Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 150527

City or town, state or province, country, and ZIP or foreign postal code
SAN RAFAEL, CA 94915

F Name and address of principal officer: CHRISTINE C. PAQUETTE
SAME AS C ABOVE

D Employer identification number
94-1207701

E Telephone number
(415)454-3303

G Gross receipts $ 7,447,319.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTPS://WWW.VINNIES.ORG/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1967 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE BELIEVE THAT EVERYONE NEEDS FOOD, SHELTER, DIGNITY AND A CHANCE FOR A BETTER LIFE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,548,444.	6,173,759.
9	Program service revenue (Part VIII, line 2g)	436,617.	453,003.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,459.	330,353.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,374.	7,335.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,205,894.	6,964,450.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,494,689.	2,484,659.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,811,340.	2,024,663.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	66,695.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 486,666.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,848.	1,223,653.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,441,572.	5,732,975.
19	Revenue less expenses. Subtract line 18 from line 12	-235,678.	1,231,475.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,767,507.	10,596,777.
21	Total liabilities (Part X, line 26)	280,146.	1,014,966.
22	Net assets or fund balances. Subtract line 21 from line 20	8,487,361.	9,581,811.

Part II Signature Block

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

Sign Here

▶ Christine C. Paquette
Signature of officer — Date

▶ CHRISTINE C. PAQUETTE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TRACY TEALE	TRACY TEALE	10/11/21	☐	P01290862

Firm's name ▶ RINA ACCOUNTANCY LLP — Firm's EIN ▶ 84-1980623

Firm's address ▶ 150 POST STREET, STE 200
SAN FRANCISCO, CA 94108 — Phone no. (415)777-4488

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
BECAUSE WE BELIEVE IN THE DIGNITY OF ALL PEOPLE, THE ST. VINCENT DE PAUL SOCIETY OF MARIN OFFERS COMPASSIONATE, INDIVIDUALIZED ASSISTANCE TO HELP OUR NEEDIEST NEIGHBORS OBTAIN NUTRITIOUS FOOD, AFFORDABLE HOUSING, MEANINGFUL EMPLOYMENT AND A VOICE IN THEIR OWN COMMUNITY.

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

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

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

4a (Code:) (Expenses $ 2,014,908. including grants of $ 433,074.) (Revenue $ 456,753.)
HOMELESS OUTREACH THE MARIN HOMELESS OUTREACH TEAM (HOT) IS A COLLABORATIVE EFFORT OF LOCAL PUBLIC AND NONPROFIT ENTITIES DESIGNED TO BRIDGE THE SYSTEM GAPS AND ASSIST THOSE IN GREATEST NEED TO ACCESS PERMANENT HOUSING. USING NATIONAL BEST PRACTICES, HOT FOCUSES AT ANY GIVEN TIME ON A SMALL NUMBER OF PEOPLE EXPERIENCING CHRONIC HOMELESSNESS AND CRAFTS A PERSONALIZED HOUSING PLAN FOR EACH. PLANS MAY INCLUDE ACCESS TO BEHAVIORAL HEALTH TREATMENT, RE-ENGAGEMENT WITH FAMILY, OR WRAPAROUND CASE MANAGEMENT, ALL WITH THE GOAL OF PLACING THAT PERSON AS QUICKLY AS POSSIBLE IN PERMANENT HOUSING APPROPRIATE FOR THEIR NEEDS.

4b (Code:) (Expenses $ 1,400,272. including grants of $ 680,756.) (Revenue $)
FREE DINING ROOM - THE FREE DINING ROOM WAS CREATED IN 1981 TO SERVE MARIN COUNTY'S HUNGRY CITIZENS NUTRITIOUS, WELL-BALANCED MEALS IN A WELCOMING ATMOSPHERE. THE FREE DINING ROOM HAS SERVED MORE THAN 2 MILLION MEALS SINCE THEN, OFTEN PROVIDING THE ONLY SUSTENANCE OF THE DAY FOR THOSE WHO EAT THERE. MANY DINERS ARE MARIN'S "WORKING POOR," STRUGGLING TO STAY HOUSED, LIVING IN POVERTY AND TRYING TO MAKE ENDS MEET. THE DINING ROOM SERVES SENIOR CITIZENS, VETERANS, AND PEOPLE WITH DISABILITIES, BOTH HOMELESS AND HOUSED IN THE COMMUNITY. THE DINING ROOM CURRENTLY SERVES OVER 200,000 MEALS ANNUALLY.

4c (Code:) (Expenses $ 1,388,508. including grants of $ 1,370,829.) (Revenue $)
CONFERENCES - IN MOST CATHOLIC PARISHES WITHIN MARIN COUNTY, SMALL GROUPS OF MEN AND WOMEN ORGANIZE LOCAL VOLUNTEER EFFORTS TO ASSIST NEIGHBORS IN NEED. THESE GROUPS, KNOWN AS CONFERENCES, PROVIDE HELP TO PEOPLE OF ALL FAITHS AND BACKGROUNDS, PREVENTING EVICTION AND HOMELESSNESS BY ADDRESSING FINANCIAL CRISES ON A CASE BY CASE BASIS.. SOME OF THE SERVICES OFFERED INCLUDE EMERGENCY FINANCIAL ASSISTANCE FOR UTILITIES AND RENT, FOOD PANTRIES, OVERNIGHT SHELTER VOUCHERS, AND ASSISTANCE WITH OBTAINING CLOTHING AND FURNITURE. WHILE NOT SOCIAL WORKERS, VOLUNTEERS ALSO PROVIDE SOLACE AND COMFORT FOR PEOPLE AT RISK OF ISOLATION AND DEPRESSION.

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

4e Total program service expenses ▶ 4,803,688.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		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?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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 ▶

AIMEE LITTLE - (415)454-3303

820 B STREET, SAN RAFAEL, CA 94901

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD O. GALLAGHER BOARD PRESIDENT	16.00	X		X				0.	0.	0.
(2) HERB FOEDISCH VICE-PRESIDENT	8.00	X		X				0.	0.	0.
(3) MIKE BROMHAM SECRETARY	8.00	X		X				0.	0.	0.
(4) MIKE PAUTLER TREASURER	8.00	X		X				0.	0.	0.
(5) JOVITA ADDEO CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(6) ROGER CASSIDY BOARD MEMBER	6.00	X						0.	0.	0.
(7) RUTH ANN CAWLEY CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(8) RANDY CHAPMAN BOARD MEMBER	6.00	X						0.	0.	0.
(9) SUSAN E. DANILOFF BOARD MEMBER	6.00	X						0.	0.	0.
(10) DUANE GECK BOARD MEMBER	6.00	X						0.	0.	0.
(11) JOHN HALAPOFF CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(12) WILLY LUKACH BOARD MEMBER	6.00	X						0.	0.	0.
(13) JOHN MAHONEY CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(14) MARJIE MOHROR & BOB MOODY CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(15) CATHERINE PLOCKI CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(16) BOB PUETT CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(17) KATHLEEN ROBERTSON BOARD MEMBER	6.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILL SANCHEZ CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(19) SUZANNE B. SWIFT BOARD MEMBER	6.00	X						0.	0.	0.
(20) LINDA WOODRUM CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(21) JOHN ZEITER CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(22) PHIL FANT CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(23) LIBBY CARRA CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(24) JANET BROWN CONFERENCE PRESIDENT	6.00	X						0.	0.	0.
(25) CHRISTINE PAQUETTE EXECUTIVE DIRECTOR	40.00			X				166,481.	0.	27,398.
1b Subtotal ▶								166,481.	0.	27,398.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								166,481.	0.	27,398.

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 ▶ 1

		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*	3		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*	4	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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KEITH TADDER CONSTRUCTION PO BOX 151683, SAN RAFAEL, CA 94915	CONSTRUCTION	142,776.
NONPROFIT INTELLIGENCE PARTNERS, LLC NONPR 900 LIBERTY STREET, EL CERRITO, CA 94530	ACCOUNTING SERVICES	119,600.

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 ▶ 2

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	264,401.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,909,358.				
	g Noncash contributions included in lines 1a-1f	1g	$ 760,918.				
	h **Total.** Add lines 1a-1f			6,173,759.			
Program Service Revenue		Business Code					
	2a RENTAL OF LOW INCOME H	531110		453,003.	453,003.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			453,003.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			75,391.			75,391.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	736,331.	1,500.				
	b Less: cost or other basis and sales expenses 7b	482,869.	0.				
	c Gain or (loss) 7c	253,462.	1,500.				
	d Net gain or (loss)			254,962.			254,962.
	8a Gross income from fundraising events (not including $ 264,401. of contributions reported on line 1c). See Part IV, line 18 8a	0.					
	b Less: direct expenses 8b	0.					
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a COLLECTION RIGHTS INCO	453310		3,750.	3,750.		
	b MISC	900099		3,585.			3,585.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			7,335.			
	12 **Total revenue.** See instructions			6,964,450.	456,753.	0.	333,938.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,484,659.	2,484,659.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,408.	110,045.	45,852.	27,511.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,456,846.	1,240,971.	59,390.	156,485.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,384.	16,029.	1,193.	2,162.
9 Other employee benefits	237,283.	202,123.	9,673.	25,487.
10 Payroll taxes	127,742.	105,108.	8,457.	14,177.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,541.	2,815.	7,726.	
c Accounting	159,373.	16,000.	143,373.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,666.		7,666.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	192,988.	30,849.	60,925.	101,214.
12 Advertising and promotion				
13 Office expenses	107,894.	10,513.	6,964.	90,417.
14 Information technology	49,733.	29,269.	14,236.	6,228.
15 Royalties				
16 Occupancy	113,198.	101,858.	11,340.	
17 Travel	4,214.	3,292.	290.	632.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,712.	941.	683.	88.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,491.	203,502.	25,989.	
23 Insurance	52,664.	44,430.	5,601.	2,633.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES, LICENSES & FEES	90,803.	68,592.	1,852.	20,359.
b MISCELLANEOUS EXP	78,391.	34,833.	8,361.	35,197.
c SECURITY	64,563.	64,563.		
d SUPPLIES	60,422.	33,296.	23,050.	4,076.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,732,975.	4,803,688.	442,621.	486,666.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		711,609.	1	1,815,056.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		269,636.	3	329,512.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		36,745.	9	29,620.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,292,450.			
	b	Less: accumulated depreciation	10b 1,841,898.	4,564,307.	10c	4,450,552.
	11	Investments - publicly traded securities		3,160,673.	11	3,531,630.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		1,988.	14	
	15	Other assets. See Part IV, line 11		22,549.	15	440,407.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		8,767,507.	16	10,596,777.
Liabilities	17	Accounts payable and accrued expenses		219,518.	17	217,335.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		18,862.	23	19,984.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		41,766.	25	777,647.
	26	**Total liabilities.** Add lines 17 through 25		280,146.	26	1,014,966.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,849,635.	27	8,681,205.
	28	Net assets with donor restrictions		637,726.	28	900,606.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		8,487,361.	32	9,581,811.
	33	Total liabilities and net assets/fund balances		8,767,507.	33	10,596,777.

Form **990** (2019)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,964,450.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,732,975.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,231,475.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,487,361.
5	Net unrealized gains (losses) on investments	5	-137,024.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,581,812.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY	94-1207701

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar 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.")	3,437,308.	4,118,219.	4,357,001.	4,548,444.	5,872,639.	22,333,611.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,437,308.	4,118,219.	4,357,001.	4,548,444.	5,872,639.	22,333,611.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						22,333,611.

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	3,437,308.	4,118,219.	4,357,001.	4,548,444.	5,872,639.	22,333,611.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,650.	214,479.	550,597.	436,617.	456,588.	1,713,931.
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.)	18,490.	23,970.	12,750.	9,000.	3,750.	67,960.
11 **Total support.** Add lines 7 through 10						24,115,502.

12 Gross receipts from related activities, etc. (see instructions) ▶ 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.61 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	93.72 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 organization ▶ ☐

b **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 supported organization ▶ ☐

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

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	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 (b) and (c) below.*	3a		
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		
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.*	3c		
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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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		
c	**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		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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 IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

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

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**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: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

PART II SECTION B LINE 10

OTHER INCOME INCLUDES AN ANNUAL FEE COLLECTED BY ST. VINCENT DE PAUL OF MARIN COUNTY (MARIN) FROM ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY (SONOMA). IN EXCHANGE FOR THE FEE, MARIN HAS GRANTED SONOMA THE RIGHT TO COLLECT THRIFT STORE DONATIONS IN MARIN COUNTY.

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 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number
94-1207701

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
ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number
94-1207701

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALFRED PETROFSKY 245 NOVA ALBION WAY # A-24 SAN RAFAEL, CA 94903-3539	$ 252,080.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING STE 200 NOVATO, CA 94949-8263	$ 200,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	THE ESTATE OF MARY J. HAMMONS 1812 NE 80TH PL KANSAS CITY, MO 64118	$ 182,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number
94-1207701

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK	$ 247,080.	09/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization

ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number

94-1207701

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number: 94-1207701

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c 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	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		225,000.		225,000.
b Buildings		5,565,445.	1,513,101.	4,052,344.
c Leasehold improvements				
d Equipment		502,005.	328,797.	173,208.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				4,450,552.

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)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	44,251.
(3) SBA PPP LOAN	314,250.
(4) BENEFICIAL INTEREST HELD FOR	
(5) OTHERS	419,146.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	777,647.

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.

1	Total revenue, gains, and other support per audited financial statements			1	6,819,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-137,024.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	-137,024.
3	Subtract line 2e from line 1			3	6,956,783.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,666.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	7,666.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	6,964,449.

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

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

1	Total expenses and losses per audited financial statements			1	5,725,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,725,309.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,666.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	7,666.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	5,732,975.

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number: 94-1207701

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

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

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

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? [X] 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? Yes	(iii) No	(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
Total ▶						

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 PENNIES FROM HEAVEN (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	264,401.			264,401.
	2 Less: Contributions	264,401.			264,401.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: CA

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 ▶ AIMEE LITTLE

Address ▶ PO BOX 150527 - SAN RAFAEL, CA 94915

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 ▶ CHRISTINE PAQUETTE

Gaming manager compensation ▶ $ _____

Description of services provided ▶ EXECUTIVE OVERSIGHT

☒ 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.

Part IV **Supplemental Information** *(continued)*

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number 94-1207701

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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
EMERGENCY ASSISTANCE TO THE NEEDY	15000	1,760,460.	724,199.	BOOK	FOOD, CLOTHING, FURNITURE

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

PART III LINE 2

DIRECT ASSISTANCE TO THE NEEDY OF MARIN COUNTY IS ONE OF ST. VINCENT PAUL'S (SVDP) LARGEST PROGRAMS. AID IS PRIMARILY GIVEN THROUGH SVDP'S CONFERENCES. CONFERENCE ASSISTANCE PROGRAMS PROVIDE RENT AND UTILITY PAYMENTS, FOOD, AND TRANSPORTATION ASSISTANCE, AND OTHER BASIC HUMAN NEEDS THROUGH HOME VISITS AND INTERVIEWS CONDUCTED BY VINCENTIANS THOUGHOUT ALL OF MARIN COUNTY CALLS FOR ASSISTANCE ARE RECEIVED THROUGH A CENTRAL HELPLINE AND FROM COLLABORATING COUNTY SERVICE AGENCIES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number: 94-1207701

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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) CHRISTINE PAQUETTE	(i)	166,481.	0.	0.	6,675.	20,723.	193,879.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number: 94-1207701

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		62,465.	ESTIMATED FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	237,406.	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		661,734.	ESTIMATED FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
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		
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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.			

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 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 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number: 94-1207701

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

MEMBERS - THE SOCIETY HAS MEMBERS.

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

MEMBER RIGHTS - THE SOCIETY HAS MEMBERS WHO HAVE THE AUTHORITY TO ELECT DIRECTORS OF THE GOVERNING BOARD. HOWEVER, DECISIONS OF THE GOVERNING BOARD ARE NOT SUBJECT TO THE APPROVAL OF THE SOCIETY'S MEMBERS.

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

FORM 990 REVIEW- AFTER THE SOCIETY'S CPA PREPARES THE FORM 990, IT IS REVIEWED BY MANAGEMENT FOR ACCURACY AND COMPLETENESS. IT IS THEN EMAILED TO THE ENTIRE BOARD PRIOR TO FILING.

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

CONFLICT OF INTEREST POLICY- ALL BOARD MEMBERS COMPLETE A FORM REGARDING CONFLICT OF INTEREST POLICY ANNUALLY.

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

EXECUTIVE COMPENSATION - THE SOCIETY USES DATA FROM A NORTHERN CALIFORNIA NONPROFIT SALARY SURVEY TO DETERMINE WAGES.

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

COMPENSATION OF OTHERS - OTHER THAN ITS EXECUTIVE DIRECTOR, THE SOCIETY DOES NOT CURRENTLY HAVE ANY EMPLOYEES WHO MEET THE IRS' DEFINITION OF OFFICER OR KEY EMPLOYEE

Name of the organization ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

Employer identification number 94-1207701

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

DISCLOSURE - THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

September 30, 2020

Prepared for	St. Vincent de Paul Society, Dist Council of Marin Cty P.O. Box 150527 San Rafael, CA 94915
Prepared by	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
To be signed and dated by	Not Applicable
Amount of tax	Total tax $ 0.00 Less: payments and credits $ 0.00 Plus: other amount $ 0.00 Plus: interest and penalties $ 0.00 No pmt required $
Overpayment	Credited to your estimated tax $ 0.00 Other amount $ 0.00 Refunded to you $ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

TAXABLE YEAR **2019**

California Exempt Organization Annual Information Return

928941 12-04-19
FORM **199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 10/01/2019 , and ending (mm/dd/yyyy) 09/30/2020 .

Corporation/Organization name
ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY

California corporation number
0529665

Additional information. See instructions.

FEIN
94-1207701

Street address (suite or room)
P.O. BOX 150527

PMB no.

City
SAN RAFAEL

State
CA

ZIP code
94915

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return ..... ☐ Yes ☒ No
B Amended Return ..... ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No
D Final Information Return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No
H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	1,273,560 00
	2	Gross dues and assessments from members and affiliates ●		2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●		3	6,173,759 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than $50,000, see General Information B STMT 2 ●		4	7,447,319 00
	5	Cost of goods sold ●	5 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6 482,869 00		
	7	Total costs. Add line 5 and line 6		7	482,869 00
	8	Total gross income. Subtract line 7 from line 4 ●		8	6,964,450 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	5,732,975 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	1,231,475 00
Filing Fee	11	Total payments ●		11	00
	12	Use tax. See General Information K ●		12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14	00
	15	Filing fee $10 or $25. See General Information F		15	N/A 00
	16	Penalties and Interest. See General Information J		16	00
	17	**Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result ◉		17	00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title EXECUTIVE DIRE | Date | ● Telephone (415)454-3303

Paid Preparer's Use Only

Preparer's signature ▶ TRACY TEALE | Date 10/11/21 | Check if self-employed ▶ ☐ | ● PTIN P01290862

Firm's name (or yours, if self-employed) and address ▶ RINA ACCOUNTANCY LLP
150 POST STREET, STE 200
SAN FRANCISCO, CA 94108

● Firm's FEIN 84-1980623

● Telephone (415)777-4488

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

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

928951 12-04-19

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3	75,391	00
Receipts from Other Sources	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	6	737,831	00
	7	Other income SEE STATEMENT 4	7	460,338	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,273,560	00
	9	Contributions, gifts, grants, and similar amounts paid	9	2,484,659	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	11	183,408	00
	12	Other salaries and wages	12	1,456,846	00
Expenses and Disburse-ments	13	Interest	13		00
	14	Taxes	14	127,742	00
	15	Rents	15	113,198	00
	16	Depreciation and depletion (See instructions)	16	229,491	00
	17	Other Expenses and Disbursements SEE STATEMENT 6	17	1,137,631	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	5,732,975	00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		711,609		1,815,056
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock		3,160,673		3,531,630
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	5,957,202		6,067,450	
b Less accumulated depreciation	(1,617,895	4,339,307	(1,841,898)	4,225,552
11 Land		225,000		225,000
12 Other assets STMT 7		330,918		799,539
13 **Total assets**		8,767,507		10,596,777
Liabilities and net worth				
14 Accounts payable		219,518		217,335
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		18,862		19,984
18 Other liabilities STMT 8		41,766		777,647
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		8,487,361		9,581,811
22 **Total liabilities and net worth**		8,767,507		10,596,777

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	1,231,475	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return. Subtract line 9 from line 6	1,231,475
5 Expenses recorded on books this year not deducted in this return			
6 Total. Add line 1 through line 5	1,231,475		

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ANDREA FEGLEY	214 CHAPMAN DR CORTE MADERA, CA 94925-1507	09/30/20	5,600.
ANONYMOUS	PO BOX 150527 SAN RAFAEL, CA 94915	09/30/20	5,000.
BARBARA MCCULLOUGH	501 VIA CASITAS APT 424 GREENBRAE, CA 94904-1947	09/30/20	10,000.
BOBBY SARNOFF	168 HOMESTEAD BLVD MILL VALLEY, CA 94941-4415	09/30/20	12,720.
BONO BROTHERS MEMORIAL	PO BOX 20160 LONG BEACH, CA 90801	09/30/20	10,000.
BRIAN MCGUINN	47 TOMAHAWK DRIVE SAN ANSELMO, CA 94960-1664	09/30/20	10,000.
CENTER FOR VOLUNTEER AND NON PROFIT LEADERSHIP	555 NORTHGATE DR STE 200 SAN RAFAEL, CA 94903-3696	09/30/20	5,000.
CHARLES AND NANCY MCQUILKIN	178 SYCAMORE AVE MILL VALLEY, CA 94941-2808	09/30/20	5,000.
CLARA-BELLE L. HAMILTON CORE TRUST/SFF	1 EMBARCADERO CTR STE 1400 SAN FRANCISCO, CA 94111-3703	09/30/20	6,662.
DANDELION FOUNDATION	145 CORTE MADERA TOWN CTR # 515 CORTE MADERA, CA 94925-1209	09/30/20	15,000.
DAVID AND PATRICIA GRUBB	33 VAN RIPPER CT SAN ANSELMO, CA 94960-1030	09/30/20	7,500.
DAVID AND SUZANNE WARNER	100 IRON SPRINGS RD FAIRFAX, CA 94930-1400	09/30/20	5,000.
DENNIS FISCO AND PAMELA POLITE-FISCO	400 HILLSIDE AVE MILL VALLEY, CA 94941-1151	09/30/20	10,000.
ERIC R. SHAPIRO	336 BON AIR CTR # 353 GREENBRAE, CA 94904-3017	09/30/20	5,000.
ESTATE OF TOM SULLIVAN	PO BOX 150527 SAN RAFAEL, CA 94915	09/30/20	15,050.

FOSTER AND MARGARET COPE	11 LONGVIEW AVE SAN ANSELMO, CA 94960-2325	09/30/20	10,000.
GEORGE AND MARGIE BARRY	39 PASEO MIRASOL BELVEDERE TIBURON, CA 94920-2020	09/30/20	10,000.
GINNIE AND PETER HAAS JR. FUND	26 SIXTH STREET PETALUMA, CA 94952	09/30/20	45,000.
GLEASON RESTATED TRUST	PO BOX 922 NOVATO, CA 94948	09/30/20	83,444.
GREG AND JEAN FIDLER	1015 VIA ESCONDIDA NOVATO, CA 94949-5931	09/30/20	5,000.
HARBOR POINT CHARITABLE FOUNDATION	475 E. STRAWBERRY DRIVE MILL VALLEY, CA 94941-3262	09/30/20	25,000.
HECTOR LOPEZ AND AMY LOVELACE	80 GEORGE LANE SAUSALITO, CA 94965-1890	09/30/20	5,000.
HERB AND JOAN FOEDISCH	111 JAMAICA STREET TIBURON, CA 94920-1008	09/30/20	5,000.
HOBSON/LUCAS FAMILY FOUNDATION	PO BOX 2009 SAN RAFAEL, CA 94912-2009	09/30/20	5,000.
JANET L. MILLS	P.O. BOX 6657 SAN RAFAEL, CA 94903-0657	09/30/20	5,000.
JAY PRITZKER FOUNDATION	PO BOX 5327 LARKSPUR, CA 94977-5327	09/30/20	25,000.
JEAN MARIE HALEY DARLING TTEE	5 NOGALES COURT NOVATO, CA 94947	09/30/20	25,000.
JEANNE AND BILL CAHILL	PO BOX 440 ROSS, CA 94957-0440	09/30/20	10,000.
JIM AND TONI WILSON	9 SAGEBRUSH COURT SAN RAFAEL, CA 94901-1591	09/30/20	5,000.
JOLSON FAMILY FOUNDATION	600 MONTGOMERY ST STE 1100 SAN FRANCISCO, CA 94111-2713	09/30/20	30,000.
JOSEPH GIRAUDO	2300 BRIDGEWAY SAUSALITO, CA 94965-1767	09/30/20	15,000.
JOSEPH PATRICK FITZGERALD	1615 SAN ANSELMO AVENUE SAN ANSELMO, CA 94960-1819	09/30/20	5,000.
KAREN GRAY	28 ARCANGEL WAY SAN RAFAEL, CA 94903	09/30/20	10,000.
KATHY GRADY	239 POPLAR DR KENTFIELD, CA 94904-1055	09/30/20	10,000.

KEN AND JEANNIE PERRY	46 ROCK ROAD GREENBRAE, CA 94904-2645	09/30/20	10,000.
KNIGHTS OF COLUMBUS	167 TUNSTEAD AVE SAN ANSELMO, CA 94960-2616	09/30/20	5,000.
LENORE HEFFERNAN	PO BOX 1742 ROSS, CA 94957-1742	09/30/20	10,000.
MACAN EQUITIES, INC.	4900 HOPYARD RD STE 100 PLEASANTON, CA 94588-7101	09/30/20	5,000.
MARCO A. VIDAL FUND	5 HAMILTON LANDING STE 200 NOVATO, CA 94949-8263	09/30/20	5,630.
MARIA V. PELLETIER	22 SKYLINE RD SAN ANSELMO, CA 94960-1513	09/30/20	5,000.
MARIN AIRPORTER	8 LOVELL AVE SAN RAFAEL, CA 94901-3921	09/30/20	5,000.
MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING STE 200 NOVATO, CA 94949-8263	09/30/20	200,000.
MARK VICTOR. O'LEARY CHARITABLE FUND	5700 DARROW ROAD, SUITE 118, HUDSON, OH 44236	09/30/20	10,000.
MARY ESCALLE	20 MIDHILL DR MILL VALLEY, CA 94941-1420	09/30/20	7,500.
MARY MILLS	369B 3RD ST. #406 SAN RAFAEL, CA 94901-3581	09/30/20	5,000.
MICHAEL AND ELIZABETH SMYLIE	45 RHINESTONE TER SAN RAFAEL, CA 94903-1349	09/30/20	5,000.
MIRIAM CONNAUGHTON AND MILTON KYPRIADIS	14 GREAT CIRCLE DR MILL VALLEY, CA 94941-3207	09/30/20	10,000.
PAUL AND HELEN O'LEARY	600 DEER VALLEY RD APT 1E SAN RAFAEL, CA 94903-5517	09/30/20	10,000.
PETER AND VERONIQUE SIGGINS	170 SEA VIEW DR SAN RAFAEL, CA 94901-2350	09/30/20	5,000.
PETER STRAGNOLA REVOCABLE TRUST	132 PALM AVE SAN RAFAEL, CA 94901-2223	09/30/20	5,468.
PM JEANNIE AND SANDRO SANGIACOMO AND FAMILY	P.O. BOX 150527 SAN RAFAEL, CA 94915	09/30/20	10,000.
RANDALL CHAPMAN AND MIMI WATSON	17 WOOD COURT SAN ANSELMO, CA 94960-1466	09/30/20	5,000.

REX WOLF	29 WOOD LANE FAIRFAX, CA 94930-2015	09/30/20	10,000.
RICHARD AND JEAN GALLAGHER	1 SILVER PINE TERRACE SAN RAFAEL, CA 94903-7000	09/30/20	15,100.
RICHARD MANI	221 JAMAICA STREET BELVEDERE TIBURON, CA 94920-1010	09/30/20	100,000.
RICHARD T. TARRANT	517 SAN PEDRO CV SAN RAFAEL, CA 94901-2478	09/30/20	5,000.
ROBERT KALISKI AND LINDA NELSON	4430 LINDA VISTA AVE NAPA, CA 94558-2589	09/30/20	25,000.
RONALD MEZZETTA	1201 E MACARTHUR ST SONOMA, CA 95476-3836	09/30/20	10,000.
ROSE CREEK FUND	5 HAMILTON LANDING STE 200 NOVATO, CA 94949-8263	09/30/20	5,000.
ROSE ROVEN	80 MOUNT TIBURON ROAD TIBURON, CA 94920-1512	09/30/20	5,000.
SAUL ZAENTZ CHARITABLE FOUNDATION	2700 PATRIOT BLVD GLENVIEW, IL 60026-8021	09/30/20	50,000.
SIOBHAN SCANLON AND SAMIR RAMJI	1080 BUTTERFIELD RD SAN ANSELMO, CA 94960-1148	09/30/20	10,000.
ST. RITA'S SVDP CONFERENCE	100 MARINDA DR FAIRFAX, CA 94930-1105	09/30/20	13,900.
STEPHEN D. O'LEARY FUND	PO BOX 150527 SAN RAFAEL, CA 94915	09/30/20	20,000.
TAMALPAIS PACIFIC	135 PORTO MARINO DR. TIBURON, CA 94920	09/30/20	5,000.
TERRANCE G. HODEL	616 BISCAYNE DRIVE SAN RAFAEL, CA 94901-8323	09/30/20	30,000.
THE ESTATE OF JAMES W. HENDERSON	7140 LYNHOLLEN WAY SACRAMENTO, CA 95831-3029	09/30/20	17,143.
THE ESTATE OF MARY J. HAMMONS	1812 NE 80TH PL KANSAS CITY, MO 64118	09/30/20	182,500.
THE FEIBUSCH FOUNDATION	PO BOX 6 ROSS, CA 94957-0006	09/30/20	5,000.
THE KRYZANOWSKI FAMILY FUND	19146 GEHRICKE RD SONOMA, CA 95476-5827	09/30/20	5,000.

THE SAN FRANCISCO FOUNDATION	225 BUSH ST STE 500 SAN FRANCISCO, CA 94104-4224	09/30/20	25,000.
THOMAS AND SUSAN O'NEILL	39 MCNEAR DR SAN RAFAEL, CA 94901-1545	09/30/20	5,000.
TOM NELSON	504 REDWOOD BLVD STE 100 NOVATO, CA 94947-6923	09/30/20	121,982.
TOWN OF FAIRFAX	142 BOLINAS ROAD FAIRFAX, CA 94930	09/30/20	30,000.
TRISHA SMITH AND TOM THEODORES	7 READE LN SAUSALITO, CA 94965-2112	09/30/20	5,000.
UNITED WAY - BAY AREA	221 MAIN ST STE 300 SAN FRANCISCO, CA 94105-1909	09/30/20	7,500.
UNITED WAY - BAY AREA	221 MAIN ST STE 300 SAN FRANCISCO, CA 94105-1909	09/30/20	40,000.
WELLS FARGO FOUNDATION	550 S 4TH ST MINNEAPOLIS, MN 55415-1529	09/30/20	30,000.
WILLIAM E. SIMON FOUNDATION	140 E 45TH ST STE 14D NEW YORK, NY 10017-7136	09/30/20	10,000.
TOTAL INCLUDED ON LINE 3			1,567,699.

CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
ALFRED PETROFSKY	245 NOVA ALBION WAY # A-24 SAN RAFAEL, CA 94903-3539		
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
STOCK	09/30/20	252,080.	247,080.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
GREGG AND JUDY GIBSON	47 S OAK AVE SAN ANSELMO, CA 94960-2724		
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
STOCK	09/30/20	10,775.	10,775.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
LAVENDER BUTTERFLY FUND	PO BOX N SAN RAFAEL, CA 94913-4166		
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
STOCK	09/30/20	15,551.	15,551.

TOTAL INCLUDED ON LINE 3	273,406.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
			PURCHASED	482,869.	0.	0.	736,331.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
			PURCHASED	3,500.	3,500.	0.	1,500.
TOTAL TO FORM 199, PAGE 2, LN 6				486,369.	3,500.	0.	737,831.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
COLLECTION RIGHTS INCOME	3,750.
MISC	3,585.
RENTAL OF LOW INCOME HOUSING	453,003.
TOTAL TO FORM 199, PART II, LINE 7	460,338.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RICHARD O. GALLAGHER P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD PRESIDENT 16.00	0.
HERB FOEDISCH P.O. BOX 150527 SAN RAFAEL, CA 94915	VICE-PRESIDENT 8.00	0.
MIKE BROMHAM P.O. BOX 150527 SAN RAFAEL, CA 94915	SECRETARY 8.00	0.
MIKE PAUTLER P.O. BOX 150527 SAN RAFAEL, CA 94915	TREASURER 8.00	0.
JOVITA ADDEO P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
ROGER CASSIDY P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
RUTH ANN CAWLEY P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
RANDY CHAPMAN P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
SUSAN E. DANILOFF P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
DUANE GECK P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
JOHN HALAPOFF P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.

WILLY LUKACH P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
JOHN MAHONEY P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
MARJIE MOHROR & BOB MOODY P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
CATHERINE PLOCKI P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
BOB PUETT P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
KATHLEEN ROBERTSON P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
BILL SANCHEZ P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
SUZANNE B. SWIFT P.O. BOX 150527 SAN RAFAEL, CA 94915	BOARD MEMBER 6.00	0.
LINDA WOODRUM P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
JOHN ZEITER P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
PHIL FANT P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
LIBBY CARRA P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.
JANET BROWN P.O. BOX 150527 SAN RAFAEL, CA 94915	CONFERENCE PRESIDENT 6.00	0.

CHRISTINE PAQUETTE P.O. BOX 150527 SAN RAFAEL, CA 94915	EXECUTIVE DIRECTOR 40.00	183,408.
TOTAL TO FORM 199, PART II, LINE 11		183,408.

CA 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
TAXES, LICENSES & FEES	90,803.
MISCELLANEOUS EXP	78,391.
SECURITY	64,563.
SUPPLIES	60,422.
PENSION PLAN CONTRIBUTIONS	19,384.
OTHER EMPLOYEE BENEFITS	237,283.
LEGAL FEES	10,541.
ACCOUNTING FEES	159,373.
INVESTMENT MANAGEMENT FEES	7,666.
OTHER PROFESSIONAL FEES	192,988.
OFFICE EXPENSES	107,894.
INFORMATION TECHNOLOGY	49,733.
TRAVEL	4,214.
CONFERENCES AND CONVENTIONS	1,712.
INSURANCE	52,664.
TOTAL TO FORM 199, PART II, LINE 17	1,137,631.

CA 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PROGRAM RECEIVABLES	262,260.	0.
CONTRIBUTION RECEIVABLES	7,376.	0.
DEPOSITS	22,549.	0.
INTANGIBLE ASSETS, NET	1,988.	0.
PREPAID EXPENSES & OTHER ASSETS	36,745.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	330,918.	0.

CA 199 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
TENANT SECURITY DEPOSITS	41,766.	44,251.
SBA PPP LOAN	0.	314,250.
BENEFICIAL INTEREST HELD FOR OTHERS	0.	419,146.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	41,766.	777,647.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2019**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name

ST. VINCENT DE PAUL SOCIETY, DIST
COUNCIL OF MARIN CTY

Identifying number

94-1207701

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	7,447,319
2	Total gross income (Form 199, line 8)	2	6,964,450
3	Total expenses and disbursements (Form 199, line 9)	3	5,732,975

Part II Settle Your Account Electronically for Taxable Year 2019

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

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

5 Routing number _____

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

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

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

Sign Here ▶ _____ (Signature of officer) _____ (Date) ▶ EXECUTIVE DIRECTOR (Title)

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

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

ERO Must Sign

ERO's signature ▶ RINA ACCOUNTANCY LLP | Date | Check if also paid preparer [X] | Check if self-employed ☐ | ERO's PTIN P01290862

Firm's name (or yours if self-employed) and address ▶ RINA ACCOUNTANCY LLP
150 POST STREET, STE 200
SAN FRANCISCO, CA

Firm's FEIN 84-1980623

ZIP code 94108

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

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶

Firm's FEIN

ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

929021 11-08-19

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

September 30, 2020

Prepared for	St. Vincent de Paul Society, Dist Council of Marin Cty P.O. Box 150527 San Rafael, CA 94915
Prepared by	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
Amount due or refund	Balance due of $150.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s). A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

STATE OF CALIFORNIA
RRF-1
(Rev. 09/2017)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312

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

(For Registry Use Only)

ST. VINCENT DE PAUL SOCIETY, DIST COUNCIL OF MARIN CTY
Name of Organization

List all DBAs and names the organization uses or has used

P.O. BOX 150527
Address (Number and Street)

SAN RAFAEL, CA 94915
City or Town, State, and ZIP Code

(415)454-3303
Telephone Number

E-mail Address

Check if:
☐ Change of address
☐ Amended report

State Charity Registration Number CT 009274

Corporation or Organization No. 0529665

Federal Employer ID No. 94-1207701

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

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

Gross Annual Revenue $ 6,964,450 Noncash Contributions $ 760,918 Total Assets $ 10,596,777

Program Expenses $ 4,803,688 Total Expenses $ 5,732,975

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

Signature of Authorized Agent	Printed Name	Title	Date
	CHRISTINE C. PAQUETTE	EXECUTIVE DIRECTOR	