWAY - BETHPAGE, NY 11714	11-1884961	501(C)(3)	20,000.	0.			SYSTEMIC CHANGE
DISTRICT COUNCIL OF MARINETTE PO BOX 1111 MARINETTE, WI 54143	39-6226913	501(C)(3)	20,000.	0.			SYSTEMIC CHANGE

Schedule I (Form 990)



**NATIONAL COUNCIL OF THE U.S.**

Schedule I (Form 990) **SOCIETY OF ST VINCENT DE PAUL INC**

**13-5562362**

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES DISTRICT COUNCIL-ST. WILLIAM-ST. PETER - C/O STAN KABALA, TREASURER 750 SEAGATE DR - NAPLES, FL 34103	59-1711287	501(C)(3)	20,000.	0.			SYSTEMIC CHANGE
ADCC OF LOUISVILLE PO BOX 17126 LOUISVILLE, KY 70217	61-0727110	501(C)(3)	20,000.	0.			SYSTEMIC CHANGE
BASILICA OF ST. MARY 313 DUKE ST ALEXANDRIA, VA 22314	74-3131073	501(C)(3)	20,000.	0.			SYSTEMIC CHANGE
SVPD HOLY TRINITY CONFERENCE 401 ALDERMAN RD CHARLOTTESVILLE, VA 22903	84-3047407	501(C)(3)	19,950.	0.			FOP WALK, FOP GRANT
SOCIETY OF ST. VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF ST. LOUIS - 1310 PAPIN ST - ST. LOUIS, MO 63103	43-0652684	501(C)(3)	19,290.	0.			FOP WALK, FOP GRANT, MULTICULTURAL
SOCIETY OF ST. VINCENT DEPAUL ST. MICHAEL THE ARCHANGEL CONFERENCE - 4491 SPRINGFIELD RD. - GLEN ALLEN, VA 23060	81-4678250	501(C)(3)	15,585.	0.			FOP WALK
ST. VINCENT DE PAUL BATON ROUGE COUNCIL - PO BOX 127 - BATON ROUGE, LA 70821	36-4582340	501(C)(3)	15,000.	0.			MULTICULTURAL GRANT, FOP GRANT
ST. VINCENT DE PAUL SOCIETY OF ST. TIMOTHY CHURCH - 13807 POPLAR TREE RD - CHANTILLY, VA 20151	80-0337125	501(C)(3)	14,600.	0.			FOP WALK
COUNCIL OF ORANGE COUNTY SOCIETY OF ST. VINCENT DE PAUL - OFFICE 1505 E. 17TH ST., STE 109 - SANTA ANA, CA 92705	95-3033494	501(C)(3)	13,433.	0.			DIRECT MAIL REV SHARE

**Schedule I (Form 990)**

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

13-5562362

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOCIETY OF ST. VINCENT DE PAUL OF MEMPHIS INC. - 1306 MONROE - MEMPHIS, TN 38104	90-0262650	501(C)(3)	13,151.	0.			POP WALK, DIRECT MAIL
SOCIETY OF ST. VINCENT DE PAUL ARCHDIOCESE OF CHICAGO - 12731 SOUTH WOOD STREET - BLUE ISLAND, IL 60406	36-3195567	501(C)(3)	12,358.	0.			POP WALK, DIRECT MAIL
SOCIETY OF ST. VINCENT DE PAUL OF THE JOLIET DIOCESAN COUNCIL, INC. - 213 MAIN STREET - WEST CHICAGO, IL 60185	36-2484129	501(C)(3)	10,937.	0.			DIRECT MAIL REV SHARE
ST. CECILIA CONFERENCE, SOCIETY OF ST. VINCENT DE PAUL - 434 NORTON ROAD - COLUMBUS, OH 43228	26-4304885	501(C)(3)	10,100.	0.			POP WALK, POP GRANT
CENTRAL COUNCIL SVDP IN THE DIOCESES OF ROCKVILLE CENTRE - 160 ASBURY AVE - CARLE PLACE, NY 11514	32-0238158	501(C)(3)	10,000.	0.			POP GRANT
ST. VINCENT DE PAUL SOCIETY OF MILWAUKEE DISTRICT COUNCIL - PO BOX 26537 - MILWAUKEE, WI 53226	39-0806406	501(C)(3)	10,000.	0.			MULTICULTURAL GRANT, POP GRANT
SOCIETY OF ST. VINCENT DE PAUL DISTRICT COUNCIL OF ARKANSAS INC. - 308 N 33RD ST - ROGERS, AR 72756	26-4355130	501(C)(3)	9,275.	0.			POP WALK
ST. RITA CONFERENCE 14404 14TH ST DADE CITY, FL 33523	90-0798827	501(C)(3)	9,000.	0.			SYSTEMIC CHANGE
SOCIETY OF ST. VINCENT DE PAUL SVDP RHODE ISLAND - 25 WEBB ST - CRANSTON, RI 02920	05-6010248	501(C)(3)	8,804.	0.			POP WALK, POP GRANT, DIRECT MAIL

Schedule I (Form 990)

**NATIONAL COUNCIL OF THE U.S.**

**SOCIETY OF ST VINCENT DE PAUL INC**

13-5562362

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL ARCHDIOCESE OF GALVESTON-HOUSTON - 2403 HOLCOMBE BLVD - HOUSTON, TX 77021	74-1464210	501(C)(3)	8,725.	0.			FOP WALK, FOP GRANT
THE SOCIETY OF ST. VINCENT DE PAUL, DIOCESAN COUNCIL OF ARLINGTON, VIRGINIA, INC - 8021 WOLFTRAP ROAD - DUNN LORING, VA	27-0092853	501(C)(3)	8,594.	0.			DIRECT MAIL REV SHARE
SOCIETY OF ST VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF PORTLAND - 9902 SE BELL AVE - MILWAUKIE, OR 97222	93-0846858	501(C)(3)	8,000.	0.			FOP GRANT
SOCIETY OF SAINT VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF MIAMI, INC. - PO BOX 431232 - MIAMI, FL 33243	65-0681310	501(C)(3)	7,903.	0.			DIRECT MAIL, FOP GRANT
SOCIETY OF ST VINCENT DE PAUL DISTRICT OF COUNCIL ROCHESTER MN - 1600 11TH AVE SE - ROCHESTER, MN 55904	46-5044559	501(C)(3)	7,538.	0.			FOP WALK, DIRECT MAIL
SOCIETY OF ST VINCENT DE PAUL OUR LADY OF GRACE - 5011 WHITE OAK AVE. - ENCINO, CA 91316	27-1098161	501(C)(3)	7,426.	0.			FOP WALK
SOCIETY OF ST. VINCENT DE PAUL, ST. FAUSTINA CONFERENCE - P.O. BOX 1574 - SPOTSYLVANIA, VA 22551	26-1277759	501(C)(3)	7,400.	0.			FOP WALK, FOP GRANT
JACKSON DISTRICT COUNCIL SOCIETY OF ST VINCENT DE PAUL INC - 1718 STATE ROAD 13 - ST JOHNS, FL 32259	27-5193603	501(C)(3)	7,165.	0.			FOP WALK
SOCIETY OF ST. VINCENT DEPAUL DISTRICT COUNCIL OF GARY INDIANA I - 7132 ARIZONA AVE - HAMMOND, IN 46323	35-2214600	501(C)(3)	6,965.	0.			FOP WALK

Schedule I (Form 990)

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

13-5562362 Page 1

Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIEDAD SAN VICENTE DE PAUL PO BOX 11671 SAN JUAN, PR 00910	66-0714702	501(C)(3)	6,859.	0.			MULTICULTURAL, SOLIDARITY
ST. MARY CONFERENCE 231 CHURCH ST. POUGHKEEPSIE, NY 12601	46-4003841	501(C)(3)	6,651.	0.			FOP WALK, FOP GRANT
SOCIETY OF ST. VINCENT DE PAUL CENTRAL COUNCIL OF PITTSBURGH - 1501 REEDSDALE STREET, SUITE 3003 - PITTSBURGH, PA 15233	25-1549926	501(C)(3)	6,627.	0.			DIRECT MAIL REV SHARE
SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF PENSACOLA-TALLAHASSEE, INC. - PO BOX 17645 2200 DESOTO ST. 32505 - PENSACOLA, FL 32522	59-2374931	501(C)(3)	6,478.	0.			URBAN FARM, FOP WALK, DIRECT MAIL
SAINT TERESA OF CALCUTTA, SOCIETY OF ST. VINCENT DE PAUL - 6006 THREE CHOPT ROAD - RICHMOND, VA 23226	83-3210981	501(C)(3)	6,075.	0.			FOP WALK. FOP GRANT
ST DOROTHEA CONFERENCE ST VINCENT DEPAUL INC - 240 BROAD STREET - EATONTOWN, NJ 07724	32-0254942	501(C)(3)	6,000.	0.			FOP WALK, FOP GRANT
SOCIETY OF ST. VINCENT DE PAUL SACRED HEART PERRY ST. RICHMOND VA - 1400 PERRY STREET - RICHMOND, VA 23224	83-2458473	501(C)(3)	6,000.	0.			FOP WALK, FOP GRANT
MANHATTAN DISTRICT COUNCIL 1011 1ST AVENUE NEW YORK, NY 10022	13-5563024	501(C)(3)	5,960.	0.			FOP WALK, MULTICULTURAL GRANT
SOCIETY OF ST. VINCENT DE PAUL DIOCESAN COUNCIL OF VENICE, FLORIDA, INC. - 2628 DEL PRADO BLVD. - CAPE CORAL, FL 33904	27-2164241	501(C)(3)	5,882.	0.			DIRECT MAIL REV SHARE

Schedule I (Form 990)

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

13-5562362 Page 1

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY OF THE LAKE CONFERENCE, ST. VINCENT DE PAUL SOCIETY - 43 MADISON AVE. - LAKEWOOD, NJ 08701	11-3819644	501(C)(3)	5,796.	0.			FOP WALK
ST. AUGUSTINE DIOCESAN COUNCIL SOCIETY OF ST. VINCENT DE PAUL INC. - 3512 BEACH BLVD. - JACKSONVILLE, FL 32207	26-0007717	501(C)(3)	5,785.	0.			FOP WALK
HOLY REDEEMER CONFERENCE 2411 MONTROSE AVE. MONTROSE, CA 91020	45-2043450	501(C)(3)	5,700.	0.			FOP WALK, FOP GRANT
ST. PETER CLAVER & ST. PIUS V CHURCH - 1546 N FREMONT AVE - BALTIMORE, MD 21217	85-2891016	501(C)(3)	5,381.	0.			URBAN PARKING
THE SOCIETY OF ST. VINCENT DE PAUL RESURRECTION CONFERENCE - 1600 11TH AVE SE - ROCHESTER, MN 55904	27-4147193	501(C)(3)	5,375.	0.			FOP WALK, FOP GRANT
DIOCESAN COUNCIL OF BILOXI SOCIETY OF ST. VINCENT DE PAUL - PO BOX 8771 - BILOXI, MS 39535	64-0761653	501(C)(3)	5,350.	0.			FOP WALK, FOP GRANT
SOCIETY OF ST. VINCENT DE PAUL COUNCIL OF SEATTLE-KING COUNTY - 5950 4TH AVENUE S. - SEATTLE, WA 98108	91-0583891	501(C)(3)	5,350.	0.			FOP WALK, FOP GRANT
DISTRICT COUNCIL OF PEORIA, INC. PO BOX 41 MORTON, IL 61550	82-2016290	501(C)(3)	5,306.	0.			FOP WALK, DIRECT MAIL
LINCOLN COUNCIL SOCIETY OF ST VINCENT DE PAUL - P.O. BOX 30145 - LINCOLN, NE 68503	20-8997157	501(C)(3)	5,125.	0.			MULTICULTURAL/DIVERSITY, FOP WALK

Schedule I (Form 990)



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

13-5562362 Page 2

**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 noncash assistance

Part IV

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

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

**PART I, LINE 2:**

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

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

Employer identification number

**13-5562362**

**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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2021



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

Schedule J (Form 990) 2021

13-5562362

Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

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

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **NATIONAL COUNCIL OF THE U.S.  
SOCIETY OF ST VINCENT DE PAUL INC** Employer identification number **13-5562362**

**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	117	114,114.	FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	57	220,079.	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** **1**

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

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

Schedule M (Form 990) 2021

NATIONAL COUNCIL OF THE U.S.

Schedule M (Form 990) 2021

SOCIETY OF ST VINCENT DE PAUL INC

13-5562362

Page 2

**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.

**SCHEDULE M, LINE 32B:**

**CHARITABLE ADULT RIDES & SERVICES SOLICITS DONATIONS THROUGH THEIR**

**WEBSITE AND IMMEDIATELY SELLS THEM AT A CAR AUCTIONS AND SEND NET FUNDS**

**AFTER EXPENSES AND THEIR FEES.**

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
13-5562362

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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

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  
AND 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.

MULTICULTURAL GRANTS HELP DIVERSE LOCAL CONFERENCES GROW THEIR  
MEMBERSHIP AND INCREASE OUR NETWORK OF FRIENDS. ENCOURAGING A DIVERSE  
VINCENTIAN MEMBERSHIP HELPS US TO REACH OUT TO NEW COMMUNITIES AND GROW  
IN OUR ABILITY TO SERVE THOSE IN NEED.

FUNDRAISING AND GRANT WRITING RESOURCES ARE BEING PROVIDED TO ASSIST

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	NATIONAL COUNCIL OF THE U.S. SOCIETY OF ST VINCENT DE PAUL INC	Employer identification number 13-5562362
--------------------------	---	--

CONFERENCES AND COUNCILS DEVELOP SOUND FUNDRAISING ACTIVITIES.

COMMUNICATION SERVICES FROM THE NATIONAL COUNCIL INFORMS 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 PROVIDES 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 PROVIDES LOCAL SVDPUSA CONFERENCES THE ABILITY TO FINANCIALLY PARTNER WITH A CONFERENCE IN A FOREIGN COUNTRY.

FORM 990, PART III, LINE 4B

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 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

Name of the organization	NATIONAL COUNCIL OF THE U.S. SOCIETY OF ST VINCENT DE PAUL INC	Employer identification number 13-5562362
--------------------------	---	--

MAN-MADE DISASTER SUCH AS CATASTROPHIC FLOODING, HURRICANES AND  
DEVASTATING FIRES. WHILE THESE DISASTERS ARE TRAUMATIC FOR ALL WHO  
EXPERIENCE THEM, OUR MOST VULNERABLE POPULATIONS HAVE THE FEWEST  
RESOURCES FOR RECOVERY. FAMILIES THAT WERE ON THE EDGE OF POVERTY  
BEFORE THE DISASTER ARE NOW IN POVERTY FACING THE OVERWHELMING TASK OF  
REBUILDING THEIR LIVES.

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

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

THE MEMBER COUNCIL BOARD PRESIDENTS ARE ELECTED BY THEIR MEMBERSHIP AND  
SERVE AS NATIONAL COUNCIL MEMBERS. THESE NATIONAL COUNCIL MEMBERS ARE  
SEPARATE FROM THE NATIONAL COUNCIL BOARD AND HAVE CERTAIN GOVERNANCE  
RESPONSIBILITIES OUTLINED IN THE BYLAWS.

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

THE NATIONAL COUNCIL MEMBERS' RESPONSIBILITIES INCLUDE VOTING TO ELECT THE  
NATIONAL COUNCIL BOARD PRESIDENT, APPROVING THE PRESIDENTIAL APPOINTMENTS.



Name of the organization **NATIONAL COUNCIL OF THE U.S.  
SOCIETY OF ST VINCENT DE PAUL INC**

Employer identification number  
**13-5562362**

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

THE NATIONAL COUNCIL MEMBERS' RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO APPROVAL OF THE ANNUAL BUDGET, POLICIES, ADOPTION OF OUR AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS AND THE DISSOLUTION AND DISPOSAL OF THE NATIONAL COUNCIL'S ASSETS.

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO SALARY IS REVIEWED ANNUALLY BY THE ORGANIZATION'S BOARD OF DIRECTORS AND ITS COMPENSATION COMMITTEE, WHICH USES INDUSTRY COMPARATIVES

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

AVAILABLE UPON REQUEST.

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

Name of the organization	NATIONAL COUNCIL OF THE U.S. SOCIETY OF ST VINCENT DE PAUL INC	Employer identification number 13-5562362
--------------------------	---	--

FREDERIC OZANAM. THE SOCIETY'S MEMBERSHIP IS OPEN TO ALL THOSE WHO SEEK 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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -2,668.

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.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization  
**NATIONAL COUNCIL OF THE U.S.  
SOCIETY OF ST VINCENT DE PAUL INC**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
**13-5562362**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DISASTER SERVICES CORPORATION OF THE SOCIETY OF ST. VINCENT DE PAUL - 82-065, 511 E. JOHN CARPENTER FWY. #500, IRVING, TX 75062	SEE PART VII	MISSOURI	501(C)(3)	LINE 7	NATIONAL COUNCIL OF THE US SVDP, INC.		X
SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION - 82-2513802, 66 PROGRESS PKWY, MARYLAND HEIGHTS, MO 63043	SEE PART VII	MISSOURI	501(C)(3)	LINE 12A, I	NATIONAL COUNCIL OF THE US SVDP, INC.		X
SOCIETY OF ST. VINCENT DE PAUL NATIONAL STORES - 84-3235787, 66 PROGRESS PKWY, MARYLAND HEIGHTS, MO 63043	SEE PART VII	MISSOURI	501(C)(3)	LINE 10	NATIONAL COUNCIL OF THE US SVDP, INC.		X

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

Schedule R (Form 990) 2021

## Page 2

**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

## Part III

[illegible]

## 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.

[illegible]

**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.

**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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**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 - SVDP USA SOCIETY OF ST. VINCENT DE PAUL NATIONAL STORES	B	796,419.	CASH VALUE
(2) STORES SOCIETY OF ST. VINCENT DE PAUL NATIONAL STORES	A	6,325.	CASH VALUE
(3) STORES	D	525,000.	CASH VALUE
(4)			
(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.

[illegible]

**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.**

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>NATIONAL COUNCIL OF THE U.S. SOCIETY OF ST VINCENT DE PAUL INC</b>	Taxpayer identification number (TIN) <b>13-5562362</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>66 PROGRESS PARKWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MARYLAND HEIGHTS, MO 63043</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

- The books are in the care of ► **66 PROGRESS PARKWAY - MARYLAND HEIGHTS, MO 63043**

Telephone No. ► **(314) 576-3993**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)





# OPEN TO PUBLIC INSPECTION