Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public ▶ Do not enter social security numbers on this form, as it may be made public. Inspection ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events a Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events line 6c) 7a Gross sales of inventory, less returns and allowances 5 Debut 1 Company (loss) from sales of inventory (subtract line 7b from line 7a) 7b Debut 1 Company (loss) from sales of inventory (subtract line 7b from line 7a) 7c Total revenue (describe in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Grants expenses (describe in Schedule O) 7d Grants expe	<u> </u>	or trie	2019 Calenda			09/30	, 20 20	
Number and street (or P.O. box if mail is not delivered to street address) Flat extent/reministed Pol Box 11997 Pol B	В	Check if ap	oplicable:	D Emp	oyer id	entification number		
Post province return Post province Post	=		-					
Float returnsterminated Anneoted return Float Returnsterminated Anneoted return Float Returnsterminated Anneoted returns Float Returnsterminated Anneoted returns Rurke, VA, 2209-1997 Float Returnster Float Returnster Rurke, VA, 2209-1997 Float Returnster			•	E Telep	hone n	umber		
Accounting Method: Cash Accrual Other (specify) Mumber	=			70	3-323-9402			
G Accounting Method:	=			F Group Exemption				
Website: ► Tax-exempt status (check only one)		Applicatio	n pending	Burke, VA, 22009-1997	Nun	nber 🕨	-	
Tax-exempt status (check only one)	G	Account	ting Method:	✓ Cash	H Check	▶ 🗸 i	f the organization is not	
K Form of organization: C Corporation Trust Association Other					required	to atta	ach Schedule B	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	J T	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 9	90, 990)-EZ, or 990-PF).	
Part II column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 81,82								
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 0 0 b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Cross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 c Less: direct expenses from gaming and fundraising events 6c 0 0 7c Coross also of inventory, less returns and allowances 6d 0 0 7a Gross sales of inventory, less returns and allowances 6d 0 0 7b 0 0 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5o, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 Other revenues, Add lines 1, 16, 2, 3, 4, 5o, 6d, 7c, and 8 15 Professional fees and other payments to independent contractors 15 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Other expenses (describe in Schedule O) 19 Total expenses. Add lines 10 through 16								
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received	(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		> \$	81,825	
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 3 3 3 3 4 Investment income 4 4 3 4 4 4 4 4 4 4	Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru	ctions	for Part I)	
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$0 of contributions from \$0 of contributions from fundraising events (not including \$0 of contributions from fundraising events (not including \$0 of contributions from \$0 of contributions from fundraising events (not including \$0 of contributions from \$0 of contributions from fundraising events (not including \$0 of contributions from \$0 of contributions from fundraising events (not including \$0 of contributions from \$0 of contributions from fundraising events (not including \$0 of contributions f			Check if	the organization used Schedule O to respond to any question in this Parl	tl			
3 Membership dues and assessments 3 4 1 1 1 1 1 1 1 1 1		1	Contribution	ons, gifts, grants, and similar amounts received		1	81,825	
Investment income		2	Program se	ervice revenue including government fees and contracts		2	0	
Sa Gross amount from sale of assets other than inventory Sa 0		3	Membersh	ip dues and assessments		3	0	
b Less: cost or other basis and sales expenses		4	Investment	income		4	0	
C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5a	Gross amo	unt from sale of assets other than inventory 5a	0			
C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		b	Less: cost	or other basis and sales expenses	0			
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 81,82 10 Grants and similar amounts paid (list in Schedule O) 10 88,81 11 Benefits paid to or for members 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 15 17 10 188,81		С				5c	0	
\$15,000)		6	Gaming an	d fundraising events:				
sum of such gross income and contributions exceeds \$15,000)		а	Gross inc	ome from gaming (attach Schedule G if greater than				
sum of such gross income and contributions exceeds \$15,000)	ī		\$15,000) .		0			
sum of such gross income and contributions exceeds \$15,000)	Ven	b	Gross inco	me from fundraising events (not including \$ 0 of contribution	ons			
sum of such gross income and contributions exceeds \$15,000)	Re		from fundr	aising events reported on line 1) (attach Schedule G if the				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			sum of suc	h gross income and contributions exceeds \$15,000) 6b	0			
line 6c) 7a Gross sales of inventory, less returns and allowances		С	Less: direc	t expenses from gaming and fundraising events 6c	0			
Ta Gross sales of inventory, less returns and allowances		d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract			
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Salaries of the compensation of the payments to the compensation of the payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Salaries of the payment of the payme			line 6c) .			6d	0	
C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7a	Gross sale	s of inventory, less returns and allowances	0			
8 Other revenue (describe in Schedule O)		b	Less: cost	of goods sold	0			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 81,82 10 Grants and similar amounts paid (list in Schedule O)		С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7с	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 81,82 10 Grants and similar amounts paid (list in Schedule O)		8	Other reve	nue (describe in Schedule O)	<u></u>	8	0	
Benefits paid to or for members		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	9	81,825	
Salaries, other compensation, and employee benefits		10	Grants and	I similar amounts paid (list in Schedule O)		10	88,818	
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 ▶ 18 Image: Trace of the field of the payment of the		11	•			11	0	
16 Other expenses (describe in Schedule O)	es	12	Salaries, o	ther compensation, and employee benefits		12	0	
16 Other expenses (describe in Schedule O)	SU	13	Profession	al fees and other payments to independent contractors		13	0	
16 Other expenses (describe in Schedule O)	g	14	Occupancy	/, rent, utilities, and maintenance		14	0	
17 Total expenses. Add lines 10 through 16	ũ	15				15	0	
17 Total expenses. Add lines 10 through 16		16	Other expe	enses (describe in Schedule O)	<u></u>	16	0	
40 Evenes or (definit) for the year (quityrest line 17 from line 0)	_	17	Total expe	enses. Add lines 10 through 16	🕨	17	88,818	
T 40 N	S	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18	-6,993	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	set	19		or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with			
end-of-year figure reported on prior year's return)	Net Assets		•	, ,		19	12,883	
20 Other changes in net assets or fund balances (explain in Schedule O)		20	Other char	ges in net assets or fund balances (explain in Schedule O)	<u></u>	20	0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21				21	5,890	

Form 990-EZ (2019) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 12,883 22 22 Cash, savings, and investments 5,890 23 0 23 Land and buildings 0 Other assets (describe in Schedule O) . . 24 0 24 0 12,883 25 25 5,890 26 Total liabilities (describe in Schedule O) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 12.883 27 5.890 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provide rent, utility, food and miscellaneous support (e.g., payment of medical/dental bills; funeral expenses, acquisition of tools, etc.). 648 individuals/families were assisted during the reporting period. We are an all volunteer organization. (Grants \$ 28a 88,818) If this amount includes foreign grants, check here 0 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here . . . 31a 0 32 0 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Richard B Chobot 25.00 0 0 0 **President** Barbara Horn 25.00 0 0 0 Vice President 0 0 **Thomas Choman** 10.00 0 Secretary Marie Cullerton 20.00 0 0 **Treasurer**

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ~ Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 1 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ... 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: o ; section 4912 ► section 4911 ▶ o ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ► Robert Boehme 703-425-5305 Telephone no. ▶ Located at ► PO Box 11997, Burke, VA 22009-1997 ZIP + 4 ▶ 22009-1997 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
to candidates for public office? If "Yes," complete Schedule C, Part I			
Part VI Section 501(c)(3) Organizations Only			~
50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	bles f	or line	es
Official interreganization used deficulte of to respond to any question in this rant vi	· ·	Yes	No
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		~
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, employees) who each received more than \$100,000 of compensation from the organization. If there is none, en 			
	Estimate ther con		
None			
f Total number of other employees paid over \$100,000	nevived.	more	thar
\$100,000 of compensation from the organization. If there is none, enter "None."			па
(a) Name and business address of each independent contractor (b) Type of service (c) Con	pensati	on	
None			
d Tatal surple as of other independent as structure as it was a first as a 200 000			
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	⊻ Yes	; [] [No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	dge and	belief,	it is
Sign Signature of officer Date Here Richard Chobot, President			
Type or print name and title Print/Type preparer's name Preparer's signature Date	PTIN		
Print/Type preparer's name Preparer's signature Date Check if self-employed	ı IIIN		
Use Only Firm's name ► Firm's EIN ►			
Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? See instructions	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	IETY OF ST VINCENT DE PAUL HOL					82-26			
Pa							ns.		
The	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		,			, ,			
3	A hospital or a cooperative ho								
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 stat		- 11						
5	section 170(b)(1)(A)(iv). (Com	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 i			,					
9	An agricultural research organ or university or a non-land-gra university:	int college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10	An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contril	outions, membership	o fees, and gross		
	receipts from activities related support from gross investmen	to its exempt in t income and uni	related business taxa	ertain ext ble incon	ceptions, ne (less se	and (2) no more that ection 511 tax) from	businesses		
	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)			
11	An organization organized and	•		-					
12	An organization organized and								
	of one or more publicly support								
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •		•	•	• •		
а	_ ;;								
	the supported organization supporting organization. Y					ne airectors or trust	ees of the		
L	_ ,, ,	-	•				(-) hhi		
b	Type II. A supporting orga control or management of								
	organization(s). You must				persons	that control of man	age the supported		
С		-	•		onnection	n with, and functiona	ally integrated with.		
Ŭ	its supported organization						,g.a.a.		
d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)		
	that is not functionally inte								
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
е	☐ Check this box if the organ	nization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III		
	functionally integrated, or								
f	Enter the number of supported of	organizations .							
g	Provide the following information	n about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
									
(D)									
/E\									
(E)									
Toto									

18

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) ▶ **(b)** 2016 (a) 2015 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0 0 48,275 46,657 81,825 176,757 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 0 0 48,275 46,657 81,825 176,757 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 **Public support.** Subtract line 5 from line 4 176.757 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 0 0 48,275 46,657 81,825 176,757 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 176,757 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2018 Schedule A, Part II, line 14 15 % 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support			, ,	1	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support			I	ı		
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	J	•			ear as a sectio	. , . ,
Secti	on C. Computation of Public Suppor					<u> </u>	
15	Public support percentage for 2019 (line 8			13. column (f))		15	%
16	Public support percentage from 2018 Sch						<u>%</u>
	on D. Computation of Investment Inc	come Perce	ntage		<u>-</u>	<u> </u>	,,
17	Investment income percentage for 2019 (I			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2018			•	. ,,		%
19a	331/3% support tests—2019. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2018. If the organiz	_	_	-		=	_
	line 18 is not more than 331/3%, check this k						
20	Private foundation. If the organization die	_	=		-		_

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

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

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).		struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C-Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	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 O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

SOCIETY OF ST VINCENT DE PAUL HOLY SPIRIT CONFERENCE	82-2611838
Form 990-EZ, Part I, Line 10 - Assistance to individuals for rent, utilities, food and other miscellaneous ex	penses.
Form 990-EZ, Part V, Line 34 - Bylaws of the Holy Spirit Conference were updated to bring them into confo	ormity with the Society's National
Council.	
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Schedule O, Statement 1

SOCIETY OF ST VINCENT DE PAUL HOLY SPIRIT CONFERENCE

Form: **Form 990-EZ (2019)**Page: 1

Header Section

Reasonable Cause Explanations

Explanation

Our Conference was founded in late 2017 and became operational in February 2018. During the period from becoming operational to present (9-1-21) we have had three treasurers. None have been finance or accounting professionals. In the first two filing years (2017 and 2018) we were able to file postcard returns. The individual who assumed the position during the current filing year did not understand that filing the 990 was part of her responsibilities and the matter slipped. We became aware of the error when we recently received the late filing form. Given our mission and our budget we do not have the funds to allow the use of professional preparers. Now that we have experienced this incident we will not miss future filing dates.

Schedule O, Statement 2

SOCIETY OF ST VINCENT DE PAUL HOLY SPIRIT CONFERENCE

Form: Form 990-EZ (2019) EIN: 82-2611838

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The Holy Spirit Conference is part of the Society of St. Vincent de Paul, an international organization dedicated to assisting the poor and those in need. Our Conference provides material assistance and support for basic needs to those who reside within our service boundaries in Fairfax County, Virginia