

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

**A** For the **2019** calendar year, or tax year beginning and ending

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:  | <b>C</b> Name of organization<br>ST. VINCENT DE PAUL VILLAGE, INC.<br>Doing business as FATHER JOE'S VILLAGES<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>3350 E STREET<br>City or town, state or province, country, and ZIP or foreign postal code<br>SAN DIEGO, CA 92102<br><b>F</b> Name and address of principal officer: DEACON JIM VARGAS, OFS<br>3350 E STREET, SAN DIEGO, CA 92102 | <b>D</b> Employer identification number<br>33-0492302<br><b>E</b> Telephone number<br>(619) 446-2140<br><b>G</b> Gross receipts \$ 45,449,958.<br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |   |
| <b>J</b> Website: ▶ WWW.NEIGHBOR.ORG   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶              |  | <b>L</b> Year of formation: 1992 <b>M</b> State of legal domicile: CA   |

| Part I Summary  |   |   |                    |
|---|---|---|--------------------|
|   | 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF HOMELESSNESS AND POVERTY. |   |                    |
|   | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                               |   |                    |
| Activities & Governance   | 3 Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  | 16                 |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  | 16                 |
|   | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 418                |
|   | 6 Total number of volunteers (estimate if necessary)  | <b>6</b>  | 10000              |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | 0.                 |
|   | 7b Net unrelated business taxable income from Form 990-T, line 39   | <b>7b</b>                                       | 0.                 |
|   | Revenue   | 8 Contributions and grants (Part VIII, line 1h) | <b>Prior Year</b>  |
| 9 Program service revenue (Part VIII, line 2g)  |   | 26,461,340.                                     | 36,607,545.        |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |   | 6,452,974.                                      | 4,102,329.         |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |   | 112,336.  | 49,285.            |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |   | 1,135,300.                                      | 1,396,101.         |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |   | 34,161,950.                                     | 42,155,260.        |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                      |   | 189,439.  | 162,353.           |
| Expenses  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.  | 0.                 |
|   | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 16,626,769.                                     | 14,043,655.        |
|   | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,974,969.  | 0.  | 0.                 |
|   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 19,761,271.                                     | 19,573,992.        |
|   | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 36,577,479.                                     | 33,780,000.        |
|   | 19 Revenue less expenses. Subtract line 18 from line 12   | -2,415,529.                                     | 8,375,260.         |
| Net Assets or Fund Balances   | 20 Total assets (Part X, line 16)   | <b>Beginning of Current Year</b>                | <b>End of Year</b> |
|   | 21 Total liabilities (Part X, line 26)  | 15,834,456.                                     | 16,237,392.        |
|   | 22 Net assets or fund balances. Subtract line 21 from line 20   | 20,625,072.                                     | 11,535,735.        |
|   |   | -4,790,616.                                     | 4,701,657.         |

**Part II Signature Block**

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

|                               |  |   |
|-------------------------------|--|---|
| <b>Sign Here</b>              | ▶ Signature of officer<br>ROBERT DORSEY, CAO & CFO<br>Type or print name and title | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>AMY A. O'LOUGHLIN                                    | Preparer's signature  |
|                               | Firm's name ▶ CBIZ MHM, LLC  | Date<br>11/16/20  |
|                               | Firm's address ▶ 4722 N 24TH ST, STE 300<br>PHOENIX, AZ 85016                      | Check if self-employed <input type="checkbox"/> PTIN<br>P00869687 |
|                               |  | Firm's EIN ▶ 34-1884125<br>Phone no. 602-264-6835                 |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF HOMELESSNESS AND POVERTY BY PROMOTING SELF-SUFFICIENCY THROUGH AN INNOVATIVE CONTINUUM OF CARE, MULTI-DISCIPLINARY PROGRAMS AND PARTNERSHIPS THAT COME TOGETHER IN THE SPIRIT OF OUR CREED TO TEACH,

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 [X] 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? [X] 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 \$ 23,138,994. including grants of \$ 162,353. ) (Revenue \$ 845,380. ) PROGRAMS AND SERVICES FOR THE HOMELESS: WE PROVIDE A ONE-STOP SERVICE CENTER TO HELP THE HOMELESS AND OUR NEIGHBORS IN NEED ON A ONE AND ONE-HALF BLOCK CAMPUS IN DOWNTOWN SAN DIEGO THAT INCLUDES TEMPORARY HOUSING AND WRAP AROUND SUPPORT SERVICES. IN 2019, MORE THAN 13,500 PEOPLE LIVING IN POVERTY ACCESSED ONE OR MORE SERVICES. NEARLY 1,00,000 MEALS WERE SERVED, INCLUDING A DAILY COMMUNITY LUNCH PROGRAM. WHILE WE PROVIDED OVER 9,000 PEOPLE ACCESS TO BASIC SERVICES SUCH AS SHOWERS, BATHROOMS, MAIL AND LAUNDRY. WE PROVIDE EMERGENCY, INTERIM, AND BRIDGE SHELTER FOR THOSE WHO NEED A SHORT TERM STAY BEFORE ACCESSING MORE STABLE HOUSING; RAPID RE-HOUSING FOR THOSE IN NEED OF TIME LIMITED RENTAL ASSISTANCE TO ESTABLISH THEMSELVES IN PERMANENT HOUSING; TRANSITIONAL HOUSING FOR THOSE WHO NEED FOCUSED SUPPORT TO OBTAIN

4b (Code: ) (Expenses \$ 4,934,833. including grants of \$ ) (Revenue \$ 3,459,349. ) VILLAGE HEALTH CENTER: OUR LICENSED PRIMARY CARE CLINIC IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC). A COMBINED RESIDENCY PROGRAM IN PSYCHIATRIC AND FAMILY MEDICINE WITH THE UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD) IS A PREMIER PARTNERSHIP AND TRAINING SITE CONSIDERED TO BE A "BEST PRACTICE" APPROACH TO SERVING THOSE WHO ARE HOMELESS. IN 2019, MORE THAN 3,000 PATIENTS RECEIVED SERVICES (A 25% INCREASE OVER 2018), PROVIDING NEARLY 17,300 PATIENT VISITS. TRIAGE VISITS SAVED THE CITY OF SAN DIEGO OVER \$4.7 MILLION DUE TO DECREASED USE OF EMERGENCY ROOMS AND AMBULANCES. HEALTHCARE PROFESSIONALS DONATED MORE THAN 4,000 HOURS IN SERVICES THAT ARE NOT REFLECTED IN THE ORGANIZATION'S EXPENSES. OUR DENTAL CLINIC HAD OVER 3,000 ENCOUNTERS, PROVIDING SERVICES RANGING FROM BASIC DENTAL CARE TO FULL DENTAL RESTORATIONS TO

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

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

4e Total program service expenses 28,073,827.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | 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?<br><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> .....   |     | 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 ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROBERT DORSEY - 619-446-2140
3350 E STREET, SAN DIEGO, CA 92102

**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)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) NORRIS, JEFFREY<br>CHIEF MEDICAL OFFICER         | 40.00   |   |                       |         | X            |                              | 187,998. | 0.   | 17,320.   |   |
| (2) CARREIRA, SARAH<br>FAMILY & PSYCHIATRY PHYSICIAN | 40.00   |   |                       |         | X            |                              | 138,300. | 0.   | 2,500.  |   |
| (3) FLORES, RACHELLE<br>DENTAL DIRECTOR              | 40.00   |   |                       |         | X            |                              | 135,492. | 0.   | 5,000.  |   |
| (4) RUTH BRULAND<br>CHIEF PROGRAM OFFICER            | 40.00   |   |                       |         | X            |                              | 123,625. | 0.   | 2,516.  |   |
| (5) YOUSSEFI, PARISSA<br>DENTAL DIRECTOR             | 40.00   |   |                       |         | X            |                              | 109,736. | 0.   | 1,544.  |   |
| (6) BILL WHELAN<br>CHAIR                             | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7) HARRIS STEINBERG<br>VICE CHAIR                   | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (8) JOE ERGASTOLO<br>TREASURER                       | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (9) CDR VIRGINIA CALLAGHAN BAYER<br>SECRETARY        | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (10) DR DAVID FOLSOM<br>DIRECTOR                     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) LYNN FULKS<br>DIRECTOR                          | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) SEBASTIAN HERRERA<br>DIRECTOR                   | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) ROBERT IRVING<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) RANDOLPH KELLY<br>DIRECTOR                      | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) CRAIG MCKASSON<br>DIRECTOR                      | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) ANGELA MULLINS<br>DIRECTOR                      | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) TERESITA NELSON<br>DIRECTOR                     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) MARILYN STENOIEN<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) DAVID VALLADOLID<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) RON VERNETTI<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) MARY KOREY<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) ARTHUR BURGESS (RESIGNED 2019)<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) JAMES HORNE (RESIGNED 2019)<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (24) KRISTI KEITH (RESIGNED 2019)<br>DIRECTOR                  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (25) TRISH DE LA ROSA (RESIGNED 2019)<br>DIRECTOR              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (26) CALEB MCKINLEY (RESIGNED 2019)<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 695,151. | 0.   | 28,880.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 695,151. | 0.   | 28,880.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SVDP MANAGEMENT, INC.<br>3350 E STREET, SAN DIEGO, CA 92102                        | ADMIN & OTHER                  | 4,374,000.          |
| ALLIED UNIVERSAL SECURITY SERVICES, 7807<br>CONVOY CT LECTURE HALL, SAN DIEGO, CA  | SECURITY                       | 1,207,566.          |
| ALLIED UNIVERSAL JANITORIAL SERVICES<br>10680 TREENA ST #450, SAN DIEGO, CA 92131  | JANITORIAL                     | 449,119.            |
| METROPOLITAN TRANSIT SYSTEM (MTS), 1255<br>IMPERIAL AVE #1000, SAN DIEGO, CA 92101 | TRANPORATION                   | 131,918.            |
| WM CORPORATE SERVICES, INC.<br>925 O'CONNER ST, EL CAJON, CA 92020                 | WASTE REMOVAL                  | 111,630.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) BOB MILLIKEN (RESIGNED 2019)<br>DIRECTOR      | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) JIM MULVANEY, JR. (RESIGNED 2019)<br>DIRECTOR | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) DAVE SCHAEFER (RESIGNED 2019)<br>DIRECTOR     | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) PAUL SHIPSTEAD (RESIGNED 2019)<br>DIRECTOR    | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) FRANK TERNASKY (RESIGNED 2019)<br>DIRECTOR    | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) DEACON JIM VARGAS<br>CEO & PRESIDENT          | 20.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (33) MATT NUTH (LEFT 5/2019)<br>CAO & CFO          | 20.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (34) ROBERT DORSEY<br>CAO & CFO                    | 20.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (35) ANN WIECZOREK<br>GENERAL COUNSEL              | 20.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (36) WILLIAM BOLSTAD<br>CHIEF REVENUE OFFICER      | 20.00   |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c              |   |  |                       |         |              |                              |        |  |   |   |

**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 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</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>                         | 13,100,299.    |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>                         | 23,507,246.    |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>                         | \$ 10,606,343. |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                                   |                | 36,607,545.                        |                            |  |  |
| Program Service Revenue   | <b>2 a</b> MEDICAL CLINIC REVENUE   | Business Code                     | 621400         | 3,459,349.                         | 3,459,349.                 |  |  |
|   | <b>b</b> CONTRACTED REVENUE   |                                   | 900099         | 444,786.                           | 444,786.                   |  |  |
|   | <b>c</b> CHILDCARE REVENUE  |                                   | 624410         | 101,253.                           | 101,253.                   |  |  |
|   | <b>d</b> MEN'S LONG-TERM CARE   |                                   | 623990         | 96,941.                            | 96,941.                    |  |  |
|   | <b>e</b>  |                                   |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                                   |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |                                   |                | 4,102,329.                         |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                                   |                | 173,187.                           |                            | 173,187.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                                   |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                                   |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>                         | (i) Real       | 202,400.                           |                            |  |  |
|   |   |                                   | (ii) Personal  |                                    |                            |  |  |
|   |   |                                   |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>                         |                | 0.                                 |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>                         |                | 202,400.                           |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                                   |                | 202,400.                           | 202,400.                   |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>                         | (i) Securities | 1,689,044.                         | 1,262,618.                 |  |  |
|   |   |                                   | (ii) Other     |                                    |                            |  |  |
|   |   |                                   |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>                         |                | 1,785,477.                         | 1,290,087.                 |  |  |
| <b>c</b> Gain or (loss)   | <b>7c</b>   |                                   | -96,433.       | -27,469.                           |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                                   | -123,902.      |                                    | -123,902.                  |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                                   | 1,111,439.     |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses    | <b>8b</b>      |                                    | 219,134.                   |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                                   | 892,305.       |                                    | 892,305.                   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                                   |                |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses    | <b>9b</b>      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                                   |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                                   |                |                                    |                            |  |  |
|   |   | <b>b</b> Less: cost of goods sold | <b>10b</b>     |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                                   |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> MISCELLANEOUS INCOME  | Business Code                     | 900099         | 301,396.                           |                            | 301,396.   |  |
|   | <b>b</b>  |                                   |                |                                    |                            |  |  |
|   | <b>c</b>  |                                   |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                                   |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |                                   |                | 301,396.                           |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                                   | 42,155,260.    | 4,304,729.                         | 0.                         | 1,242,986.   |  |

**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  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 162,353.              | 162,353.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 12,685,152.           | 11,883,723.                     | 801,429.                               |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  | 1,358,503.            | 1,358,503.                      |  |                             |
| <b>10</b> Payroll taxes .....   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   | 1,427,252.            |                                 | 1,427,252.                             |                             |
| <b>b</b> Legal .....  | 15,120.               | 3,711.                          | 11,409.                                |                             |
| <b>c</b> Accounting .....   | 89,650.               | 14,263.                         | 75,387.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 88,944.               |                                 | 88,944.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 4,888,006.            | 2,092,442.                      | 450.                                   | 2,795,114.                  |
| <b>12</b> Advertising and promotion .....   | 7,341.                | 7,341.                          |  |                             |
| <b>13</b> Office expenses .....   | 15,815.               | 15,815.                         |  |                             |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 5,442,024.            | 5,132,572.                      | 309,452.                               |                             |
| <b>17</b> Travel .....  | 61,706.               | 61,706.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 22,963.               | 22,963.                         |  |                             |
| <b>20</b> Interest .....  | 312,949.              | 292,509.                        |  | 20,440.                     |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 510,574.              | 510,574.                        |  |                             |
| <b>23</b> Insurance .....   | 357,444.              | 337,088.                        |  | 20,356.                     |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> DIRECT CLIENT EXPENSES   | 2,800,144.            | 2,800,144.                      |  |                             |
| <b>b</b> FOOD SUPPLY  | 1,654,024.            | 1,654,024.                      |  |                             |
| <b>c</b> SUPPLIES   | 824,551.              | 824,511.                        |  | 40.                         |
| <b>d</b> LICENSES & FEES  | 358,786.              | 358,442.                        |  | 344.                        |
| <b>e</b> All other expenses   | 696,699.              | 541,143.                        | 16,881.                                | 138,675.                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 33,780,000.           | 28,073,827.                     | 2,731,204.                             | 2,974,969.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year    |
|---|--|--------------------------|-------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 153,284.                 | <b>1</b>    | 521,128.              |
|   | <b>2</b> Savings and temporary cash investments .....  | 719,623.                 | <b>2</b>    | 679,033.              |
|   | <b>3</b> Pledges and grants receivable, net .....  | 2,678,019.               | <b>3</b>    | 3,841,303.            |
|   | <b>4</b> Accounts receivable, net .....  | 479,557.                 | <b>4</b>    | 186,819.              |
|   | <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 ..... |                          | <b>5</b>    |                       |
|   | <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) .....   |                          | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 694,404.                 | <b>9</b>    | 490,408.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 8,120,734.    |             |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 5,705,157.    | 3,834,565.  | <b>10c</b> 2,415,577. |
|   | <b>11</b> Investments - publicly traded securities .....   | 4,923,449.               | <b>11</b>   | 5,005,865.            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 108,939.                 | <b>12</b>   | 109,734.              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 72,059.                  | <b>13</b>   | 36,070.               |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,170,557.               | <b>15</b>   | 2,951,455.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 15,834,456.  | <b>16</b>                | 16,237,392. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,832,473.               | <b>17</b>   | 2,501,450.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue .....   | 245,353.                 | <b>19</b>   | 0.                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                       |
|   | <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 .....     |                          | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 5,013,420.               | <b>23</b>   | 3,307,456.            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                       |
|   | <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 .....  | 13,533,826.              | <b>25</b>   | 5,726,829.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 20,625,072.              | <b>26</b>   | 11,535,735.           |
| <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 .....  | -11,251,059.             | <b>27</b>   | -1,811,561.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 6,460,443.               | <b>28</b>   | 6,513,218.            |
|   | <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 .....  | -4,790,616.              | <b>32</b>   | 4,701,657.            |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 15,834,456.  | <b>33</b>                | 16,237,392. |                       |

**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>  | 42,155,260. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 33,780,000. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 8,375,260.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | -4,790,616. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 664,524.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 452,489.    |
| <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> | 4,701,657.  |

**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> |     |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form **990** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

**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 .....

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 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.") .....  | 18,327,201. | 21,219,273. | 22,691,929. | 26,461,340. | 36,607,546. | 125,307,289. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 18,327,201. | 21,219,273. | 22,691,929. | 26,461,340. | 36,607,546. | 125,307,289. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |             |             |             |              |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 125,307,289. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015    | (b) 2016    | (c) 2017    | (d) 2018    | (e) 2019    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 18,327,201. | 21,219,273. | 22,691,929. | 26,461,340. | 36,607,546. | 125,307,289.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 118,784.    | 122,750.    | 129,634.    | 176,322.    | 375,587.    | 923,077.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  | 466,803.    |             |             | 1,794.      |             | 468,597.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |             |             | 274,434.    | 154,759.    | 301,396.    | 730,589.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |             |             |             |             |             | 127,429,552.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |             |             |             |             | 12          | 35,588,548.              |
| <b>13 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>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 98.33 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 97.72 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

**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.") .....   |          |          |          |          |          |           |
| <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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**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 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

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

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

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

**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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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>b</b> A family member of a person described in (a) above?   |     |    |
| <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>  |     |    |

**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>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>   |     |    |

**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> |     |    |

**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>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>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>  |     |    |

**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 line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <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>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>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <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>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>   |  |  |

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

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

| Section C - Distributable Amount |   | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1              |              |
| 2                                | Enter 85% of line 1.  | 2              |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3              |              |
| 4                                | Enter greater of line 2 or line 3.  | 4              |              |
| 5                                | Income tax imposed in prior year  | 5              |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

Schedule A (Form 990 or 990-EZ) 2019

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

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

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

OTHER REVENUE

2017 AMOUNT: \$ 274,434.

2018 AMOUNT: \$ 154,759.

2019 AMOUNT: \$ 301,396.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ 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.

OMB No. 1545-0047

# 2019

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

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<br><br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br><br>33-0492302 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | <hr/><br><hr/><br><hr/>           | \$ 907,173.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <hr/><br><hr/><br><hr/>           | \$ 12,111,461.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/><br><hr/><br><hr/>           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/><br><hr/><br><hr/>           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/><br><hr/><br><hr/>           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/><br><hr/><br><hr/>           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/><br><hr/><br><hr/>           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|   |  |
|---|--|
| Name of organization<br><br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br><br>33-0492302 |
|---|--|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 2                            | FORGIVENESS OF DEBT<br>_____<br>_____<br>_____ | \$ 8,870,861.                                   | 12/31/19             |
| _____                        | _____<br>_____<br>_____                        | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                        | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                        | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                        | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                        | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                        | \$ _____  | _____                |



|   |  |
|---|--|
| Name of organization<br><br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br><br>33-0492302 |
|---|--|

**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 info. once.) ▶ \$ \_\_\_\_\_  
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 |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Name of the organization** ST. VINCENT DE PAUL VILLAGE, INC. **Employer identification number** 33-0492302

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year .....   |  |                              |
| 2 Aggregate value of contributions to (during year) .....   |  |                              |
| 3 Aggregate value of grants from (during year) .....  |  |                              |
| 4 Aggregate value at end of year .....  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,878,201.       | 4,253,372.     | 3,183,094.         | 3,261,414.           | 4,139,108.          |
| b Contributions                                  | 30,000.          | 35,000.        | 35,300.            | 151,622.             | 72,972.             |
| c Net investment earnings, gains, and losses     | 713,600.         | -362,881.      | 1,080,040.         | -182,231.            | -901,377.           |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 48,921.          | 47,290.        | 45,062.            | 47,711.              | 49,289.             |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 4,572,880.       | 3,878,201.     | 4,253,372.         | 3,183,094.           | 3,261,414.          |

- 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  100.00 %
  - 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 |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 5,321,708.                      | 3,435,394.                   | 1,886,314.     |
| d Equipment  |                                      | 1,998,544.                      | 1,530,227.                   | 468,317.       |
| e Other  |                                      | 800,482.                        | 739,536.                     | 60,946.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 2,415,577.     |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) CASH VALUE OF INSURANCE POL.  | 385,252.       |
| (2) INTEREST IN PERPETUAL TRUST   | 1,317,876.     |
| (3) CHARITABLE REMAINDER TRUST  | 1,171,966.     |
| (4) INTEREST IN GIFT ANNUITY  | 17,383.        |
| (5) DEPOSIT - WORK COMP   | 58,978.        |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,951,455.     |

**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) DUE TO AFFILIATE  | 5,726,829.     |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 5,726,829.     |

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED FOR GENERAL OPERATIONS, EDUCATION AND CHILDREN'S PROGRAMS.

PART X, LINE 2:

THE VILLAGE IS EXEMPT FROM INCOME TAXES ON THE BASIS THAT IT QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ALL TAX-EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE ORGANIZATION AS A TAX-EXEMPT ENTITY UNDER INTERNAL REVENUE CODE 501(C)(3) AND APPLICABLE STATE STATUTES. AT

**Part XIII** Supplemental Information *(continued)*

DECEMBER 31, 2019, THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN FOR THE

2017 THROUGH 2019 TAX YEARS. THE STATUTE OF LIMITATIONS FOR THE STATE

INCOME TAX RETURNS REMAINS OPEN FOR THE 2016 THROUGH 2019 TAX YEARS.

Multiple horizontal lines for supplemental information.

**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<br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br>33-0492302 |
|---|--|

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

- 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<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|--|---|---------------------------------|---------------------|--|------------|
|                 |  | CHARITY DINNER<br>(event type)                              | THANKSGIVING 5K<br>(event type) | 5<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 620,915.                        | 299,723.            | 190,801.   | 1,111,439. |
|                 | 2  | Less: Contributions   |                                 |                     |  |            |
|                 | 3  | Gross income (line 1 minus line 2)                          | 620,915.                        | 299,723.            | 190,801.   | 1,111,439. |
| Direct Expenses | 4  | Cash prizes   |                                 |                     |  |            |
|                 | 5  | Noncash prizes  |                                 |                     |  |            |
|                 | 6  | Rent/facility costs   |                                 |                     |  |            |
|                 | 7  | Food and beverages  |                                 | 3,333.              |  | 3,333.     |
|                 | 8  | Entertainment   |                                 |                     |  |            |
|                 | 9  | Other direct expenses                                       | 116,826.                        | 47,970.             | 51,005.  | 215,801.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                 |                     |  | 219,134.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                 |                     | 892,305.   |            |

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **ST. VINCENT DE PAUL VILLAGE, INC.** Employer identification number **33-0492302**

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

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

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

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| VETERANS VILLAGE OF SAN DIEGO<br>4141 PACIFIC HIGHWAY<br>SAN DIEGO, CA 92110                       | 95-3649525     | 501(C)(3)                              | 73,246.                         | 0.                                       |  |  | HOMELESS SERVICES                         |
| PATH SAN DIEGO<br>1250 6TH AVENUE<br>SAN DIEGO, CA 92101   | 95-3950196     | 501(C)(3)                              | 44,992.                         | 0.                                       |  |  | HOMELESS SERVICES                         |
| ST. PAUL PACE, C/O COMMUNITY<br>ELDERCARE OF SAN DIEGO - 328 MAPLE<br>STREET - SAN DIEGO, CA 92101 | 33-0853316     | 501(C)(3)                              | 15,507.                         | 0.                                       |  |  | HOMELESS SERVICES                         |
| SURRENDER MINISTRIES<br>4080 VAN DYKE AVE<br>SAN DIEGO, CA 92105                                   | 26-1679757     | 501(C)(3)                              | 0.                              | 28,608.                                  | FMV  | DONATED FOOD                                 | FOOD FOR HUNGRY/HOMELESS                  |
|  |                |  |                                 |  |  |  |   |
|  |                |  |                                 |  |  |  |   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

LHA 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

MOST OF THE FUNDS ARE PASS-THROUGH FUNDS FROM HUD. IN ACCORDANCE WITH THE  
 REGULATIONS, WE MONITOR THE EXPENSES OF THE RECIPIENTS TO ENSURE THEY ARE  
 IN COMPLIANCE WITH THE PROGRAM SPECIFICATION BY REVIEWING EACH EXPENSE  
 REPORT WHEN SUBMITTED. IN ADDITION, WE CONDUCT PERIODIC AUDITS TO ENSURE  
 ALL BACK UP IS MAINTAINED AS REQUIRED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number  
33-0492302

**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 checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

LHA 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) NORRIS, JEFFREY<br>CHIEF MEDICAL OFFICER | (i)  | 187,998.   | 0.                                  | 0.                                  | 0.   | 17,320.                 | 205,318.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

SCHEDULE J, PART II

OFFICERS JIM VARGAS, ANN WIECZOREK, MATTHEW NUTH, WILLIAM BOLSTAD, AND

ROBERT DORSEY DID NOT RECEIVE ANY COMPENSATION DIRECTLY FROM ST.

VINCENT DE PAUL VILLAGE, INC.; HOWEVER, THEY ARE COMPENSATED FOR THEIR

POSITIONS HELD WITHIN THE ORGANIZATION THROUGH AN AGREEMENT WITH SVDP

MANAGEMENT, INC., AN UNRELATED ORGANIZATION.

THE COMPENSATION AND NONTAXABLE BENEFITS ALLOCATED FOR THE SERVICES

PERFORMED FOR ST VINCENT DE PAUL VILLAGE AND INCLUDED IN THE

ADMINISTRATIVE SERVICES AGREEMENT IS AS FOLLOWS:

JIM VARGAS: COMPENSATION \$113,172, BENEFITS \$4,329

ANN WIECZOREK: COMPENSATION \$53,144, BENEFITS \$0

WILLIAM BOLSTAD: COMPENSATION \$60,368, BENEFITS \$6,016

ROBERT DORSEY: COMPENSATION \$36,690, BENEFITS \$2,367

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **ST. VINCENT DE PAUL VILLAGE, INC.** Employer identification number **33-0492302**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          |   | 13,012.  | FMV   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 23  | 966,892.   | FMV   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 25  | 726,225.   | FMV   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( DEBT FORGIVEN )                                   | X                          | 1   | 8,870,861.   | FMV   |
| 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** 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019



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

SCHEDULE M, LINE 32B:

DONATED STOCK WAS RECEIVED INTO A MERRILL LYNCH ACCOUNT. THE STOCKS

ARE GENERALLY SOLD AND HELD AS CASH UNTIL NEEDED FOR OPERATIONS OR

REINVESTED IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY.

**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARN FROM AND CHALLENGE OUR NEIGHBORS AND ONE ANOTHER.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EFFECTIVE JANUARY 1, 2019, THE VILLAGE RESTRUCTURED AND MOVED THE

RETAIL AND FUNDRAISING DIVISIONS TO S.V.D.P. MANAGEMENT, INC.,

(S.V.D.P. ), AN AFFILIATED ORGANIZATIONS WHICH DEVELOPS, MAINTAINS AND

LEASES PROPERTY, AND PROVIDES FUNDING AND SERVICES TO THE VILLAGE FOR

ITS OPERATING ACTIVITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCOME AND PERMANENT HOUSING; PERMANENT SUPPORTIVE HOUSING FOR PEOPLE

WITH A DISABILITY WHOSE HOMELESSNESS HAS BECOME A CHRONIC CONDITION;

AND AFFORDABLE HOUSING FOR THOSE WITH LOW TO MODERATE INCOMES. WE ALSO

PROVIDE HOUSING AND SUPPORTIVE SERVICES FOR PEOPLE LIVING WITH

HIV/AIDS. IN 2019, MORE THAN 1,200 PEOPLE SUCCESSFULLY MOVED INTO

PERMANENT HOUSING. IN 2019, NEARLY 4,000 PEOPLE (INCLUDING CLOSE TO 600

CHILDREN AND MORE THAN 1800 PEOPLE AGED 60+) LIVED IN OUR RESIDENTIAL

HOUSING PROGRAMS. WE SERVED NEARLY 1200 OF OUR NATION'S VETERANS

THROUGHOUT ALL OF OUR PROGRAMS. 91% OF CHILDREN ENROLLED IN THERAPEUTIC

CHILDCARE INCREASED THEIR ACADEMIC AND LIFE SKILLS AS A RESULT OF

PARTICIPATING IN THE PROGRAM. 94% OF THOSE WHO PARTICIPATED IN

EMPLOYMENT AND EDUCATION SERVICES GAINED SKILLS NEEDED TO GET AND KEEP

A JOB.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

|   |  |
|---|--|
| Name of the organization<br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br>33-0492302 |
|---|--|

OVER 800 INDIVIDUALS. OUR REHABILITATIVE DENTISTRY PROGRAM TRANSFORMS  
 OUR CLIENTS' LIVES BY PROVIDING DENTURES FOR THOSE WHO HAVE EXPERIENCED  
 EXTENSIVE TOOTH LOSS. BY RESTORING SMILES, WE ENHANCE BOTH FUNCTION AND  
 SELF-ESTEEM WHICH EMPOWERS THEM TO FIND EMPLOYMENT AND ACHIEVE STABLE  
 HOUSING.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HAS AN ADMINISTRATIVE SERVICES AGREEMENT WITH SVDP  
 MANAGEMENT, AN UNRELATED ORGANIZATION, TO PROVIDE ACCOUNTING, HUMAN  
 RESOURCES, INFORMATION TECHNOLOGY, AND OTHER ADMINISTRATIVE SERVICES AT  
 COST OR BELOW THE ACTUAL COST. THIS ALLOWS THE ORGANIZATION TO PROVIDE  
 MORE DIRECT SERVICES TO THOSE IN NEED. BECAUSE MANAGEMENT SERVICES ARE  
 PROVIDED BY THE ADMINISTRATIVE SERVICES AGREEMENT, NO OFFICER COMPENSATION  
 IS REPORTED ON PART IX OF THE FUNCTIONAL EXPENSE SCHEDULE.

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

A DRAFT OF THE FULL FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH ANY  
 CHANGES BEING MADE AS NECESSARY. THE UPDATED FORM 990 IS CIRCULATED TO ALL  
 BOARD MEMBERS PRIOR TO THE FINAL SUBMISSION.

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

THE ORGANIZATION MONITORS COMPLIANCE WITH THE POLICY BY HAVING EACH BOARD  
 MEMBER REVIEW AND ACCEPT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON  
 AN ANNUAL BASIS. THROUGHOUT THE YEAR, ANY MEMBER WHO HAS A POTENTIAL FOR  
 ANY TANGENTIAL CONFLICT IS EXCLUDED FROM VOTES TAKEN THAT ARE RELATED TO  
 THE CONFLICT. IN SOME SITUATIONS THEY ARE ASKED TO LEAVE THE ROOM DURING  
 DISCUSSION AND MAY BE EXCLUDED FROM DISTRIBUTED COMMUNICATION.

ADDITIONALLY, WHILE IT IS JUST A SMALL PART OF ANY POTENTIAL CONFLICT,

|   |  |
|---|--|
| Name of the organization<br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br>33-0492302 |
|---|--|

BOARD ROSTERS THAT ARE DISTRIBUTED TO THE BOARD AND KEY STAFF INCLUDE THE  
 WORK AFFILIATION OF THE MEMBER TO HELP IDENTIFY ANY INSTANCES WHERE THE  
 POTENTIAL FOR CONFLICT MAY BE PRESENT.

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

THE ORGANIZATION HAS AN ANNUAL REVIEW FOR EACH INDIVIDUAL. SALARY ACTIONS  
 ARE BASED ON THAT EVALUATION. THE HUMAN RESOURCE DEPARTMENT COLLECTS  
 INFORMATION TO DETERMINE THE SALARY RANGES OF COMPARABLE POSITIONS AND  
 PROVIDES THAT RESEARCH WHEN SALARY DELIBERATIONS ARE MADE. BOARD MEMBERS  
 ON THE COMPENSATION COMMITTEE WORK WITH THE DIRECTOR OF HUMAN RESOURCES TO  
 REVIEW AND MAKE RECOMMENDATIONS REGARDING THE COMPENSATION OF LEADERSHIP.

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

THE ORGANIZATION'S BYLAWS, CONFLICT OF INTEREST POLICY, FINANCIAL  
 STATEMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.  
 THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE  
 ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 151,969. |
| MANAGEMENT AND GENERAL EXPENSES | 450.     |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 152,419. |

CONTRACT SERVICES - UCSD:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 667,073. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |

|   |  |
|---|--|
| Name of the organization<br>ST. VINCENT DE PAUL VILLAGE, INC. | Employer identification number<br>33-0492302 |
|---|--|

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 667,073.

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 1,425,972.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 2,795,114.

TOTAL EXPENSES 4,221,086.

CONTRACT SERVICES IN-KIND:

PROGRAM SERVICE EXPENSES -152,572.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES -152,572.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,888,006.

FORM 990, PART IX, LINE 11A, COLUMN B

AN ADMINISTRATIVE SERVICES CONTRACT IS HELD BETWEEN S.V.D.P MANAGEMENT, INC. (ADMINISTRATOR) AND ST. VINCENT DE PAUL VILLAGE, INC. (CLIENT).

S.V.D.P MANAGEMENT, INC. IS CONTRACTED TO PROVIDE ADMINISTRATIVE SERVICES TO THE ORGANIZATION. THE TYPE OF ADMINISTRATIVE SERVICES

BEING PROVIDED ARE AS FOLLOWS: ACCOUNTING AND FINANCE; PAYROLL; HUMAN RESOURCE; INFORMATION TECHNOLOGY; GRANT WRITING; PURCHASING; AND OTHER

ADMINISTRATIVE SERVICES AS NEEDED AND/OR REQUESTED. S.V.D.P.

MANAGEMENT PROVIDES THESE SERVICES TO ST. VINCENT DE PAUL VILLAGE AT A RATE THAT IS AT OR BELOW THE ACTUAL COST OF PROVIDING THE SERVICES.

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

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

CHANGE IN VALUE OF RESTRICTED ASSETS 184,652.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 267,837.

TOTAL TO FORM 990, PART XI, LINE 9 452,489.