

Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10/01, 2019, and ending 09/30, 2020

Form sections B through K containing organization details, principal officer information, and tax-exempt status.

Part I Summary

Summary table with 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 Christina Wu, Director of Finance, dated 06/16/2021.

Paid Preparer Use Only section for Linda E G Ballesteros, Preparer's signature and contact information.

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 (2019)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 7,215,504. including grants of \$ ) (Revenue \$ 4,863,414. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 1,665,840. including grants of \$ 130. ) (Revenue \$ )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 931,535. including grants of \$ 228,703. ) (Revenue \$ 17,150. )

ATTACHMENT 4

4d Other program services (Describe on Schedule O.) ATTACHMENT 5  
(Expenses \$ 719,935. including grants of \$ ) (Revenue \$ 102,725. )

4e Total program service expenses 10,532,814.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 187</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID FIELDS FORMER EXECUTIVE DIRECTOR	0. 0.						X	180,000.	0.	0.
(2) DAVID GARCIA EXECUTIVE DIRECTOR	40.00 0.				X			123,801.	0.	8,423.
(3) SUSANA SANTANA DEPUTY EXECUTIVE DIRECTOR	40.00 0.				X			112,000.	0.	18,729.
(4) CHRISTINA WU DIRECTOR OF FINANCE	40.00 0.				X			103,706.	0.	11,323.
(5) MONSIGNOR GREGORY A. COX DIRECTOR	1.00 0.	X						0.	0.	0.
(6) JAMES BIBB DIRECTOR	1.00 0.	X						0.	0.	0.
(7) AIMEE BRAZEAU DIRECTOR, VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(8) ANTHONY W TAHAN DIRECTOR	1.00 0.	X						0.	0.	0.
(9) BILL CULLINANE DIRECTOR, TREASURER	1.00 0.	X		X				0.	0.	0.
(10) EMMANUEL MARTIN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) BERTHA DE ALEGRIA DIRECTOR, VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(12) RAPHAEL R. SWEET DIRECTOR, PRESIDENT	1.00 0.	X		X				0.	0.	0.
(13) CLAIR PADAMA DIRECTOR	1.00 0.	X						0.	0.	0.
(14) SR CHRISTINA MAGGI, D.C. DIRECTORY, SECRETARY	1.00 0.	X		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) PHIL WIJMER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 16) CHRIS VELADOR ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 17) SYLVIA GONZALEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 18) PATRICK PASCAL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 19) MARILYN COYLE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 20) WENDY MCGRAIL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 21) VIKTOR RZETELJSKI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 22) SANDER ZAGZEBSKI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 23) JOSEPH SCORDAMAGLIA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .							519,507.	0.	38,475.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							519,507.	0.	38,475.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

**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 **▶** 5



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	1,137,556.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	5,019,268.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 2,286,653.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			6,156,824.			
	<b>Program Service Revenue</b>	<b>2a</b>	THRIFT STORE SALES	Business Code	900099	4,863,414.	4,863,414.	
<b>b</b>		CIRCLE V RANCH CAMP	Business Code	900099	102,725.	102,725.		
<b>c</b>		CONFERENCE DEVELOPMENT	Business Code	900099	17,150.	17,150.		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			4,983,289.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			1,704,438.		1,704,438.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .				0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						2,427,229.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			2,313,969.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			113,260.		
	<b>d</b>	Net gain or (loss) . . . . .				113,260.	113,260.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
					0.			
					0.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			0.			
<b>c</b>	Net income or (loss) from fundraising events. . . . .				0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
					0.			
					0.			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			0.			
<b>c</b>	Net income or (loss) from gaming activities. . . . .				0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.			
					0.			
					0.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			0.			
<b>c</b>	Net income or (loss) from sales of inventory. . . . .				0.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER INCOME	Business Code		7,961.	7,961.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				7,961.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				12,965,772.	4,991,250.	1,817,698.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	228,833.	228,833.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,681,760.	1,281,989.	399,771.	
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 . . . . .	3,092,321.	2,637,131.	347,431.	107,759.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,086.	68,115.	13,374.	1,597.
9 Other employee benefits . . . . .	918,938.	819,652.	87,830.	11,456.
10 Payroll taxes . . . . .	400,622.	331,417.	60,537.	8,668.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	98,939.	2,020.	96,919.	
c Accounting . . . . .	52,675.		52,675.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	35,473.			35,473.
f Investment management fees . . . . .	67,907.		67,907.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	196,696.	92,480.	49,376.	54,840.
12 Advertising and promotion . . . . .	130,866.	51,688.		79,178.
13 Office expenses . . . . .	186,141.	154,484.	30,766.	891.
14 Information technology . . . . .	134,617.	87,723.	40,015.	6,879.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	550,900.	446,813.	103,082.	1,005.
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	22,416.	13,709.	8,977.	-270.
20 Interest . . . . .	5,215.		5,215.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	462,961.	432,577.	30,222.	162.
23 Insurance . . . . .	302,527.	274,653.	24,531.	3,343.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	2,364,539.	2,364,539.		
b WORKERS COMP INSURANCE	441,881.	431,052.	9,440.	1,389.
c UTILITIES	286,187.	264,140.	21,088.	959.
d VEHICLES	200,341.	199,655.	680.	6.
e All other expenses	415,164.	350,144.	49,095.	15,925.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>12,361,005.</b>	<b>10,532,814.</b>	<b>1,498,931.</b>	<b>329,260.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,767,319.	<b>1</b>	2,923,574.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	121,131.	<b>8</b>	103,299.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 19,872,276.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 11,331,909.	8,842,133.	<b>10c</b> 8,540,367.
	<b>11</b> Investments - publicly traded securities. . . . .	<b>ATCH</b> 7.	8,287,278.	<b>11</b> 10,089,934.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		62,682,998.	<b>12</b> 91,786,453.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .		0.	<b>13</b> 0.
	<b>14</b> Intangible assets . . . . .		0.	<b>14</b> 0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		178,230.	<b>15</b> 769,680.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		82,879,089.	<b>16</b> 114,213,307.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	895,381.	<b>17</b>	913,248.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	1,066,800.
	<b>25</b> 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 . . . . .	39,711.	<b>25</b>	58,572.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	935,092.	<b>26</b>	2,038,620.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	81,875,105.	<b>27</b>	112,054,994.
	<b>28</b> Net assets with donor restrictions. . . . .	68,892.	<b>28</b>	119,693.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	81,943,997.	<b>32</b>	112,174,687.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	82,879,089.	<b>33</b>	114,213,307.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,965,772.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,361,005.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	604,767.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	81,943,997.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	29,625,923.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	112,174,687.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on Schedule O.
- 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? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **SOCIETY OF SAINT VINCENT DE PAUL**  
**COUNCIL OF LOS ANGELES**

Employer identification number  
**95-1644622**

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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: Percentage, %. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,241,285.	3,717,815.	3,702,413.	3,417,855.	6,156,824.	20,236,192.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	6,488,669.	5,574,358.	4,782,409.	5,195,729.	4,983,289.	27,024,454.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	9,729,954.	9,292,173.	8,484,822.	8,613,584.	11,140,113.	47,260,646.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0.
<b>c</b> Add lines 7a and 7b. . . . .						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						47,260,646.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	9,729,954.	9,292,173.	8,484,822.	8,613,584.	11,140,113.	47,260,646.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,234,656.	1,208,176.	1,276,686.	1,540,280.	1,704,438.	6,964,236.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	1,234,656.	1,208,176.	1,276,686.	1,540,280.	1,704,438.	6,964,236.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> . . . . .	271,678.	170,310.	602,957.	2,018,318.	7,961.	3,071,224.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	11,236,288.	10,670,659.	10,364,465.	12,172,182.	12,852,512.	57,296,106.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	82.48%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	82.25%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	12.15%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	11.87%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

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

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 <b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

**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 III - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME			580,223.	2,060,101.	7,961.	2,648,285.
FUNDRAISING	271,678.	170,310.	22,734.	-41,783.		422,939.
<b>TOTALS</b>	<u>271,678.</u>	<u>170,310.</u>	<u>602,957.</u>	<u>2,018,318.</u>	<u>7,961.</u>	<u>3,071,224.</u>

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	4SITE HOLDINGS LLC 1619 TEMPLE ST. LOS ANGELES, CA 90026	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMATURO FAMILY FOUNDATION, INC. 2929 E COMMERCIAL BLVD, SUITE 408 FORT LAUDERDALE, FL 33308-4220	\$ 17,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMERICAN MARTYRS CATHOLIC CHURCH 624 15TH ST MANHATTAN BEACH, CA 90266	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANNE BROPHY 1135 WESTCREEK LN WESTLAKE VILLAGE, CA 91362	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AYCO CHARITABLE FOUNDATION P.O. 15203 ALBANY, NY 12110	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BOB & DOLORES HOPE FOUNDATION 2600 W OLIVE AVE FL 5 BURBANK, CA 91505	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number	95-1644622
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CARRIE ESTELLE DOHENY FOUNDATION  707 WILSHIRE BLVD STE 4960  LOS ANGELES, CA 90017-3608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARDINAL MCINTYRE FUND FOR CHARITY  3424 WILSHIRE BLVD  LOS ANGELES, CA 90010	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DAN MURPHY FOUNDATION  800 W 6TH ST STE 1240  LOS ANGELES, CA 90017-2715	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DES J. WALSH  2657 CARMAN CREST DR  LOS ANGELES, CA 90068	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FIDELITY CHARITABLE GIFT FUND  PO BOX 770001  CINCINNATI, OH 45277	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	HELEN LAMERAIN TRUST  9696 CULVER BLVD. SUITE 103  CULVER CITY, CA 90232	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number	95-1644622
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JOSEPH T. DUFFY LIVING TRUST  249 SOUTH MUIRFIELD RD.  LOS ANGELES, CA 90004	\$ 399,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MONSIGNOR JAMES E. DOLAN TRUST  111 W OCEAN BLVD FL 2  LONG BEACH, CA 90802	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE GREEN FOUNDATION  225 S LAKE AVE STE 1410  PASADENA, CA 91101-4855	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WATSON LAND COMPANY  22010 WILMINGTON AVE  CARSON, CA 90745-4306	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NANCY GLASSMAN  17104 FAYSMITH AVE  TORRANCE, CA 90504-2513	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	SUZANNE HEATHCOTE  4046 LOS FELIZ BLVD  LOS ANGELES, CA 90027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES**

Employer identification number  
95-1644622

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ROSE HILLS FOUNDATION  225 S LAKE AVE STE 1250  PASADENA, CA 91101-3059	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	RAYMOND P. GUZMAN TRUST  1816 7TH AVE SE  PUYALLUP, WA 98372	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	RICHARD L. MEEHAN  33 SILVER SADDLE LN  ROLLING HILLS ESTATES, CA 90274	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	RIVERSOURCE LIFE INSURANCE COMPANY  2200 AMERIPRISE FINANCIAL CENTER  MINNEAPOLIS, MN 55474	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ST. BRUNO CONFERENCE  15740 CITRUSTREE RD  WHITTIER, CA 90603	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	THE ERNEST G. HERMAN FOUNDATION  1900 AVENUE OF THE STARS, SUITE 2100  LOS ANGELES, CA 90067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES</b>	<b>Employer identification number</b> 95-1644622
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THE ROMAN CATHOLIC ARCHBISHOP OF LOS ANG  3424 WILSHIRE BLVD  LOS ANGELES, CA 90010	\$ 10,000.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Person</b> <input checked="" type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/> </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
26	VON DER AHE FOUNDATION  4605 LANKERSHIM BLVD STE 707  NORTH HOLLYWOOD, CA 91602	\$ 5,000.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Person</b> <input checked="" type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/> </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
_____	_____  _____  _____	\$ _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
_____	_____  _____  _____	\$ _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
_____	_____  _____  _____	\$ _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
_____	_____  _____  _____	\$ _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>

Name of organization **SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES**

**Employer identification number**  
95-1644622

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

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

Name of organization <b>SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES</b>	Employer identification number <b>95-1644622</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES

Employer identification number 95-1644622

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d 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: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		4,714,484.		4,714,484.
<b>b</b> Buildings . . . . .		8,195,642.	6,467,305.	1,728,337.
<b>c</b> Leasehold improvements . . . . .		3,671,547.	2,442,921.	1,228,626.
<b>d</b> Equipment . . . . .		465,463.	417,142.	48,321.
<b>e</b> Other . . . . .		2,825,140.	2,004,541.	820,599.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				8,540,367.

**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) WATSON LAND COMPANY	91,665,735.	FMV
(B) CATHOLIC COMMUNITY FDN FUND	120,718.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	91,786,453.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GAIN FROM INSURANCE P	58,572.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	58,572.

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





**Part XIII** Supplemental Information (continued)

SCHEDULE D PART X LINE 2

FIN 48 DISCLOSURES

THE SOCIETY IS ORGANIZED AS A NONPROFIT PUBLIC BENEFIT CORPORATION UNDER THE LAWS OF CALIFORNIA AND IS EXEMPT FROM FEDERAL INCOME TAXES AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). IT IS ALSO EXEMPT FROM CALIFORNIA INCOME TAX UNDER CORRESPONDING CALIFORNIA TAX STATUTES. UNITED STATES FEDERAL AND THE STATE OF CALIFORNIA RETURNS HAVE STATUTES OF LIMITATIONS THAT GENERALLY RANGE FROM THREE TO FOUR YEARS. NO OPEN TAX YEARS ARE CURRENTLY UNDER EXAMINATION.

SCHEDULE D PART XI LINE 2D AND PART XII LINE 2D

DIRECT FUNDRAISING EXPENSES ARE REPORTED ON FORM 990 PART VIII STATEMENT OF REVENUE \$0.

**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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization **SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES**

Employer identification number  
**95-1644622**

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					230,696.	35,474.	195,222.

- 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.

**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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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).

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## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
PJ BARDEN  934 EDIE DRIVE DUARTE CA 91010	DIRECT MARKETING		X	126,883.	33,368.	93,515.
WILAND INC  P.O. BOX 74007509 CHICAGO IL 60674-7509	DIRECT MARKETING		X	11,535.	2,106.	9,429.
ADVANTAGE MAILING LLC  P.O. BOX 66013 ANAHEIM CA 92816	DIRECT MARKETING		X	46,139.		46,139.
DIRECT CONNECTION  1968 YEAGER AVENUE LA VERNE CA 91750-5832	DIRECT MARKETING		X	46,139.		46,139.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES**

Employer identification number  
**95-1644622**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CARDINAL MANNING CENTER	1.	130.			
2 CONFERENCE DEVELOPMENT	277.	221,519.	7,183.	FMV	HOUSEHOLD GOODS
3 STORE AND WORKSHOP	1,254.		70,722.	FMV	HOUSEHOLD GOODS
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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES**

Employer identification number  
**95-1644622**

**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 type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

**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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2019



**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 FIELDS FORMER EXECUTIVE DIRECTOR	(i)	180,000.	0.	0.			180,000.	
	(ii)	0.	0.	0.				
2 DAVID GARCIA EXECUTIVE DIRECTOR	(i)	123,501.	300.	0.	2,470.	5,953.	132,224.	
	(ii)	0.	0.	0.				
3 SUSANA SANTANA DEPUTY EXECUTIVE DIRECTOR	(i)	111,700.	300.	0.	2,234.	16,495.	130,729.	
	(ii)	0.	0.	0.				
4 CHRISTINA WU DIRECTOR OF FINANCE	(i)	103,406.	300.	0.	2,068.	9,255.	115,029.	
	(ii)	0.	0.	0.				
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)							

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**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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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

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

Name of the organization **SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES**

Employer identification number  
**95-1644622**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		2,167,523.	SELLING PRICE
6 Cars and other vehicles. . . . .	X	125.	119,130.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2019

JSA

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FPX15L F040

V 19-8.5F

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

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SCHEDULE M LINE 6

NUMBER OF CONTRIBUTIONS - CARS AND OTHER VEHICLES: ESTIMATED NUMBER OF  
CONTRIBUTIONS RECEIVED IS 125.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
SOCIETY OF SAINT VINCENT DE PAUL  
COUNCIL OF LOS ANGELES

Employer identification number  
95-1644622

FORM 990, SCHEDULE O

SUPPLEMENTAL INFORMATION TO FORM 990:

ATTACHMENT 1

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

THE SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF LOS ANGELES IS PART OF  
A WORLDWIDE ORGANIZATION OF LAY CATHOLIC MEN AND WOMEN WHO ARE  
COMMITTED TO LIVE AND GROW IN THEIR CHRISTIAN FAITH THROUGH PRAYER  
AND PERSONAL INVOLVEMENT IN CHARITABLE WORKS. THE SOCIETY'S MISSION  
IS ACCOMPLISHED THROUGH PARISH AND COMMUNITY-BASED GROUPS CALLED  
CONFERENCES AND PROGRAMS CALLED SPECIAL WORKS. THE SOCIETY'S WORK  
INCLUDES ANY ACTIONS THAT PROMOTE THE DIGNITY OF THE PERSON AND  
ALLEVIATE SUFFERING AND DISTRESS, WHILE CORRECTING THE CONDITIONS  
THAT CAUSE THEM.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THRIFT STORE AND LEARNING CENTER - DONATED ARTICLES ARE SOLD TO  
THE PUBLIC OR DISTRIBUTED, FREE OF CHARGE, TO FAMILIES AND  
INDIVIDUALS WHO ARE IN IMMEDIATE NEED THROUGHOUT LOS ANGELES AND  
VENTURA COUNTIES. IN THE LAST YEAR ALONE, \$73,352 WORTH OF  
CLOTHING, FURNITURE, APPLIANCES AND BEDS AND OTHER GOODS AND  
SERVICES WERE PROVIDED FREE OF CHARGE TO 1,254 NEIGHBORS IN NEED.  
ADDITIONALLY, THE STORES PROVIDE CONSTRUCTIVE LABOR FOR THE POOR,

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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ATTACHMENT 2 (CONT'D)

INCLUDING COMPETITIVE WAGES WITH BENEFITS THAT EXTEND TO FAMILY MEMBERS. SVDPLA ALSO OPERATES A LEARNING CENTER WHERE GED AND ESL CLASSES ARE OFFERED TO EMPLOYEES FREE OF CHARGE AND DURING PAID TIME. BASIC COMPUTER SKILLS TRAINING IS ALSO OFFERED TO MEMBERS OF THE COMMUNITY. THE SOCIETY OPERATES TWO THRIFT STORES IN SOUTHERN CALIFORNIA; ONE IN LOS ANGELES AND THE OTHER IN LONG BEACH.

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ATTACHMENT 3

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FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ST. VINCENT'S CARDINAL MANNING CENTER (CMC) - LOCATED IN LOS ANGELES' SKID ROW. THE CMC PROVIDES BOTH A YEAR-ROUND INTERIM HOUSING PROGRAM TO MEN EXPERIENCING HOMELESSNESS, AND A DROP-IN CENTER FOR INDIVIDUALS SEEKING DAY SERVICES. CMC'S INTERIM HOUSING PROVIDES A SAFE AND SUPPORTIVE ENVIRONMENT FOR SIXTY PERSONS AT A TIME, DURING A NORMAL YEAR. EACH INDIVIDUAL ADMITTED TO THE INTERIM HOUSING PROGRAM THROUGH LAHSA OR DEPARTMENT OF MENTAL HEALTH (DMH) REFERRALS, IS ASSIGNED TO A CASE MANAGER THAT DIRECTLY ASSESSES THEIR SPECIFIC NEEDS AND DEVELOPS AN INDIVIDUALIZED CASE PLAN TO ADDRESS THOSE NEEDS, INCLUDING PERMANENT SUPPORTIVE HOUSING. BY PROVIDING CASE MANAGEMENT SERVICES, WE SEEK TO MEET NOT ONLY THE IMMEDIATE HOUSING NEEDS OF CLIENTS, BUT ALSO TO ASSIST WITH LONG-TERM SOLUTIONS TO THE OFTEN-ACCOMPANYING ISSUES OF MENTAL ILLNESS, SUBSTANCE ABUSE, AND UNEMPLOYMENT. THE DROP-IN CENTER MEETS THE IMMEDIATE DAY TO DAY

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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ATTACHMENT 3 (CONT'D)

NEEDS OF INDIVIDUALS EXPERIENCING HOMELESSNESS INCLUDING SACK LUNCHES; ACCESS TO COMPUTERS, TELEPHONE, BATHROOMS AND RESPITE SPACE; AND PROVIDE REFERRALS TO COMMUNITY RESOURCES. A TOTAL OF 517 NEIGHBORS IN NEED WERE ASSISTED THROUGH THE CMC LAST FISCAL YEAR, WHICH WAS A REDUCED NUMBER WITH THE PANDEMIC PLACING SAFE DISTANCING AND OTHER LIMITATIONS ON OUR SERVICES. THE CMC ALSO HAS AN ACTIVE ALUMNI PROGRAM WHICH MEETS MONTHLY TO SHARE EXPERIENCES AND DISCUSS ISSUES SUCH AS MAINTAINING PERMANENT HOUSING, BUDGETING, BEING A GOOD NEIGHBOR, TENANT RIGHTS, COMMUNITY RESOURCES AND MORE. IT IS A PEER SUPPORT SYSTEM TO HELP CLIENTS ENHANCE EACH OTHER'S PERSONAL, PROFESSIONAL, AND SOCIAL DEVELOPMENT.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

VINCENTIAN SERVICES/CONFERENCE DEVELOPMENT - SVDPLA'S VINCENTIAN SERVICES PROGRAM PROVIDES IMMEDIATE, VITAL HELP TO THOSE MOST VULNERABLE IN OUR COMMUNITIES. THROUGH 138 CATHOLIC PARISH-BASED VOLUNTEER GROUPS CALLED CONFERENCES OF CHARITY, THE SOCIETY PROVIDES DIRECT, EMERGENCY ASSISTANCE AS WELL AS ONGOING CONNECTION WITH COMMUNITY RESOURCES TO INCREASE RESOURCEFULNESS AND SUSTAINABILITY OF THOSE THE SOCIETY SERVES. THE PROGRAM SERVES ALMOST 140,000 PEOPLE IN IMMEDIATE NEED A YEAR, PROVIDING FOOD, CLOTHING AND RENTAL AND UTILITY ASSISTANCE, PREVENTING FAMILIES FROM BECOMING HOMELESS, AND MAINTAINING HEAT, ELECTRICITY AND

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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ATTACHMENT 4 (CONT'D)

OTHER SERVICES. THE STAFF IN OUR VINCENTIAN SERVICES PROGRAM SUPPORTS OUR 2177 MEMBERS WITH TRAINING, MENTORING, AND GUIDANCE IN SPIRITUAL FORMATION AS WELL AS PROVIDING REFERRALS TO OTHER SERVICES IN THE COMMUNITY SO OUR MEMBRES CAN CONTINUE THEIR WORK IN THEIR LOCAL AREA, PREVENTING HOMELESSNESS, GIVING OUR NEIGHBORS A HAND UP DURING THEIR MOMENT OF EXTREME DURESS, AND WORKING TO TEACH LIFE SKILLS TO THOSE MOST IN NEED.

FORM 990 PART III LINE 4D - OTHER PROGRAM SERVICES

=====

CIRCLE V RANCH CAMP - FOR MORE THAN 70 YEARS, SVDPLA HAS OPERATED A RESIDENTIAL SUMMER CAMP FOR UNDERSERVED AND IMPOVERISHED CHILDREN AGES 7-13. LOCATED IN THE LOS PADRES NATIONAL FOREST NEAR LAKE CACHUMA, CIRCLE V RANCH CAMP HOSTS AN AVERAGE OF SEVEN ONE WEEK RESIDENT CAMPS (FIVE NIGHTS AND SIX DAYS) THAT PROVIDE INNOVATIVE AND ENRICHING OUTDOOR EXPERIENCES THROUGH A VARIETY OF PROGRAMS. CIRCLE V SERVES APPROXIMATELY 1,200 SOUTHERN CALIFORNIA YOUTH EACH SUMMER. ABOUT 95% OF THESE CHILDREN RECEIVE SCHOLARSHIP SUPPORT TO ATTEND CAMP. THREE NUTRITIOUS MEALS ARE SERVED DAILY. THE CAMP AIMS TO INCREASE SELF-ESTEEM, EXPAND KNOWLEDGE AND LEARNING, ENCOURAGE RESPECT FOR OTHERS AND THE EARTH, BUILD MORALE AND CHARACTER, FOSTER SUPPORTIVE RELATIONSHIPS AND FELLOWSHIP AND EMPOWER LOW-INCOME YOUTH. DUE TO THE PANDEMIC, CIRCLE V WAS UNABLE TO HOST SESSIONS DURING THE 2020 SUMMER. TIME WAS DEDICATED MAINTAINING THE FACILITY AND CONTINUING CONSTRUCTION OF A COUPLE OF BUILDINGS DESTROYED BY THE 2017 WILDFIRES IN THE



Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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ATTACHMENT 4 (CONT'D)

AREA.

FORM 990 PART VI LINE 11- FORM 990 REVIEW

=====

THE AUDIT COMMITTEE IS EMPOWERED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO MATTERS RELATED TO THE FORM 990. THE FORM 990 IS REVIEWED IN DRAFT BY THE DIRECTOR OF FINANCE AND HUMAN RESOURCES AND CIRCULATED TO THE AUDIT COMMITTEE PRIOR TO FILING.

FORM 990 PART VI LINE 12 - CONFLICT OF INTEREST POLICY

=====

ALL MEMBERS OF THE BOARD ARE REQUIRED TO SIGN A WRITTEN CONFLICT OF INTEREST STATEMENT UPON ADMISSION. OFFICERS AND KEY EMPLOYEES ARE ADVISED OF THE ORGANIZATION'S POLICY DURING ORIENTATION AND THROUGH DISTRIBUTION OF WRITTEN MATERIALS.

FORM 990 PART VI LINE 15 - PROCESS FOR DETERMINING COMPENSATION

=====

CORPORATE OFFICERS AND BOARD MEMBERS OF THE ORGANIZATION ARE NOT COMPENSATED. FOR COMPENSATED PERSONS, INCLUDING THE EXECUTIVE DIRECTOR, AND FINANCE DIRECTOR, NO FORMAL COMPENSATION STUDY IS MADE BUT COMPARABILITY DATA IS CONSIDERED AND USED. COMPENSATION OF KEY PERSONS IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR. COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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ATTACHMENT 4 (CONT'D)

FORM 990 PART VI LINE 19 - PUBLIC DISCLOSURE

=====

THE ORGANIZATION DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENT OPEN TO PUBLIC  
INSPECTION.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CIRCLE V RANCH CAMP		719,935.	102,725.
	TOTALS	<u>719,935.</u>	<u>102,725.</u>

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
E.B.A. & M. CORP. P.O. BOX 5079 WESTLAKE VILLAGE, CA 93159	EMPLOYEE BENF ADMIN	182,446.
THE GDR GROUP, INC 3 PARK PLAZA, SUITE 1700 IRVINE, CA 92614	IT SERVICES	107,778.
PENSKE TRUCK LEASING CO, LP PO BOX 7429 PASADENA, CA 91109-7429	LOGISTICS SERVICES	180,938.
QUIKRESPONSE 165 AERO CAMINO GOLETA, CA 93117	CONSTRUCTION	111,897.
EXPRESS SERVICES INC P.O. BOX 844277 LOS ANGELES, CA 90084-4277	EMPLOYMENT AGENCY	143,060.

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES	Employer identification number 95-1644622
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ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
OTHER SECURITY	8,287,278.	10,089,934.	FMV
TOTALS	<u>8,287,278.</u>	<u>10,089,934.</u>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES

Employer identification number 95-1644622

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: OZANAM INVESTMENTS LLC, 210 N AVE 21, LOS ANGELES, CA 90031, TITLE HOLDING, CA, 1,798,229, 102164806, SOCIETY SVDP.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2019

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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)				
(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.

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

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**Part VII** **Supplemental Information**

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

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California Exempt Organization Annual Information Return

2019

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 10/01/2019, and ending (mm/dd/yyyy) 09/30/2020
Corporation/Organization name SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES
California corporation number 0055034
FEIN 95-1644622
Street address (suite or room) 210 NORTH AVENUE 21
City LOS ANGELES State CA Zip code 90031

A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return?
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?

J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending? Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total balance due is 1000.

Sign Here: CHRISTINA WU, DIRECTOR OF FINANC, 323-224-6280
Preparer's signature: LINDA E G BALLESTEROS, 06/16/2021
Firm's name (or yours, if self-employed) and address: MAGINNIS KNECHTEL & MCINTYRE LLP, 300 W. COLORADO BLVD, PASADENA, CA 91105, 626-449-3466

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions . . . . .	•	1	4,983,289	00
	2	Interest . . . . .	•	2		00
	3	Dividends . . . . .	•	3	14,697	00
	4	Gross rents . . . . .	•	4		00
	5	Gross royalties . . . . .	•	5		00
	6	Gross amount received from sale of assets (See Instructions) . . . . .	•	6	4,772	00
	7	Other income. Attach schedule . . . . . ATCH. 1. . . . .	•	7	7,961	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8	5,010,719	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	•	9	228,833	00
	10	Disbursements to or for members . . . . .	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule. . . . . ATCH. 2. . . . .	•	11	1,681,760	00
	12	Other salaries and wages . . . . .	•	12	3,092,321	00
	13	Interest . . . . .	•	13	5,215	00
	14	Taxes . . . . .	•	14	400,622	00
	15	Rents . . . . .	•	15	550,900	00
	16	Depreciation and depletion (See instructions). . . . .	•	16	462,961	00
	17	Other Expenses and Disbursements. Attach schedule . . . . . ATCH. 3. . . . .	•	17	5,871,563	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18	12,294,175	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		2,442,680.		2,514,437.
2 Net accounts receivable . . . . .				
3 Net notes receivable . . . . .				
4 Inventories . . . . .		121,131.		103,299.
5 Federal and state government obligations . . . . .				
6 Investments in other bonds . . . . .				
7 Investments in stock. . . . .	ATCH 4	107,530.		120,718.
8 Mortgage loans . . . . .				
9 Other investments. Attach schedule . . . . .				
10 a Depreciable assets . . . . .	19,711,081.		19,872,276.	
b Less accumulated depreciation . . . . .	10,868,948.	8,842,133.	11,331,909.	8,540,367.
11 Land . . . . .				
12 Other assets. Attach schedule . . . . .	ATCH 5	178,230.		769,680.
13 <b>Total assets</b> . . . . .		11,691,704.		12,048,501.
<b>Liabilities and net worth</b>				
14 Accounts payable . . . . .		895,381.		913,248.
15 Contributions, gifts, or grants payable . . . . .				
16 Bonds and notes payable . . . . .	ATCH 6			1,066,800.
17 Mortgages payable . . . . .				
18 Other liabilities. Attach schedule . . . . .	ATCH 7	39,711.		58,572.
19 Capital stock or principal fund . . . . .				
20 Paid-in or capital surplus. Attach reconciliation . . . . .				
21 Retained earnings or income fund . . . . .		10,756,612.		10,009,881.
22 <b>Total liabilities and net worth</b> . . . . .		11,691,704.		12,048,501.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books . . . . .	612,015.	
2	Federal income tax . . . . .		
3	Excess of capital losses over capital gains . . . . .		
4	Income not recorded on books this year. Attach schedule . . . . .		
5	Expenses recorded on books this year not deducted in this return. Attach schedule. . . . .		
6	<b>Total.</b> Add line 1 through line 5 . . . . .	612,015.	
7	Income recorded on books this year not included in this return. Attach schedule . . . . .		ATCH 8 1,738,647.
8	Deductions in this return not charged against book income this year. Attach schedule . . . . .		
9	<b>Total.</b> Add line 7 and line 8 . . . . .		1,738,647.
10	<b>Net income per return.</b> Subtract line 9 from line 6 . . . . .		-1,126,632.

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2019

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name <b>SOCIETY OF SAINT VINCENT DE PAUL</b>	Identifying number <b>95-1644622</b>
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### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	11,167,543.
2 Total gross income (Form 199, line 8)	2	11,167,543.
3 Total expenses and disbursements (Form 199, Line 9)	3	12,294,175.

### Part II Settle Your Account Electronically for Taxable Year 2019

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account:  Checking  Savings

### Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**      Signature of officer \_\_\_\_\_      Date 06/16/2021      Title DIRECTOR OF FINANCE

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**      ERO's signature \_\_\_\_\_      Date 06/16/2021      Check if also paid preparer       Check if self-employed       ERO's PTIN P00366852  
 Firm's name (or yours if self-employed) and address MAGINNIS KNECHTEL & MCINTYRE LLP      Firm's FEIN 95-2746188  
300 W. COLORADO BLVD.      ZIP code 91105  
PASADENA      CA

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**      Paid preparer's signature \_\_\_\_\_      Date \_\_\_\_\_      Check if self-employed       Paid preparer's PTIN \_\_\_\_\_  
 Firm's name (or yours if self-employed) and address \_\_\_\_\_      Firm's FEIN \_\_\_\_\_      ZIP code \_\_\_\_\_

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year. S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year. Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2019 Payment Voucher for Corporations and Exempt Organizations e-filed Returns CALIFORNIA FORM 3586 (e-file)

0055034 SOCI 95-1644622 (626) 449-3466 19 FORM 3
TYB 10-01-19 TYE 09-30-20
SOCIETY OF SAINT VINCENT DE PAUL

210 NORTH AVENUE 21 PMB
LOS ANGELES CA 90031

TOTAL PAYMENT AMT 10.

PART II - OTHER INCOME

OTHER INCOME 7,961.

TOTAL OTHER INCOME 7,961.

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
COMPENSATION OF OFFICERS		1,681,760.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>1,681,760.</u>

PART II - OTHER EXPENSES

PENSION EXPENSE	83,086.
EMPLOYEE BENEFITS	918,938.
LEGAL EXPENSES	98,939.
ACCOUNTING EXPENSE	52,675.
PROFESSIONAL EXPENSE	35,473.
INVESTMENT MGMT FEES	1,077.
OTHER FEES FOR SVCS	196,696.
ADVERTISING	130,866.
OFFICE EXPENSES	186,141.
INFO. TECHNOLOGY	134,617.
CONFERENCES	22,416.
INSURANCE	302,527.
COST OF GOODS SOLD	2,364,539.
WORKERS COMP INSURANCE	441,881.
UTILITIES	286,187.
VEHICLES	200,341.
FIRE DAMAGE REPAIR	8,227.
FOOD	120,061.
TELEPHONE	102,547.
BANK CHARGES	90,402.
DUES & SUBSCRIPTION	66,276.
MISCELLANEOUS	4,200.
OTHER PERSONNEL COSTS	9,593.
BUSINESS LICENSES	8,774.
BAD DEBT EXPENSES	5,084.
TOTAL OTHER EXPENSES	<u>5,871,563.</u>

ATTACHMENT 4SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
WATSON LAND COMPANY		
OTHER SECURITY		
CATHOLIC COMMUNITY FDN FUND	107,530.	120,718.
TOTAL INVESTMENTS IN STOCK	<u>107,530.</u>	<u>120,718.</u>



ATTACHMENT 5SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES & OTHER ASSET	178,230.	769,680.
TOTAL OTHER ASSETS	<u>178,230.</u>	<u>769,680.</u>

SCHEDULE L - BONDS AND NOTES PAYABLE

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PAYCHECK PROTECTION PROGRAM LOAN		1,066,800.
TOTAL BONDS AND NOTES PAYABLE	<u>                    </u>	<u>1,066,800.</u>

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: SOCIETY SAINT VINCENT DE PAUL  
 EIN OF BUSINESS: 95-1644622

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEFERRED GAIN FROM INSURANCE PROCEEDS	39,711.	58,572.
TOTAL CORPORATION OTHER LIABILITIES	<u>39,711.</u>	<u>58,572.</u>
TOTAL OTHER LIABILITIES	<u>39,711.</u>	<u>58,572.</u>

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

OZANAM INV LLC SEE FOOTNOTE	1,731,399.
UNREALIZED GAIN ON INVESTMENT	7,248.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>1,738,647.</u>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 STREET ADDRESS  
 1300 I Street  
 Sacramento, CA 95814  
 (916) 210-6400  
 WEBSITE ADDRESS:  
 www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

SOCIETY OF SAINT VINCENT DE PAUL Name of Organization  List all DBAs and names the organization uses or has used  210 NORTH AVENUE 21 Address (Number and Street)  LOS ANGELES CA 90031 City or Town, State and ZIP Code  ( 323 ) 224-6280 Telephone Number E-mail Address	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  State Charity Registration Number <u>46314</u>  Corporate or Organization No. <u>0055034</u>  Federal Employer I.D. No. <u>95-1644622</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
 Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 10/01/2019 ending 09/30/2020) list:

Gross Annual Revenue \$ 12,965,772. Noncash Contributions \$ 2,286,653. Total Assets \$ 114,213,307.  
 Program Expenses \$ 10,532,814. Total Expenses \$ 12,361,005.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
ATCH 9		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?	X	
ATCH 10		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete, and I am authorized to sign.**

CHRISTINA WU	DIRECTOR OF FINA	06/16/2021
Signature of Authorized Agent	Printed Name	Title
		Date

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIESATTACHMENT 9

<u>GOVERNMENT AGENCY NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE AND ZIP CODE</u>	<u>CONTACT NAME</u>	<u>TELEPHONE</u>
LOS ANGELES HOMELESS SERVICES AUTHORITY	811 WILSHIRE BLVD. STE. 600	LOS ANGELES, CA 90017	ANTHONY FELIX	213-797-4613
LA COUNTY DEPARTMENT OF MENTAL HEALTH	529 MAPLE AVE	LOS ANGELES, CA 90013	LISE RUIZ	213-251-6573
LA COUNTY DEPARTMENT OF HEALTH SERVICES	238 E. 6TH ST	LOS ANGELES, CA 90014	JUATAN MARK	323-274-3300
LA CITY CDBG	1200 W 7TH ST #100	LOS ANGELES, CA 90017	MINDY POTHONGSUNUN	213-744-7353

PART B, LINE 8 - VEHICLE DONATION PROGRAM

EXPLANATION

THE VEHICLE DONATION PROGRAM IS OPERATED BY THE ORGANIZATION.

CALIFORNIA FOOTNOTES

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THE SOCIETY OF SAINT VINCENT DE PAUL COUNCIL OF LOS ANGELES (THE FILING ORGANIZATION) IS THE SOLE OWNER AND MEMBER OF OZANAM INVESTMENTS, LLC (OZANAM), ENTITY ID 8108165, A CALIFORNIA LIMITED LIABILITY COMPANY WITH EXEMPTION FROM TAX UNDER R&TC 23701H. IN ACCORDANCE WITH CALIFORNIA FRANCHISE TAX BOARD INTERPRETATION AND POSITION, OZANAM FILES FORM 199 SEPARATE AND APART FROM ITS SOLE OWNER.