

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2018

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 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01, 2018, and ending 09/30, 20 19

Form 990 header section containing organization name (NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.), address (66 PROGRESS PARKWAY, MARYLAND HEIGHTS, MO 63043), and identification numbers.

Part I Summary

Table with 22 rows detailing organizational activities, revenue, expenses, and net assets. Includes columns for 'Activities & Governance', 'Revenue', 'Expenses', and 'Net Assets or Fund Balances'.

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.

Signature block for David Barringer, CEO, dated 8-17-2020.

Preparer information for Mary Jane Pieroni, CPA, dated 08/17/2020, with firm name BDO USA, LLP.

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

For Paperwork Reduction Act Notice, see the separate instructions Form 990 (2018)

SCANNED NOV 10 2021

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.
A NETWORK OF FRIENDS, INSPIRED BY GOSPEL VALUES, GROWING IN HOLINESS
AND BUILDING A MORE JUST WORLD THROUGH PERSONAL RELATIONSHIPS WITH
AND SERVICE TO PEOPLE IN NEED.

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

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

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

4a (Code _____) (Expenses \$ 5,646,787 including grants of \$ 2,952,684) (Revenue \$ _____)
SEE SCHEDULE O.

4b (Code _____) (Expenses \$ 951,223 including grants of \$ 951,223) (Revenue \$ _____)
SEE SCHEDULE O.

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 6,598,010.

G1 A B D F I O J R

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form with questions 2a through 16 and Yes/No columns. Includes sub-questions a, b, c, d, e, f, g, h for various sections.

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

Section A. Governing Body and Management

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

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043 314-576-3993

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)RALPH MIDDLECAMP PRESIDENT	19.00 1.00	X		X				0.	0.	0.
(2)BRIAN BURGESS VICE PRESIDENT	8.00 0.	X		X				0.	0.	0.
(3)GUADALUPE SOSA SECRETARY	3.00 0.	X		X				0.	0.	0.
(4)JAMES DODD TREASURER	12.00 0.	X		X				0.	0.	0.
(5)WILLIAM BRAZIER VICE PRESIDENT - MIDEAST REGIO	15.00 0.	X						0.	0.	0.
(6)RAYMOND DUPONT VICE PRESIDENT - S CENTRAL REG	10.00 0.	X						0.	0.	0.
(7)THOMAS FAHL GOVERNANCE LIASON	1.50 0.	X						0.	0.	0.
(8)IRENE FRECHETTE VICE PRESIDENT - NORTHEAST REG	1.00 0.	X						0.	0.	0.
(9)ALICE GARVEY VICE PRESIDENT - EASTERN REGIO	2.50 0.	X						0.	0.	0.
(10)ALTHEA GRAHAM NATIONAL COUNCIL BOARD	15.00 0.	X						0.	0.	0.
(11)JOHN HALLISSY VICE PRESIDENT - WESTERN REGIO	7.00 0.	X						0.	0.	0.
(12)JEANNE HARPER NATIONAL COUNCIL BOARD	5.00 0.	X						0.	0.	0.
(13)MORGAN JELLETT VICE PRESIDENT - SOUTHEAST REG	1.00 0.	X						0.	0.	0.
(14)THOMAS PELGER VICE PRESIDENT - N CENTRAL REG	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANN SCHORNO ----- NATIONAL COUNCIL BOARD	2.00 0.	X						0.	0.	0.
(16) JOHN BERRY ----- NATIONAL COUNCIL BOARD	4.00 0.	X						0.	0.	0.
(17) KATHLEEN BRISSETTE ----- NATIONAL COUNCIL BOARD	1.00 0.	X						0.	0.	0.
(18) RAYMOND SICKINGER ----- NATIONAL COUNCIL BOARD	10.00 0.	X						0.	0.	0.
(19) DAVID WINSLETT ----- VICE PRESIDENT - MIDWEST REGIO	1.00 0.	X						0.	0.	0.
(20) DAVID BARRINGER ----- CHIEF EXECUTIVE OFFICER	58.50 1.50			X				220,968.	0.	47,019.
(21) STEVEN MARTINEZ ----- CHIEF DEVELOPMENT OFFICER	50.00 2.00				X			110,238.	0.	27,916.
(22) NANCY PINO ----- CHIEF FINANCIAL OFFICER	55.00 1.00			X				108,409.	0.	28,012.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								439,615.	0.	102,947.
d Total (add lines 1b and 1c)								439,615.	0.	102,947.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	1,723,511				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,868,669				
	g	Noncash contributions included in lines 1a-1f \$		18,668				
	h	Total. Add lines 1a-1f		7,592,180				
Program Service Revenue	2a	Business Code						
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		128,472		128,472		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	15,877				
			(ii) Personal					
			b	Less rental expenses	13,708			
			c	Rental income or (loss)	2,169			
	d	Net rental income or (loss)		2,169		2,169		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	662,331				
			(ii) Other					
			b	Less cost or other basis and sales expenses	579,698			
			c	Gain or (loss)	82,633			
	d	Net gain or (loss)		82,633		82,633		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
			b	Less direct expenses	0			
c			Net income or (loss) from fundraising events		0			
9a	Gross income from gaming activities See Part IV, line 19	a	0					
		b	Less direct expenses	0				
		c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a	173,696					
		b	Less cost of goods sold	125,355				
		c	Net income or (loss) from sales of inventory		48,341		48,341	
Miscellaneous Revenue		Business Code						
11a	MEETING INCOME		427,884	427,884				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		427,884					
12	Total revenue. See instructions		8,281,679	427,884	2,169	259,446		

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	2,842,346.	2,842,346.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	60,831.	60,831.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,000,730.	1,000,730.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	557,551.	176,334.	260,822.	120,395.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,227,379.	863,339.	253,103.	110,937.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,483.	48,688.	15,462.	7,333.
9 Other employee benefits	223,126.	156,190.	39,011.	27,925.
10 Payroll taxes	117,481.	69,444.	33,700.	14,337.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	59,546.	31,101.	28,445.	
c Accounting	21,567.		21,567.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	122,601.			122,601.
f Investment management fees	7,319.		7,319.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,594.	14,517.	550.	77,527.
12 Advertising and promotion	8,225.	7,587.	568.	70.
13 Office expenses	116,058.	85,358.	8,551.	22,149.
14 Information technology	152,522.	129,646.	3,778.	19,098.
15 Royalties	0.			
16 Occupancy	66,005.	46,873.	13,511.	5,621.
17 Travel	618,096.	566,933.	46,731.	4,432.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	440,644.	421,638.	17,374.	1,632.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	108,252.	55,524.	51,785.	943.
23 Insurance	18,152.	12,059.	4,573.	1,520.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ADMINISTRATIVE EXPENSES	50,193.	5,342.	29,513.	15,338.
b BAD DEBT - SOLIDARITY	9,832.		9,832.	
c TRAINING	4,326.	2,994.	1,030.	302.
d MISCELLANEOUS EXPENSES	20,036.	536.	1,928.	17,572.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	8,016,895.	6,598,010.	849,153.	569,732.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	903,438.	1	819,814.
	2 Savings and temporary cash investments	20,723.	2	260,581.
	3 Pledges and grants receivable, net	24,859.	3	9,840.
	4 Accounts receivable, net	434,184.	4	139,109.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	238,561.	8	220,086.
	9 Prepaid expenses and deferred charges	62,347.	9	87,775.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,495,753.		
	b Less accumulated depreciation	10b 523,430.	773,471.	10c 1,972,323.
	11 Investments - publicly traded securities	2,752,198.	11	2,744,599.
	12 Investments - other securities See Part IV, line 11	2,997,868.	12	2,585,589.
	13 Investments - program-related See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	94,506.	15	88,958.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,302,155.	16	8,928,674.	
Liabilities	17 Accounts payable and accrued expenses	611,806.	17	442,393.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	23,134.	19	4,900.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	904,880.	21	507,605.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	1,020,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	65,571.	25	65,193.
	26 Total liabilities. Add lines 17 through 25	1,605,391.	26	2,040,091.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,477,657.	27	3,809,203.
	28 Temporarily restricted net assets	3,219,107.	28	3,079,380.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,696,764.	33	6,888,583.	
34 Total liabilities and net assets/fund balances	8,302,155.	34	8,928,674.	

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	8,281,679.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,016,895.
3	Revenue less expenses Subtract line 2 from line 1	3	264,784.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,696,764.
5	Net unrealized gains (losses) on investments	5	-68,969.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,996.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,888,583.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

07

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12)

14 First five 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2			

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a				
b	Did the activities described in (a) 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.			
2b				
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.			
3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b				

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2018 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	248,025	224,771	301,525	296,032	427,884	1,498,237
TOTALS	<u>248,025</u>	<u>224,771</u>	<u>301,525</u>	<u>296,032</u>	<u>427,884</u>	<u>1,498,237</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
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
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

- Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment.
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.
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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DFA INTERNATIONAL CORE EQUITY	640,606.	FMV
(B) DFA US CORE EQUITY II	1,288,234.	FMV
(C) FIDELITY GOV. CASH RESERVES	815,758.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,744,598.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT-INTEREST AGREEMENTS	65,193.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	65,193.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

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

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

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

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

THE SOCIETY FOLLOWS FASB ACCOUNTING STANDARDS FOR UNCERTAINTY IN INCOME TAXES. THESE STANDARDS REQUIRE THAT UNCERTAIN INCOME TAX POSITIONS BE "MORE LIKELY THAN NOT" BEFORE THE AMOUNTS ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. FURTHER, THE STANDARDS REQUIRE THE BENEFIT OR EXPENSE BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. THE SOCIETY HAS ASSESSED ITS FEDERAL AND STATE TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAINTIES OR POSSIBLE RELATED EFFECTS THAT NEEDED TO BE RECORDED AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018.

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 2016 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)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT AMERICA/CARIBBEAN	TWINNING	11,024	WIRE TRANSFE			
(2)			CENT AMERICA/CARIBBEAN	TWINNING	22,637	WIRE TRANSFE			
(3)			CENT AMERICA/CARIBBEAN	TWINNING	30,600	WIRE TRANSFE			
(4)			CENT AMERICA/CARIBBEAN	TWINNING	13,750	WIRE TRANSFE			
(5)			CENT AMERICA/CARIBBEAN	TWINNING	42,177	WIRE TRANSFE			
(6)			CENT AMERICA/CARIBBEAN	TWINNING, ED EDUCATIONAL	5,166	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TWINNING	16,563	WIRE TRANSFE			
(8)			EUROPE/ICELAND/GREENLAND	DISASTER REL SUPPORT	642,264	WIRE TRANSFE			
(9)			NORTH AMERICA	TWINNING, DI DISASTER REL	20,158	WIRE TRANSFE			
(10)			SOUTH AMERICA	TWINNING	22,700	WIRE TRANSFE			
(11)			SOUTH AMERICA	TWINNING	21,050	WIRE TRANSFE			
(12)			SOUTH AMERICA	TWINNING	6,950	WIRE TRANSFE			
(13)			SOUTH AMERICA	TWINNING	47,771	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	TWINNING	9,150	WIRE TRANSFE			
(15)			CENT AMERICA/CARIBBEAN	TWINNING, ED	23,800	WIRE TRANSFE			
(16)			CENT AMERICA/CARIBBEAN	TWINNING, ED	41,702	WIRE TRANSFE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT AMERICA/CARIBBEAN	TWINNING	5,700	WIRE TRANSFER			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 17

3 Enter total number of other organizations or entities 17

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

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

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

Part V Supplemental Information

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

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

INTERNATIONAL TWINNING PROGRAM

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

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

Part V**Supplemental Information**

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

COMPLETED PRIOR TO THE GRANTING OF ANY TWINNING FUNDS.

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

NON-TWINNING GRANTS AND CONTRIBUTIONS

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

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

Part V Supplemental Information

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

THE NATIONAL SVDP BOARD OF DIRECTORS.

BOARD OF DIRECTORS MONTHLY, AND ARE SUBJECT TO A SEMI-ANNUAL REPORTING TO

THE NATIONAL SVDP BOARD OF DIRECTORS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

Name of the organization **NATIONAL COUNCIL OF THE UNITED STATES 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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				563,576.	122,601.	440,975.

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

ALL STATES

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in
a The organization's facility 13a %
b An outside facility 13b %

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

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

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party
Name
Address

16 Gaming manager information
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

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

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

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION:
THE AMOUNTS DUE FOR POSTAGE ARE SEPARATED ON THE INVOICES; UNUSED POSTAGE LEFT OVER AFTER THE CAMPAIGN IS CREDITED. POSTAGE AMOUNTS ARE TRACKED BY AMOUNTS ACTUALLY PAID AND USED.

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DISASTER SERVICES CORPORATION 320 DECKER DRIVE, NO 100 IRVING, TX 75062	82-0658251	501(C)(3)	858,215				DISASTER RELIEF
(2) COUNCIL OF DES MOINES 1426 6TH AVE DES MOINES, IA 50314	42-6021808	501(C)(3)	115,776				DIRECT MAIL, HISPANIC FOP WALK, WORKFORCE
(3) COUNCIL OF DALLAS 3826 GILBERT AVE DALLAS, TX 75219	75-1630370	501(C)(3)	130,375				DIRECT MAIL, FOP GRA FOP WALK, PHARMACY
(4) DIOCESAN COUNCIL OF ORLANDO, SOCIETY OF ST 770 A S ORANGE BLOSSOM TR APOPKA, FL 32703	59-2948683	501(C)(3)	12,657				FOP WALK
(5) ST MICHAEL THE ARCHANGEL, ST VINCENT DE PA 4491 SPRINGFIELD RD GLEN ALLEN, VA 23060	81-4678250	501(C)(3)	11,786				DIRECT MAIL
(6) DIOCESAN COUNCIL OF COLUMBUS 197 E GAY ST COLUMBUS, OH 43215	26-4168377	501(C)(3)	8,011				FOP WALK
(7) MANHATTAN DISTRICT COUNCIL PO BOX 907 NEW YORK, NY 10150	13-5563024	501(C)(3)	22,295				FOP WALK
(8) COUNCIL OF ORANGE COUNTY SOCIETY OF ST VINC 1505 E 17TH ST, STE 109 SANTA ANA, CA 92705	95-3033494	501(C)(3)	18,955				HISPANIC, DIRECT MAI FOP WALK
(9) SOCIETY OF SVDP SOUTHWEST IDAHO DISTRICT CO 3217 W OVERLAND RD BOISE, ID 83705	82-0504886	501(C)(3)	85,000				DIRECT MAIL, FOP GRA
(10) ST VINCENT DE PAUL SOCIETY DISTRICT COUNCI 1529 LEO FRIGO WAY GREEN BAY, WI 54302	39-1035429	501(C)(3)	81,205				BACK2WORK, WORKFORCE
(11) ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL 124 WEST APPLE STREET DAYTON, OH 45402	31-1011485	501(C)(3)	70,000				FOP WALK, WORKFORCE
(12) THE SOCIETY OF ST VINCENT DE PAUL IN THE A 3000 GRATIOT AVE DETROIT, MI 48207	38-1359592	501(C)(3)	68,833				WORKFORCE DEVEL, FOP FOP WALK, FOP GRANT,

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-5562362

OMB No 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST VINCENT DE PAUL SOCIETY OF MILWAUKEE 9601 W SILVER SPRING DR MILWAUKEE, WI 53225	39-0806406	501(C)(3)	60,000				WORKFORCE DEVEL
(2) SOCIETY OF ST VINCENT DE PAUL DISTRICT COUN 1125 BANK ST CINCINNATI, OH 45214	31-0537510	501(C)(3)	57,500				FOP GRANT, WORKFORCE
(3) SOCIETY OF ST VINCENT DE PAUL, COUNCIL OF R 227 WHITE OAK STREET HAMPSHIRE, IL 60140	06-1640220	501(C)(3)	44,825				URBAN FARM, FOP WALK
(4) SOCIETY OF ST VINCENT DE PAUL ARCHDIOCESAN 1310 PAPIN STREET ST LOUIS, MO 63103	43-0652684	501(C)(3)	35,903				FOP GRANT, URBAN FAR
(5) CENTRAL COUNCIL SVDP IN THE DIOCESES OF ROC 249 BROADWAY BETHPAGE, NY 11714	11-1884961	501(C)(3)	35,649				FOP WALK
(6) SOCIETY OF ST VINCENT DE PAUL COUNCIL OF S 5950 4TH AVE S SEATTLE, WA 98108	91-0583891	501(C)(3)	35,425				HISPANIC, BACK2WORK,
(7) DIOCESAN COUNCIL FOR THE SOCIETY OF ST VIN P O BOX 13600 PHOENIX, AZ 85002	86-0096789	501(C)(3)	28,758				FOP WALK, FOP GRANT,
(8) SOCIETY OF ST VINCENT DE PAUL, ARCHDIOCESAN PO BOX 831074 SAN ANTONIO, TX 78283	74-1200125	501(C)(3)	28,350				FOP GRANT, FOP WALK,
(9) SOCIETY OF ST VINCENT DE PAUL OF ALAMEDA CO 2272 SAN PABLO AVENUE OAKLAND, CA 94612	94-1156493	501(C)(3)	27,280				WORKFORCE DEVEL, FOP
(10) SOCIETY OF ST VINCENT DE PAUL DIOCESAN COUN PO BOX 501184 SAN DIEGO, CA 92154	23-7149789	501(C)(3)	26,971				FOP GRANT, FOP WALK,
(11) SOCIETY OF ST VINCENT DE PAUL GEORGIA 2050 CHAMBLEE-TUCKER RD ATLANTA, GA 30341	58-0967972	501(C)(3)	26,129				DIRECT MAIL, FOP GRA
(12) ST VINCENT DE PAUL SOCIETY BOSTON 18 CANTON STREET STOUGHTON, MA 02072	04-2104826	501(C)(3)	25,145				DIRECT MAIL, FOP WAL

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

For Paperwork Reduction Act Notice, see the instructions for Form 990. **Schedule I (Form 990) (2018)**

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOCIETY OF ST VINCENT DE PAUL ARCHDIOCESE 12731 S WOOD ST BLUE ISLAND, IL 60406	36-3195567	501(C)(3)	25,050				HISPANIC, FOP GRANT,
(2) ST VINCENT DE PAUL SOCIETY PARTICULAR COUN 558 CASTLE PINE PKWY CASTLE PINES, CO 80108	84-6032037	501(C)(3)	23,378				FOP GRANT, FOP WALK,
(3) PARTICULAR COUNCIL OF TACOMA SOCIETY OF SAI 4009 S 56TH TACOMA, WA 98409	91-0580490	501(C)(3)	21,425				FOP WALK, FOP GRANT,
(4) DISTRICT COUNCIL OF CONTRA COSTA COUNTY, SO 2210 GLADSTONE DRIVE PITTSBURG, CA 94565	94-1448577	501(C)(3)	19,218				FOP WALK, HISPANIC
(5) VANCOUVER SVDP SOCIETY CONFERENCE 2456 NE STAPLETON RD VANCOUVER, WA 98661	91-1312923	501(C)(3)	17,345				FOP GRANT, FOP WALK
(6) ST VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF P O BOX 792880 NEW ORLEANS, LA 70119	72-0802053	501(C)(3)	17,219				FOP WALK, DIRECT MAI
(7) ST PAUL THE APOSTLE COUNCIL OF SVDP 405 W 59TH ST NEW YORK, NY 10019	81-1725328	501(C)(3)	17,115				FOP GRANT, FOP WALK,
(8) THE SOCIETY OF ST VINCENT DE PAUL DIOCESAN P O BOX 81511 AUSTIN, TX 78708	74-2763690	501(C)(3)	16,630				FOP WALK, HISPANIC
(9) DISTRICT COUNCIL OF PEORIA, INC 4450 N PROSPECT PEORIA HEIGHTS, IL 61616	82-2016290	501(C)(3)	15,052				FOP WALK, FOP GRANT,
(10) DISTRICT OF EVANSVILLE OF THE SOCIETY OF ST 767 EAST WALNUT ST EVANSVILLE, IN 47713	26-4393071	501(C)(3)	15,025				FOP WALK, FOP GRANT
(11) DIOCESAN COUNCIL SOCIETY OF ST VINCENT DE P 1404 E 9TH ST 3RD FL CLEVELAND, OH 44114	51-0434414	501(C)(3)	14,970				DIRECT MAIL, FOP GRA
(12) SOCIETY OF ST VINCENT DE PAUL- ARCHDIOCESE 2403 HOLCOMBE HOUSTON, TX 77021	74-1464210	501(C)(3)	13,700				HISPANIC, FOP GRANT,

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-5562362

OMB No 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOCIETY OF ST VINCENT DE PAUL CENTRAL COUN 1501 REEDSDALE STREET PITTSBURGH, PA 15233	25-1549926	501(C)(3)	13,217				DIRECT MAIL, FOP GRA
(2) THE SOCIETY OF ST VINCENT DE PAUL DIOCESAN 111 VINEHAVEN WAY HERNDON, VA 20170	27-0092853	501(C)(3)	12,939				DIRECT MAIL, HISPANI
(3) THE SOCIETY OF ST VINCENT DE PAUL OF PHILAD 3004 KEENWOOD RD EAST NORRITON, PA 19403	23-1352549	501(C)(3)	11,888				FOP GRANT, FOP WALK
(4) SVDP OF JOLIET DIOCESAN COUNCIL INC 213 MAIN ST WEST CHICAGO, IL 60185	36-2482129	501(C)(3)	11,118				DIRECT MAIL
(5) SOCIETY OF ST VINCENT DE PAUL ST COLUMBAN C 10801 STANFORD AVE GARDEN GROVE, CA 92840	45-3091761	501(C)(3)	10,940				FOP WALK
(6) SOCIETY OF ST VINCENT DE PAUL, COUNCIL OF P P O BOX 17645 2200 PENSACOLA, FL 32522	59-2374931	501(C)(3)	10,335				FOP WALK, DIRECT MAI
(7) SOCIETY OF ST VINCENT DE PAUL, ADCC OF INDI 4625 N KENWOOD AVE INDIANAPOLIS, IN 46208	37-1507632	501(C)(3)	10,000				FOP GRANT, URBAN FAR
(8) CENTRAL COUNCIL OF THE SOCIETY OF ST VINCENT 104 GREENWICH ST HEMPSTEAD, NY 11550	47-5386465	501(C)(3)	10,000				HISPANIC, FOP GRANT
(9) CENTRAL COUNCIL OF THE SOCIETY OF ST VINCENT 140 ELIZABETH ST FARMINGDALE, NY 11735	61-1556589	501(C)(3)	10,000				HISPANIC, FOP GRANT
(10) FORT WORTH DISTRICT COUNCIL 1912 NORWOOD LN ARLINGTON, TX 76013	75-2887696	501(C)(3)	9,462				FOP GRANT, DIRECT MA
(11) SOCIETY OF ST VINCENT DE PAUL IN THE PARISH 18 3RD ST GLEN COVER, NY 11542	90-1076019	501(C)(3)	8,075				FOP GRANT, FOP WALK
(12) SAINT VINCENT DE PAUL SALVAGE STORE OF WEST 6801 LAKE WORTH ROAD GREENACRES, FL 33467	59-1058446	501(C)(3)	7,367				DIRECT MAIL, FOP GRA

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Employer identification number
13-5562362

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOLY FAMILY CONFERENCE SOCIETY OF ST VINCE 9 SPARBANK ST AMESBURY, MA 01913	27-4115139	501(C)(3)	7,295				FOP WALK
(2) SOCIETY OF ST VINCENT DE PAUL DISTRICT COU 7132 ARIZONA AVE HAMMOND, IN 46323	35-2214600	501(C)(3)	7,169				FOP WALK
(3) SOCIETY OF ST VINCENT DE PAUL OF MEMPHIS I 1306 MONROE MEMPHIS, TN 38104	90-0262650	501(C)(3)	6,897				FOP WALK
(4) FORT WAYNE SOCIETY OF ST VINCENT DE PAUL, 1600 S CALHOUN STREET FORT WAYNE, IN 46802	35-0975940	501(C)(3)	6,344				FOP WALK
(5) ST JOSEPH CONFERENCE OF THE ST VINCENT DE 376 MAPLE PL KEYPORT, NJ 07735	36-4639696	501(C)(3)	6,250				FOP GRANT, FOP WALK
(6) SVDP DIOCESAN COUNCIL OF CHARLESTON 700 FARMING CREEK DR SIMPSONVILLE, SC 29680	57-1072755	501(C)(3)	6,160				FOP WALK
(7) OUR LADY OF GOOD HELP CONFERENCE 1063 VICTORY HWY MAPLEVILLE, RI 02839	05-0502535	501(C)(3)	5,975				FOP GRANT, FOP WALK
(8) SOCIETY OF ST VINCENT DE PAUL ST ALOYSIUS PO BOX 310 LEONARDTOWN, MD 20650	35-2388716	501(C)(3)	5,805				FOP GRANT, FOP WALK
(9) THE SOCIETY OF ST VINCENT DE PAUL WESTERN D PO BOX 394 MERRIFIELD, MN 56465	81-3635988	501(C)(3)	5,650				FOP GRANT, FOP WALK
(10) SOCIETY OF ST VINCENT DE PAUL DISTRICT COUN 9714 W MAXWELL WICHITA, KS 67215	48-0944260	501(C)(3)	5,490				FOP GRANT, FOP WALK
(11) SOCIETY OF ST VINCENT DE PAULST DIDACUS CON 14339 ASTORIA ST SYLMAR, CA 91342	46-1087854	501(C)(3)	5,385				FOP WALK, HISPANIC
(12) SOCIETY OF ST VINCENT DE PAUL ARCHDIOCESAN PO BOX 24608 EUGENE, OR 97402	93-0846858	501(C)(3)	5,365				FOP GRANT, FOP WALK

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

For Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOCIETY OF ST VINCENT DE PAUL PARTICULAR CO PO BOX 3415 EAST ST LOUIS, MO 62203	37-0712056	501(C)(3)	5,360				FOP GRANT, FOP WALK
(2) SOCIETY OF ST VINCENT DE PAUL ST ELISABETH 6635 TOBIAS ST VAN NUYS, CA 91405	81-3770587	501(C)(3)	5,270				HISPANIC, FOP WALK
(3) SNOHOMISH COUNTY COUNCIL OF THE SOCIETY OF P O BOX 2269 EVERETT, WA 98213	91-1022003	501(C)(3)	5,195				FOP WALK
(4) SOCIETY OF ST VINCENT DE PAUL ST JOHN EVANG CO 8701 NE 119TH ST VANCOUVER, WA 98662	27-1387856	501(C)(3)	5,150				FOP GRANT, FOP WALK
(5) SOCIETY OF ST VINCENT DE PAUL DIST COUNCIL PO BOX 3591 MINOT, ND 58702	82-2221222	501(C)(3)	5,120				FOP GRANT, FOP WALK
(6) ST MARY 28 ATTORNEY STREET NEW YORK, NY 10002	47-2313637	501(C)(3)	5,050				FOP WALK, HISPANIC
(7) SACRAMENTO DISTRICT COUNCIL ST VINCENT DE P 608 UNIVERSITY AVENUE SACRAMENTO, CA 95825	94-6023161	501(C)(3)	810	69,064	CASH VALUE	RELIEF SUPPLIES	FOP WALK
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 114.

3 Enter total number of other organizations listed in the line 1 table 114.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS TO ANNUAL ASSEMBLY	65	60,831			
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

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

▶ Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
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 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

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

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

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

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID BARRINGER CHIEF EXECUTIVE OFFICER	(i) 216,900. (ii) 0. (iii) 3,021.	1,047. 0.	3,021. 0.	17,258.	29,761.	267,987.	0.
2		(i) (ii)						
3		(i) (ii)						
4		(i) (ii)						
5		(i) (ii)						
6		(i) (ii)						
7		(i) (ii)						
8		(i) (ii)						
9		(i) (ii)						
10		(i) (ii)						
11		(i) (ii)						
12		(i) (ii)						
13		(i) (ii)						
14		(i) (ii)						
15		(i) (ii)						
16		(i) (ii)						

Part III Supplemental Information

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

PART I, LINE 1A:

TRAVEL AND MEETING EXPENSES OF THE SPOUSE OF THE NATIONAL PRESIDENT ARE

TO BE PAID BY THE NATIONAL COUNCIL OF THE US.

TRAVEL AND MEETING EXPENSES OF THE SPOUSE OF THE CHIEF EXECUTIVE OFFICER

FOR A MAXIMUM OF THREE MEETINGS PER YEAR ARE TO BE PAID BY THE NATIONAL

COUNCIL OF THE US.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Employer identification number
13-5562362

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

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

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

CONFERENCE AND COUNCIL ASSISTANCE

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

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

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

FUNDRAISING AND GRANT WRITING RESOURCES ARE BEING PROVIDED TO ASSIST

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number 13-5562362
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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 PROVIDE TRAINING AND RESOURCES TO LOCAL MEMBERS TO ENHANCE THEIR MEMBERSHIP GROWTH AND UNDERSTANDING OF THE OPERATIONAL PRINCIPLES OF THE SOCIETY. SPIRITUAL FORMATION SERVICES HELP CONFERENCE AND COUNCIL MEMBERS DEEPEN THEIR UNDERSTANDING OF THE BASIC RESOURCES OF THE SOCIETY, AND HOW TO MORE FULLY DEVELOP ONESELF IN THE LIKENESS OF GOD.

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

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

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

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number 13-5562362
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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 MAN-MADE DISASTER SUCH AS CATASTROPHIC FLOODING, HURRICANES AND DEVASTATING FIRES. WHILE THESE DISASTERS ARE TRAUMATIC FOR ALL WHO EXPERIENCE THEM, OUR MOST VULNERABLE POPULATIONS HAVE THE FEWEST RESOURCES FOR RECOVERY. FAMILIES THAT WERE ON THE EDGE OF POVERTY BEFORE THE DISASTER ARE NOW IN POVERTY FACING THE OVERWHELMING TASK OF REBUILDING THEIR LIVES.

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

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

THE NATIONAL COUNCIL AND ALL THE SVDP CONFERENCES AND COUNCILS IN THE UNITED STATES ARE UNITED IN A WORLDWIDE CHRISTIAN COMMUNITY FOUNDED IN PARIS IN 1833, BY A GROUP OF YOUNG CATHOLIC LAY PEOPLE, LED BY BLESSED

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number 13-5562362
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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 VI, SECTION B, LINE 11B:

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

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

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

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number 13-5562362
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FORM 990, PART VI, SECTION B, LINE 15B:

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

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

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ (3,996)

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.

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

GROSS SALES LESS RETURNS AND ALLOWANCES	173,696.
INVENTORY AT BEGINNING OF YEAR	238,561.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	107,080.
SUBTOTAL	345,641.
MINUS ENDING INVENTORY	220,286.
COST OF GOODS SOLD	125,355.

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.	Employer identification number 13-5562362
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ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GREENSFELDER, HEMKER, & GALE PC 10 SOUTH BROADWAY, SUITE 2000 ST. LOUIS, MO 63102	LEGAL SERVICES	170,394.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990

Department of the Treasury
Internal Revenue Service

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

Name of the organization NATIONAL COUNCIL OF THE UNITED STATES

Employer identification number
13-5562362

OMB No. 1545-0047

2018

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	DISASTER SERVICES CORPORATION OF SVDP 320 DECKER DRIVE, NO 100 IRVING, TX 75062 82-0658251	SEE PART VII	MO	501(C)(3)	7	SEE PART VII	X	
(2)	SVDP NATIONAL FOUNDATION 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043 82-2513802	SEE PART VII	MO	501(C)(3)	12, TYPE I	SEE PART VII	X	
(3)	SOCIETY OF SVDP NATIONAL STORES 66 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043 84-3235787	SEE PART VII	MO	501(C)(3)	10	SEE PART VII	X	
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DISASTER SERVICES CORPORATION OF SVDP	B	858,215.	CASH VALUE
(2)				
(3)				
(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.

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

Part VII Supplemental Information

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

PART II, COLUMN B - PRIMARY ACTIVITY:

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

DE PAUL

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

DE PAUL COUNCILS AND CONFERENCES

ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION

PRIMARY ACTIVITY: TO BUILD AN ENDOWMENT FUND

ORGANIZATION: SOCIETY OF SVDP NATIONAL STORES

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

FACILITY FOR OTHER SVDP THRIFT STORES

PART II, COLUMN F - DIRECT CONTROLLING ENTITY:

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

DE PAUL

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

ORGANIZATION: SOCIETY OF ST. VINCENT DE PAUL NATIONAL FOUNDATION

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

ORGANIZATION: SOCIETY OF SVDP NATIONAL STORES

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