

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b> Doing business as <b>St. Vincent Meals on Wheels</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2303 Miramar Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Los Angeles, CA 90057</b>	<b>D</b> Employer identification number <b>95-3696693</b>  <b>E</b> Telephone number <b>(213) 484-7778</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>12,728,874.</b>
<b>J</b> Website: ▶ <b>www.stvincentmow.org</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶ <b>L</b> Year of formation: <b>1980</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The mission of St. Vincent Senior Citizen Nutrition Program DBA St. Vincent Meals on Wheels is</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>7</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>6</b> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <b>80</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>300</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <b>0.</b>																			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>10,995,208.</b> <b>8,155,783.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>1,921,102.</b> <b>1,920,939.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>483,474.</b> <b>1,263,224.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>122,426.</b> <b>142,696.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>13,522,210.</b> <b>11,482,642.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td><b>8</b></td> <td><b>10,995,208.</b></td> <td><b>8,155,783.</b></td> </tr> <tr> <td><b>9</b></td> <td><b>1,921,102.</b></td> <td><b>1,920,939.</b></td> </tr> <tr> <td><b>10</b></td> <td><b>483,474.</b></td> <td><b>1,263,224.</b></td> </tr> <tr> <td><b>11</b></td> <td><b>122,426.</b></td> <td><b>142,696.</b></td> </tr> <tr> <td><b>12</b></td> <td><b>13,522,210.</b></td> <td><b>11,482,642.</b></td> </tr> </table>		Prior Year	Current Year	<b>8</b>	<b>10,995,208.</b>	<b>8,155,783.</b>	<b>9</b>	<b>1,921,102.</b>	<b>1,920,939.</b>	<b>10</b>	<b>483,474.</b>	<b>1,263,224.</b>	<b>11</b>	<b>122,426.</b>	<b>142,696.</b>	<b>12</b>	<b>13,522,210.</b>	<b>11,482,642.</b>
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>1,573,886.</b> <b>1,862,617.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>3,752,011.</b> <b>3,770,549.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>576,899.</b> <b>528,211.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,332,857.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,638,588.</b> <b>1,741,472.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>7,541,384.</b> <b>7,902,849.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>5,980,826.</b> <b>3,579,793.</b>																			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>28,725,395.</b> <b>31,886,795.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>3,975,313.</b> <b>3,676,450.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>24,750,082.</b> <b>28,210,345.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> <tr> <td><b>20</b></td> <td><b>28,725,395.</b></td> <td><b>31,886,795.</b></td> </tr> <tr> <td><b>21</b></td> <td><b>3,975,313.</b></td> <td><b>3,676,450.</b></td> </tr> <tr> <td><b>22</b></td> <td><b>24,750,082.</b></td> <td><b>28,210,345.</b></td> </tr> </table>		Beginning of Current Year	End of Year	<b>20</b>	<b>28,725,395.</b>	<b>31,886,795.</b>	<b>21</b>	<b>3,975,313.</b>	<b>3,676,450.</b>	<b>22</b>	<b>24,750,082.</b>	<b>28,210,345.</b>						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Veronica Dover, CEO/Executive Director</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Carlos A. Davis, CPA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P02037008</b>
	Firm's name ▶ <b>Harrington Group, CPAs, LLP</b> Firm's address ▶ <b>234 East Colorado Blvd., Suite M150 Pasadena, CA 91101</b>	Firm's EIN ▶ <b>95-4557617</b> Phone no. (626) <b>403-6801</b>

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

St. Vincent Senior Citizen Nutrition Program, Inc.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of St. Vincent Senior Citizen Nutrition Program DBA St. Vincent Meals on Wheels is to prepare and deliver nutritious meals to homebound seniors and other vulnerable residents across Los Angeles. We serve anyone in need within our service area regardless of age,

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

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

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

4a (Code: ) (Expenses \$ 5,942,457. including grants of \$ 1,862,617. ) (Revenue \$ 1,920,939. ) St. Vincent Senior Citizen Nutrition Program DBA St. Vincent Meals on Wheels is the largest privately funded Meals on Wheels in the program in the United States. With a staff of 72 and a volunteer workforce of 330, Meals on Wheels utilizes its 16,000 square foot commercial kitchen and 28 vehicles to deliver approximately 2,280 meals per day to homebound seniors and other vulnerable residents. Total meals served for June 2019 fiscal year end is 713,693.

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

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

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

4e Total program service expenses 5,942,457.

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**Part IV Checklist of Required Schedules**

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

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	80
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	N/A
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

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

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

**Section A. Governing Body and Management**

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

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**Alfonso Cervera - (213)484-7778**  
**2303 Miramar Street, Los Angeles, CA 90057**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(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) Sister Judith Lynn Gardenhire, Chairperson (End 10/18)	2.00	X		X			0.	0.	0.	
(2) Sister Joyce Weller, D.C. Chairperson (Start 11/18)	2.00	X		X			0.	0.	0.	
(3) Michael F. Giron Vice Chair	2.00	X		X			0.	0.	0.	
(4) Sister Marie Rachelle Cruz, D.C. Secretary/Treasurer (Start 11/18)	2.00	X		X			0.	0.	0.	
(5) Sister Lois Lapeyre, D.C. Secretary/Treasurer (End 10/18)	2.00	X		X			0.	0.	0.	
(6) Mr. Gerald Kozai Board Member (Start 11/18)	2.00	X					0.	0.	0.	
(7) Sister Jo-Anne Laviolette, D.C. Board Member (End 10/18)	2.00	X					0.	0.	0.	
(8) Sister Margaret McDonnell, D.C. Board Member	2.00	X					0.	0.	0.	
(9) Ms. Betsy Rosenfeld-Vargas Board Member	2.00	X					32,940.	0.	0.	
(10) Mr. Rigo J. Saborio Board Member	2.00	X					0.	0.	0.	
(11) Veronica Dover Hoffman CEO/Executive Director (Start 10/18)	40.00			X			168,560.	0.	5,467.	
(12) Daryl Twerdahl Director of Development	40.00				X		146,036.	0.	5,566.	

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**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			
<b>1b Sub-total</b> .....							347,536.	0.	11,033.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							347,536.	0.	11,033.	

**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 **2**

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

**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
US Foods 15155 Northam St., La Mirada, CA 90638	Food service	771,006.
Schultz & Williams, 325 Chestnut St., Suite 700, Philadelphia, PA 19106	Fundraising consultant	528,211.
Oliver Packing & Equip. Co., 3236 Wilson Dr., NW, Suite A, Grand Rapids, MI 49534	Food packaging	205,230.
Langlois Fancy Frozen Foods, 2975 Laguna Canyon Rd., Laguna Beach, CA 92651	Food service	150,149.

**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 **4**



St. Vincent Senior Citizen Nutrition Program, Inc.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	123,086.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,032,697.				
	g	Noncash contributions included in lines 1a-1f: \$		147,772.				
	h	<b>Total.</b> Add lines 1a-1f		8,155,783.				
Program Service Revenue	2 a	Prepared Meals	Business Code 722320	1,920,939.	1,920,939.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		1,920,939.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,245,476.			1,245,476.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	117,790.				
			(ii) Personal					
			b	Less: rental expenses	39,088.			
			c	Rental income or (loss)	78,702.			
	d	Net rental income or (loss)		78,702.			78,702.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	1,100,000.				
			b	Less: cost or other basis and sales expenses	1,082,252.			
			c	Gain or (loss)	17,748.			
	d	Net gain or (loss)		17,748.			17,748.	
	8 a	Gross income from fundraising events (not including \$ 123,086. of contributions reported on line 1c). See Part IV, line 18	a	182,390.				
			b	Less: direct expenses	124,892.			
c			Net income or (loss) from fundraising events		57,498.			57,498.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	Miscellaneous Revenue	900099	6,496.			6,496.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		6,496.					
12	<b>Total revenue.</b> See instructions		11,482,642.	1,920,939.	0.	1,405,920.		

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	328,337.	328,337.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,534,280.	1,534,280.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	148,825.	89,361.	42,444.	17,020.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,806,127.	2,148,576.	237,279.	420,272.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,415.	59,404.	2,054.	5,957.
<b>9</b> Other employee benefits	537,477.	473,610.	16,375.	47,492.
<b>10</b> Payroll taxes	210,705.	160,071.	18,275.	32,359.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	78,137.		78,137.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	528,211.			528,211.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	164,119.	96,265.	67,304.	550.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	309,313.	289,311.	3,512.	16,490.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	236,603.	181,160.	20,007.	35,436.
<b>17</b> Travel	95,984.	95,984.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	146,653.	113,835.	11,843.	20,975.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	348,970.	267,196.	29,509.	52,265.
<b>23</b> Insurance	38,151.	29,211.	3,226.	5,714.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Direct mail</u>	103,660.			103,660.
<b>b</b> <u>Other expenses</u>	64,261.	2,570.	43,881.	17,810.
<b>c</b> <u>In-kind expense</u>	62,610.		43,552.	19,058.
<b>d</b> <u>Repair &amp; maintenance</u>	55,567.	50,698.	4,869.	
<b>e</b> All other expenses	37,444.	22,588.	5,268.	9,588.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,902,849.	5,942,457.	627,535.	1,332,857.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	226,261.	<b>1</b>	63,243.	
	<b>2</b> Savings and temporary cash investments .....	1,687,473.	<b>2</b>	1,080,948.	
	<b>3</b> Pledges and grants receivable, net .....	455.	<b>3</b>	3,000,940.	
	<b>4</b> Accounts receivable, net .....	274,584.	<b>4</b>	306,777.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	63,157.	<b>9</b>	35,875.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10,846,067.			
	<b>b</b> Less: accumulated depreciation .....	4,540,681.			
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	18,913,129.	<b>12</b>	21,039,028.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	65,858.	<b>15</b>	54,598.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	28,725,395.	<b>16</b>	31,886,795.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	674,600.	<b>17</b>	455,617.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	19,909.	<b>21</b>	21,079.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,280,804.	<b>25</b>	3,199,754.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,975,313.	<b>26</b>	3,676,450.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	20,925,353.	<b>27</b>	24,499,702.	
	<b>28</b> Temporarily restricted net assets .....	1,990,972.	<b>28</b>	1,876,886.	
	<b>29</b> Permanently restricted net assets .....	1,833,757.	<b>29</b>	1,833,757.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	24,750,082.	<b>33</b>	28,210,345.		
<b>34</b> Total liabilities and net assets/fund balances .....	28,725,395.	<b>34</b>	31,886,795.		

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>11,482,642.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>7,902,849.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3,579,793.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>24,750,082.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>-119,530.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>28,210,345.</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

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

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

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

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

**St. Vincent Senior Citizen Nutrition**

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

St. Vincent Senior Citizen Nutrition

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,111,614.	5,370,569.	5,866,980.	10,995,208.	8,155,783.	35,500,154.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1,842,215.	1,712,735.	1,777,077.	1,921,102.	1,920,939.	9,174,068.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	6,953,829.	7,083,304.	7,644,057.	12,916,310.	10,076,722.	44,674,222.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						44,674,222.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....	6,953,829.	7,083,304.	7,644,057.	12,916,310.	10,076,722.	44,674,222.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	155,663.	367,776.	1,069,273.	483,474.	2,463,266.	4,539,452.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	155,663.	367,776.	1,069,273.	483,474.	2,463,266.	4,539,452.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	713.	15,525.	59,362.	122,426.	6,496.	204,522.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	7,110,205.	7,466,605.	8,772,692.	13,522,210.	12,546,484.	49,418,196.

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	90.40 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	91.36 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	9.19 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	8.19 %

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**St. Vincent Senior Citizen Nutrition**

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

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

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

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

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

**St. Vincent Senior Citizen Nutrition**

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

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

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

**St. Vincent Senior Citizen Nutrition**

**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.)

(This area contains horizontal lines for supplemental information.)

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

St. Vincent Senior Citizen Nutrition  
Program, Inc.

Employer identification number

95-3696693

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1989 Sheinbaum Trust 345 Rockingham Ave. Los Angeles, CA 90049	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Accenture, LLP 2141 Rosecrans Ave., Suite 3100 El Segundo, CA 90245	\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Aileen T. Koskovich 815 W. Commonwealth Ave., Suite C Alhambra, CA 91801	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Alice E. Kinsman 258 San Joaquin St. Laguna Beach, CA 92651	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Anna Maria Butturini 934 Hammond St. West Hollywood, CA 90069	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Art Glassman 17104 Faysmith Ave. Torrance, CA 90504	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Audi of America, LLC 2200 Ferdinand Porsche Dr. Herndon, VA 20171	\$ 23,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Barbara A Martin 711 Ocampo Dr. Pacific Palisades, CA 90272	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Barbara Ross Charitable Trust 1201 S. Olive St. Los Angeles, CA 90015	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Carrie Estelle Doheny Foundation 707 Wilshire Blvd., Suite 4960 Los Angeles, CA 90017	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Catholic Daughters of America Court Angelus 616 Myrtle St. Glendale, CA 91203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Charlotte L. Lipson Trust 3571 Willow Crest Ave. Studio City, CA 91604	\$ 1,090,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Dan Murphy Foundation 800 W. 6th St., Suite 1240 Los Angeles, CA 90017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Daughters of Charity Foundation 2131 W. Third St. Los Angeles, CA 90057	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Delray Lighting, Inc. 7545 N. Lockheed Dr. Burbank, CA 91505	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Dennis G Zill 8239 Sunnysea Dr. Playa Del Rey, CA 90293	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Dixie Blackstage Eger Trust 3940 Laurel Canyon Blvd. Studio City, CA 91604	\$ 9,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Dolores A. Cruz 503 38th St. Newport Beach, CA 92663	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Donald A. Mullane 3269 Canal Point Rd. Hacienda Heights, CA 91745	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Edwin T. Vane 5210 Los Feliz Blvd. Los Angeles, CA 90027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Eldridge R. Walker 1566 Sanborn Ave. Los Angeles, CA 90027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Elks of Los Angeles Foundation 2406 Claygate Court Los Angeles, CA 90077	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Estate of Virginia Garcia 333 S. Hope St., 35th Floor Los Angeles, CA 90071	\$ 24,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Exxon Mobil Foundation P.O. Box 7635 Princeton, NJ 08543	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>Fishman Family Foundation</u> <u>221 S. Figueroa St., Suite 400</u> <u>Los Angeles, CA 90012</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>Francis J. Weber</u> <u>1515 San Fernando Mission Blvd.</u> <u>Mission Hills, CA 91345</u>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>Gale P. Runnells</u> <u>P.O. Box 2477</u> <u>Bay City, TX 77404</u>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>Gary Broad Foundation</u> <u>2121 Avenue of the Stars, Suite 3000</u> <u>Los Angeles, CA 90067</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>Gilberto R. Luna</u> <u>20637 Blackhawk St.</u> <u>Chatsworth, CA 91311</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>Good Hope Seeders</u> <u>50 Victoria Ave., Suite 210</u> <u>Millbrae, CA 94030</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Hale Thomhill Foundation 10801 Ambazac Way Los Angeles, CA 90077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Iacocca Family Foundation 867 Boylston St., 6th Floor Boston, MA 02116	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Ian McShane 578 Washington Blvd., Unit 826 Marina Del Mar, CA 90292	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Ilene Clow Foundation 37 Marguerite Dr. Rancho Palos Verdes, CA 90275	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JDK Revocable Trust 1815 Via El Prado, Suite 301 Redondo Beach, CA 90277	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Jean K. Raimist 122 Calistoga Rd., Apt. 400 Santa Rosa, CA 95409	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Joan H Jones 1900 Avenue of the Stars, Suite 400 Los Angeles, CA 90067	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	John B. & Nelly Llanos Kilroy Foundation 13600 Marina Pointe Dr., Suite 504 Marina Del Mar, CA 90292	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Joseph L. Velasquez 413 Greenfield Ct. Glendora, CA 91740	\$ 7,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	KLM Foundation 10100 Santa Monica Blvd., Suite 610 Los Angeles, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Ladies of Charity of St Vincent De Paul 2131 W. Third St. Los Angeles, CA 90057	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Lewis A. Kingsley Foundation 4508 Gainsborough Ave. Los Angeles, CA 90027	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Lon V. Smith Foundation 9440 Santa Monica Blvd., Suite 300 Beverly Hills, CA 90210	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Lorelei Harges 28824 Cliffside Dr. Malibu, CA 90265	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Los Angeles Rams 29899 Agoura Rd., Suite 210 Agoura Hills, CA 91301	\$ 5,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Mabel E. Bradford 3842 Lorado Way Los Angeles, CA 90043	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Marc Spilo 951 Ocean Ave., Suite 103 Santa Monica, CA 90403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Mary Ann Ricard Revocable Trust 1111 Alvarado Ave., Suite 239 Davis, CA 95616	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Mary L Baur 306 S. Westmoreland Ave. Los Angeles, CA 90020	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	Mary Lou LaVallie 2157 Pinot Cir. Upland, CA 91784	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Maureen Burbach 12829 Glynn Ave. Downey, CA 90242	\$ 14,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	McMaster-Carr Supply Company P.O. Box 680 Elmhurst, IL 60126	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Meals on Wheels America 1550 Crystal Dr., Suite 1004 Arlington, VA 02202	\$ 14,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Michael G. Cobarrubias 21615 E. Bluebell Ct. Walnut, CA 91789	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Nancy Babka 1528 Schuyler Road Beverly Hills, CA 90210	\$ 22,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Nancy R Dolci 1991 Heather Dr. Monterey Park, CA 91755	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Nelly Llanos Kilroy 316 N. Rossmore Blvd., Apt. 600 Los Angeles, CA 90004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Nick Deleo 13636 Ventura Blvd., Suite 513 Sherman Oaks, CA 91423	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Patrick McGonigle 2118 Wilshire Blvd., Suite 538 Santa Monica, CA 90403	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	Peter J King 3311 White Alder Sonoma, CA 95476	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	Pfaffinger Foundation 420 E. Third St., Suite 1010 Los Angeles, CA 90013	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Phyllis M. Kruckenberg 880 Meadow Pass Rd. Walnut, CA 91789	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	Professional Environmental Marketing Association 2321 E. 4th St., Suite C Santa Ana, CA 92705	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	RAPT Studio 930 Peninsula Ave., Suite 308 San Mateo, CA 94401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	RBB Architects, Inc. 10980 Wilshire Blvd. Los Angeles, CA 90024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	Richard L. Meehan 33 Silver Saddle Ln. Rolling Hills Estates, CA 90274	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Richard S. Kaufman 15625 Woodvale Rd. Encino, CA 91436	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	Roberta L. Furrey 551 Meadow Grove St. La Canada, CA 91011	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	Ronus Foundation at California Community Foundation 221 S. Figueroa St., Suite 400 Los Angeles, CA 90012	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	RSD Charitable and Educational Foundation 2773 Monterey St. Torrance, CA 90503	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	Schultz & Williams, Inc. 1617 JFK Blvd., Suite 1700 Philadelphia, PA 19103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	Shekels Charitable Foundation Trust 888 S. Figueroa St., Suite 2150 Los Angeles, CA 90017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	Shirley P. Desrochers 1055 N. Kingsley Dr., Suite LH 312 Los Angeles, CA 90029	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	Silkand Foundation, Inc. 15230 Burbank Blvd., Suite 100 Van Nuys, CA 91411	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	SMR Rental Collection Services P.O. Box 2727 Capistrano Beach, CA 92624	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	Soares Family Foundation 1795 E. Morada Pl. Altadena, CA 91001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	Specialty Family Foundation 501 Santa Monica Blvd., Suite 703 Santa Monica, CA 90401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	The Adams Fund 915 Wilshire Blvd., Suite 1760 Los Angeles, CA 90017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	The Ahmanson Foundation 9215 Wilshire Blvd. Beverly Hills, CA 90210	\$ 82,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80	The Aidlin Foundation 5143 Sunset Blvd. Los Angeles, CA 90027	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	The Albertsons Companies Foundation 20427 N. 27th Ave. Phoenix, AZ 85027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	The Cain Foundation 4131 Spicewood Springs Rd., Suite A1 Austin, TX 78759	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	The David E. & Mary C. Gallo Foundation 865 Claus Rd. Modesto, CA 95357	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	The Edelstein Family Charitable Foundation 25 Wheeler Ave., Suite G Arcadia, CA 91006	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
-----------------------------------------------------------------------------------	-----------------------------------------------------

**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
85	The James D. Scheinfeld Family Foundation 1114 State St., Suite 300 Santa Barbara, CA 93101	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	The Marcia Israel Foundation, Inc. 1925 Century Park E., 16th Floor Los Angeles, CA 90067	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	The Nobbs Family Foundation 880 Meadow Pass Rd. Walnut, CA 91789	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	The Ronald Newburg Foundation 9171 Wilshire Blvd., Suite 650 Beverly Hills, CA 90210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	The Rose Hills Foundation 225 S. Lake Ave., Suite 1250 Pasadena, CA 91101	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	The Thomas R. Ryan Trust 21246 Pacific Coast Hwy. Malibu, CA 90265	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	The Von Der Ahe Foundation 4605 Lankershim Blvd., Suite 707 North Hollywood, CA 91602	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	Vincent F. Guinan 2212 El Monte Ave., Suite M 302 Altadena, CA 91001	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	William M. Keck, Jr. Foundation P.O. Box 661157 Los Angeles, CA 90066	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	Yerba Buena Fund 275 Battery St., 9th Floor San Francisco, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**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
79	Delivery Vans & Kitchen Improvements	\$ 82,000.	05/15/19

Name of organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
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**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
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc. Employer identification number 95-3696693

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including dollar amounts for revenue and assets.



**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	1,833,757.	1,833,757.	1,833,757.	1,833,757.	1,833,757.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	103,437.	42,665.	38,413.	23,764.	24,361.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	103,437.	42,665.	38,413.	23,764.	24,361.
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	1,833,757.	1,833,757.	1,833,757.	1,833,757.	1,833,757.

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

- a** Board designated or quasi-endowment ► \_\_\_\_\_ %
- b** Permanent endowment ► 100.00 %
- c** Temporarily restricted 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:

- (i) unrelated organizations .....
- (ii) related organizations .....

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	X	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		9,447,514.	3,778,709.	5,668,805.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		572,161.	151,552.	420,609.
<b>e</b> Other .....		826,392.	610,420.	215,972.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,305,386.

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**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) Pooled investment fund	21,039,028.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>21,039,028.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Note payable to related entity	3,128,255.
(3) Capital lease obligation	71,499.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,199,754.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

St. Vincent Senior Citizen Nutrition Program, Inc.

**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	11,488,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-119,530.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	124,892.	
e	Add lines 2a through 2d	2e		5,362.
3	Subtract line 2e from line 1	3		11,482,642.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		11,482,642.

**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	8,027,741.
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	124,892.	
e	Add lines 2a through 2d	2e		124,892.
3	Subtract line 2e from line 1	3		7,902,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,902,849.

**Part XIII Supplemental Information.**

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

Part IV, line 2b:

A Charitable gift annuity was placed under the trust of Meals on Wheels in November 2014. Under the trust agreement, MOW will manage the gifts and will make the required payments to donors in accordance with the respective agreement.

Part V, line 4:

Meals on Wheels' Endowment Fund is held in Fund P which is managed through Ascension Investment Management and Wilshire Company and appropriated by the Board for use in current operations.

Part X, Line 2:

**Part XIII** Supplemental Information (continued)

Meals on Wheels is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Meals on Wheels in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Meals on Wheels' returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

Part XI, Line 2d - Other Adjustments:

Special events expense 124,892.

Part XII, Line 2d - Other Adjustments:

Special events expense 124,892.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Schultz & Williams - 325 Chestnut St., Suite 700,	Direct Mailing/Consulting		X	1,521,520.	528,211.	993,309.
<b>Total</b>				1,521,520.	528,211.	993,309.

**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.

CA

**St. Vincent Senior Citizen Nutrition**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Bike-A-Thon (event type)	40th Anniversary (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts .....	85,842.	40,989.	178,645.	305,476.
	<b>2</b> Less: Contributions .....	78,000.	28,222.	16,864.	123,086.
	<b>3</b> Gross income (line 1 minus line 2) .....	7,842.	12,767.	161,781.	182,390.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	612.	3,317.	54,181.	58,110.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	7,230.	6,133.	53,419.	66,782.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				124,892.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				57,498.	

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

St. Vincent Senior Citizen Nutrition

Schedule G (Form 990 or 990-EZ) 2018 Program, Inc.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

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

Name Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Schultz & Williams

(i) Address of Fundraiser:

325 Chestnut St., Suite 700, Philadelphia, PA 19106

Part I, Line 2b, Column (v):

Hired to solicit funds to further the organization's charitable purpose. Services are not related to Special Event revenue.

St. Vincent Senior Citizen Nutrition Program, Inc.

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

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Culver Palms Meals on Wheels 4427 Overland Ave. Culver City, CA 90230	95-2891003	501(c)(3)	0.	7,097.	FMV	Meals subsidy	1,577 meals delivered for program participants in need
St. Barnabas Center 675 S. Carondelet St. Los Angeles, CA 90057	95-1641435	501(c)(3)	0.	21,240.	FMV	Meals subsidy	3,576 meals delivered for program participants in need
Meals on Wheels of America 1550 Crystal Dr., Suite 1004 Arlington, VA 22202	23-7447812	501(c)(3)	300,000.	0.			Further fund national meal programs for those in need

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

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

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

Schedule I (Form 990) (2018)

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**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
Food	713693	0.	1,534,280.	FMV	Meals provided

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

Part I, Line 2:

The organization maintains records to substantiate the amount of assistance and the selection criteria used to award the assistance.

Schedule I, Page 2

The number of recipients stated above of 713,693 represents the number of meals served.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

**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) Veronica Dover Hoffman CEO/Executive Director (Start 10/18)	(i)	168,560.	0.	0.	4,005.	1,462.	174,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Daryl Twerdahl Director of Development	(i)	146,036.	0.	0.	5,566.	0.	151,602.	0.
	(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)							
	(i)							
	(ii)							

St. Vincent Senior Citizen Nutrition Program, Inc.

**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.

(This area contains multiple horizontal lines for providing supplemental information.)

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc.

Employer identification number 95-3696693

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

St. Vincent Senior Citizen Nutrition

Schedule L (Form 990 or 990-EZ) 2018 Program, Inc.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Row 1: Betsy R Vargas, Board Member, 32,940., Social Medi, Yes/No (X).

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Betsy R Vargas

(d) Description of Transaction: Social Media Strategies

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

**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		8,011.FMV	
6 Cars and other vehicles	X	1	63,517.FMV	
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	19	36,438.FMV or At Cost	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Improvements )	X	1	18,483.FMV	
26 Other ▶ ( Equipment )	X	4	11,434.FMV	
27 Other ▶ ( Gift Cards )	X	12	7,058.At cost	
28 Other ▶ ( Miscellaneous )	X	4	2,831.FMV	

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

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

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

Schedule M (Form 990) 2018



St. Vincent Senior Citizen Nutrition  
Program, Inc.

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

Schedule M, Part I, Column (b):

The number of contributions is based on the individual count of  
contributions.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization	St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number	95-3696693
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Form 990, Part I, Line 1, Description of Organization Mission:

to prepare and deliver nutritious meals to homebound seniors and other vulnerable residents across Los Angeles. We serve anyone in need within our service area regardless of age, illness, disability, race, religion or ability to pay.

Form 990, Part III, Line 1, Description of Organization Mission:

illness, disability, race, religion or ability to pay.

Form 990, Part VI, Section A, line 8b:

There are no committees with authority to act on behalf of the governing body.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by the Executive Director, Gilmore and Associates, CPA and all board members before submission to the IRS.

Form 990, Part VI, Section B, Line 12c:

The Organization regularly and consistently monitors and enforces compliance with the conflict of interest policy.

Form 990, Part VI, Section B, Line 15:

The Executive Director's salary is reviewed by the Daughters of Charity Councilor.

The Executive Director of St. Vincent's Senior Citizen Nutrition Program

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization <b>St. Vincent Senior Citizen Nutrition Program, Inc.</b>	Employer identification number <b>95-3696693</b>
------------------------------------------------------------------------------------	-----------------------------------------------------

negotiates the salaries of other officers and key employees.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial statements are available upon request. The Form 990 is also available on [Guidestar.org](http://Guidestar.org).

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Ministry Services of the Daughters of Charity Corp. - 47-1489373, 26000 Altamont Road, Los Altos Hills, CA 94022	Supports the Ministry of the DOC of Province of the West	California	501(c)(3)	Line 11	Daughters of Charity of the Province of the		X
Daughter of Charity Foundation - 77-0047181 2303 Miramar Street Los Angeles, CA 90057	To engage in solicitation for the benefit of the Daughters of Charity	California	501(c)(3)	Line 11	Daughters of Charity of the Province of the		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
See Part VII for Continuations

Schedule R (Form 990) 2018

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

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

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

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

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

**St. Vincent Senior Citizen Nutrition  
Program, Inc.**

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Daughters of Charity Foundation	E	4,927,669.	FMV
(2) Daughters of Charity Foundation	R	223,985.	FMV
(3)			
(4)			
(5)			
(6)			

St. Vincent Senior Citizen Nutrition Program, Inc.

Schedule R (Form 990) 2018

95-3696693 Page 4

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information.**

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

**Part II, Identification of Related Tax-Exempt Organizations:**

Name of Related Organization:

Ministry Services of the Daughters of Charity Corp.

Direct Controlling Entity: Daughters of Charity of the Province of the West

Name of Related Organization:

Daughter of Charity Foundation

Direct Controlling Entity: Daughters of Charity of the Province of the West



# California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name <b>ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.</b>		California corporation number <b>0991560</b>
Additional information. See instructions.		FEIN <b>95-3696693</b>
Street address (suite or room) <b>2303 MIRAMAR STREET</b>		PMB no.
City <b>LOS ANGELES</b>	State <b>CA</b>	ZIP code <b>90057</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	4,573,091	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	8,155,783	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 <b>STMT 2</b>	4	12,728,874	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,082,252	00
	7	Total costs. Add line 5 and line 6	7	1,082,252	00
	8	Total gross income. Subtract line 7 from line 4	8	11,646,622	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	8,066,829	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,579,793	00
<b>Filing Fee</b>	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	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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.

<b>Sign Here</b>	Signature of officer <b>CEO/EXECUTIVE</b>	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	• PTIN <b>P02037008</b>
	Firm's name (or yours, if self-employed) and address		• Firm's FEIN <b>95-4557617</b>
			• Telephone <b>(626) 403-6801</b>

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.**

95-3696693

**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.**

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<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	182,390	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	1,245,476	00	
	4	Gross rents	•	4	117,790	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	1,100,000	00	
	7	Other income	SEE STATEMENT 4 •	7	1,927,435	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	4,573,091	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,862,617	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5 •	11	148,825	00	
	12	Other salaries and wages	•	12	2,806,127	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	146,653	00
		14	Taxes	•	14	210,705	00
		15	Rents	•	15	236,603	00
		16	Depreciation and depletion (See instructions)	•	16	348,970	00
		17	Other Expenses and Disbursements	SEE STATEMENT 6 •	17	2,306,329	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	8,066,829	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		1,913,734		• 1,144,191
2 Net accounts receivable		274,584		• 306,777
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 7		18,913,129		• 21,039,028
10 a Depreciable assets	11,710,640		10,846,067	
b Less accumulated depreciation	( 4,216,162 )	7,494,478	( 4,540,681 )	6,305,386
11 Land				•
12 Other assets STMT 8		129,470		• 3,091,413
13 <b>Total assets</b>		28,725,395		31,886,795
<b>Liabilities and net worth</b>				
14 Accounts payable		674,600		• 455,617
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable STMT 9		19,909		• 21,079
17 Mortgages payable				•
18 Other liabilities STMT 10		3,280,804		• 3,199,754
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		24,750,082		• 28,210,345
22 <b>Total liabilities and net worth</b>		28,725,395		31,886,795

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	• 3,699,323	7 Income recorded on books this year not included in this return STMT 11	• 119,530
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	119,530
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	3,579,793
6 Total. Add line 1 through line 5	3,699,323		

CA 199 Cash Contributions Statement 1  
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
1989 Sheinbaum Trust	345 Rockingham Ave. Los Angeles, CA 90049	07/20/18	25,000.
Accenture, LLP	2141 Rosecrans Ave., Suite 3100 El Segundo, CA 90245	08/21/18	11,400.
Aileen T. Koskovich	815 W. Commonwealth Ave., Suite C Alhambra, CA 91801	11/27/18	5,000.
Alice E. Kinsman	258 San Joaquin St. Laguna Beach, CA 92651	06/30/19	16,000.
Anna Maria Butturini	934 Hammond St. West Hollywood, CA 90069	06/30/19	5,250.
Art Glassman	17104 Faysmith Ave. Torrance, CA 90504	05/03/19	5,000.
Audi of America, LLC	2200 Ferdinand Porsche Dr. Herndon, VA 20171	10/19/18	23,109.
Barbara A Martin	711 Ocampo Dr. Pacific Palisades, CA 90272	09/26/18	10,000.
Barbara Ross Charitable Trust	1201 S. Olive St. Los Angeles, CA 90015	01/25/19	50,000.
Carrie Estelle Doheny Foundation	707 Wilshire Blvd., Suite 4960 Los Angeles, CA 90017	07/15/18	30,000.
Catholic Daughters of America Court Angelus	616 Myrtle St. Glendale, CA 91203	06/30/19	5,000.
Charlotte L. Lipson Trust	3571 Willow Crest Ave. Studio City, CA 91604	04/24/19	1,090,329.
Dan Murphy Foundation	800 W. 6th St., Suite 1240 Los Angeles, CA 90017	02/26/19	25,000.
Daughters of Charity Foundation	2131 W. Third St. Los Angeles, CA 90057	05/29/19	5,000.
Delray Lighting, Inc.	7545 N. Lockheed Dr. Burbank, CA 91505	06/30/19	5,500.

## St. Vincent Senior Citizen Nutrition Pro

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Dennis G Zill	8239 Sunnyside Dr. Playa Del Rey, CA 90293	06/30/19	27,000.
Dixie Blackstage Eger Trust	3940 Laurel Canyon Blvd. Studio City, CA 91604	09/13/18	9,460.
Dolores A. Cruz	503 38th St. Newport Beach, CA 92663	06/30/19	9,000.
Donald A. Mullane	3269 Canal Point Rd. Hacienda Heights, CA 91745	06/30/19	10,000.
Edwin T. Vane	5210 Los Feliz Blvd. Los Angeles, CA 90027	06/30/19	5,000.
Eldridge R. Walker	1566 Sanborn Ave. Los Angeles, CA 90027	11/27/18	10,000.
Elks of Los Angeles Foundation	2406 Claygate Court Los Angeles, CA 90077	12/31/18	6,250.
Estate of Virginia Garcia	333 S. Hope St., 35th Floor Los Angeles, CA 90071	07/20/18	24,635.
Exxon Mobil Foundation	P.O. Box 7635 Princeton, NJ 08543	06/19/19	5,000.
Fishman Family Foundation	221 S. Figueroa St., Suite 400 Los Angeles, CA 90012	10/03/18	5,000.
Francis J. Weber	1515 San Fernando Mission Blvd. Mission Hills, CA 91345	06/30/19	6,600.
Gale P. Runnells	P.O. Box 2477 Bay City, TX 77404	06/30/19	5,100.
Gary Broad Foundation	2121 Avenue of the Stars, Suite 3000 Los Angeles, CA 90067	12/31/18	30,000.
Gilberto R. Luna	20637 Blackhawk St. Chatsworth, CA 91311	12/31/18	5,000.
Good Hope Seeders	50 Victoria Ave., Suite 210 Millbrae, CA 94030	12/31/18	10,000.
Hale Thomhill Foundation	10801 Ambazac Way Los Angeles, CA 90077	10/04/18	5,000.
Iacocca Family Foundation	867 Boylston St., 6th Floor Boston, MA 02116	10/26/18	10,000.
Ian McShane	578 Washington Blvd., Unit 826 Marina Del Mar, CA 90292	06/30/19	7,000.

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Ilene Clow Foundation	37 Marguerite Dr. Rancho Palos Verdes, CA 90275	12/31/18	5,000.
JDK Revocable Trust	1815 Via El Prado, Suite 301 Redondo Beach, CA 90277	08/31/18	1,000,000.
Jean K. Raimist	122 Calistoga Rd., Apt. 400 Santa Rosa, CA 95409	09/19/18	10,000.
Joan H Jones	1900 Avenue of the Stars, Suite 400 Los Angeles, CA 90067	01/16/19	20,000.
John B. & Nelly Llanos Kilroy Foundation	13600 Marina Pointe Dr., Suite 504 Marina Del Mar, CA 90292	08/22/18	10,000.
Joseph L. Velasquez	413 Greenfield Ct. Glendora, CA 91740	06/30/19	7,445.
KLM Foundation	10100 Santa Monica Blvd., Suite 610 Los Angeles, CA 90067	12/31/18	5,000.
Ladies of Charity of St Vincent De Paul	2131 W. Third St. Los Angeles, CA 90057	06/30/19	6,600.
Lewis A. Kingsley Foundation	4508 Gainsborough Ave. Los Angeles, CA 90027	06/30/19	20,000.
Lon V. Smith Foundation	9440 Santa Monica Blvd., Suite 300 Beverly Hills, CA 90210	10/12/18	25,000.
Lorelei Harges	28824 Cliffside Dr. Malibu, CA 90265	12/11/18	6,000.
Los Angeles Rams	29899 Agoura Rd., Suite 210 Agoura Hills, CA 91301	12/13/18	5,623.
Mabel E. Bradford	3842 Lorado Way Los Angeles, CA 90043	12/17/18	150,000.
Marc Spilo	951 Ocean Ave., Suite 103 Santa Monica, CA 90403	03/27/19	5,000.
Mary Ann Ricard Revocable Trust	1111 Alvarado Ave., Suite 239 Davis, CA 95616	12/17/18	5,000.
Mary L Baur	306 S. Westmoreland Ave. Los Angeles, CA 90020	10/26/18	10,000.
Mary Lou LaVallie	2157 Pinot Cir. Upland, CA 91784	11/28/18	25,000.

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Maureen Burbach	12829 Glynn Ave. Downey, CA 90242	06/30/19	14,350.
McMaster-Carr Supply Company	P.O. Box 680 Elmhurst, IL 60126	12/26/18	23,000.
Meals on Wheels America	1550 Crystal Dr., Suite 1004 Arlington, VA 02202	05/03/19	14,611.
Michael G. Cobarrubias	21615 E. Bluebell Ct. Walnut, CA 91789	06/30/19	5,100.
Nancy Babka	1528 Schuyler Road Beverly Hills, CA 90210	12/04/18	22,418.
Nancy R Dolci	1991 Heather Dr. Monterey Park, CA 91755	11/07/18	10,000.
Nelly Llanos Kilroy	316 N. Rossmore Blvd., Apt. 600 Los Angeles, CA 90004	06/30/19	10,000.
Nick Deleo	13636 Ventura Blvd., Suite 513 Sherman Oaks, CA 91423	07/18/18	5,000.
Patrick McGonigle	2118 Wilshire Blvd., Suite 538 Santa Monica, CA 90403	11/07/18	10,000.
Peter J King	3311 White Alder Sonoma, CA 95476	12/17/18	5,000.
Pfaffinger Foundation	420 E. Third St., Suite 1010 Los Angeles, CA 90013	12/31/18	20,000.
Phyllis M. Kruckenberg	880 Meadow Pass Rd. Walnut, CA 91789	03/12/19	5,000.
Professional Environmental Marketing Association	2321 E. 4th St., Suite C Santa Ana, CA 92705	12/11/18	22,500.
RAPT Studio	930 Peninsula Ave., Suite 308 San Mateo, CA 94401	08/08/18	5,000.
RBB Architects, Inc.	10980 Wilshire Blvd. Los Angeles, CA 90024	12/31/18	5,000.
Richard L. Meehan	33 Silver Saddle Ln. Rolling Hills Estates, CA 90274	09/26/18	5,000.
Richard S. Kaufman	15625 Woodvale Rd. Encino, CA 91436	08/01/18	5,000.
Roberta L. Furrey	551 Meadow Grove St. La Canada, CA 91011	06/30/19	5,750.

## St. Vincent Senior Citizen Nutrition Pro

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Ronus Foundation at California Community Foundation	221 S. Figueroa St., Suite 400 Los Angeles, CA 90012	08/22/18	30,000.
RSD Charitable and Educational Foundation	2773 Monterey St. Torrance, CA 90503	11/28/18	15,000.
Schultz & Williams, Inc.	1617 JFK Blvd., Suite 1700 Philadelphia, PA 19103	12/31/18	5,000.
Shekels Charitable Foundation Trust	888 S. Figueroa St., Suite 2150 Los Angeles, CA 90017	06/30/19	10,000.
Shirley P. Desrochers	1055 N. Kingsley Dr., Suite LH 312 Los Angeles, CA 90029	06/30/19	10,100.
Silkand Foundation, Inc.	15230 Burbank Blvd., Suite 100 Van Nuys, CA 91411	06/30/19	10,000.
SMR Rental Collection Services	P.O. Box 2727 Capistrano Beach, CA 92624	12/31/18	5,000.
Soares Family Foundation	1795 E. Morada Pl. Altadena, CA 91001	10/16/18	5,000.
Specialty Family Foundation	501 Santa Monica Blvd., Suite 703 Santa Monica, CA 90401	09/19/18	25,000.
The Adams Fund	915 Wilshire Blvd., Suite 1760 Los Angeles, CA 90017	01/28/19	5,000.
The Aidlin Foundation	5143 Sunset Blvd. Los Angeles, CA 90027	06/25/19	40,000.
The Albertsons Companies Foundation	20427 N. 27th Ave. Phoenix, AZ 85027	08/22/18	5,000.
The Cain Foundation	4131 Spicewood Springs Rd., Suite A1 Austin, TX 78759	08/27/18	35,000.
The David E. & Mary C. Gallo Foundation	865 Claus Rd. Modesto, CA 95357	10/16/18	5,000.
The Edelstein Family Charitable Foundation	25 Wheeler Ave., Suite G Arcadia, CA 91006	12/31/18	27,500.
The James D. Scheinfeld Family Foundation	1114 State St., Suite 300 Santa Barbara, CA 93101	08/15/18	7,000.
The Marcia Israel Foundation, Inc.	1925 Century Park E., 16th Floor Los Angeles, CA 90067	12/11/18	18,000.
The Nobbs Family Foundation	880 Meadow Pass Rd. Walnut, CA 91789	12/14/18	5,000.

St. Vincent Senior Citizen Nutrition Pro

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The Ronald Newburg Foundation	9171 Wilshire Blvd., Suite 650 Beverly Hills, CA 90210	11/28/18	5,000.
The Rose Hills Foundation	225 S. Lake Ave., Suite 1250 Pasadena, CA 91101	06/30/19	30,000.
The Thomas R. Ryan Trust	21246 Pacific Coast Hwy. Malibu, CA 90265	06/30/19	5,100.
The Von Der Ahe Foundation	4605 Lankershim Blvd., Suite 707 North Hollywood, CA 91602	12/31/18	5,000.
Vincent F. Guinan	2212 El Monte Ave., Suite M 302 Altadena, CA 91001	06/30/19	6,000.
William M. Keck, Jr. Foundation	P.O. Box 661157 Los Angeles, CA 90066	06/30/19	100,000.
Yerba Buena Fund	275 Battery St., 9th Floor San Francisco, CA 94111	12/17/18	5,000.
Total included on line 3			<u>3,428,730.</u>



CA 199	NonCash Contributions Included on Part I, Line 3	Statement 2
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<u>Contributor's Name</u>	<u>Contributor's Address</u>		
The Ahmanson Foundation	9215 Wilshire Blvd. Beverly Hills, CA 90210		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Delivery Vans & Kitchen Improvements	05/15/19	82,000.	82,000.
Total included on line 3			82,000.

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CA 199	Gross Amount from Sale of Assets	Statement	3
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Description	Date Acquired	Date Sold	Method Acquired	
Sale of Property		04/02/19	PURCHASED	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	1,100,000.	22,324.	0.	1,100,000.

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Description	Date Acquired	Date Sold	Method Acquired	
Disposal of assets			PURCHASED	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	6,704.	2,128.	0.	0.
Total to Form 199, Page 2, ln 6	1,106,704.	24,452.	0.	1,100,000.

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CA 199	Other Income	Statement	4
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Description	Amount
Miscellaneous Revenue	6,496.
Prepared Meals	1,920,939.
Total to Form 199, Part II, line 7	1,927,435.

CA 199	Compensation of Officers, Directors and Trustees	Statement	5
Name and Address	Title and Average Hrs Worked/Wk	Compensation	
Sister Judith Lynn Gardenhire, D.C. 2303 Miramar Street Los Angeles, CA 90057	Chairperson (End 10/18) 2.00	0.	
Sister Joyce Weller, D.C. 2303 Miramar Street Los Angeles, CA 90057	Chairperson (Start 11/18) 2.00	0.	
Michael F. Giron 2303 Miramar Street Los Angeles, CA 90057	Vice Chair 2.00	0.	
Sister Marie Rachelle Cruz, D.C. 2303 Miramar Street Los Angeles, CA 90057	Secretary/Treasurer (Start 2.00	0.	
Sister Lois Lapeyre, D.C. 2303 Miramar Street Los Angeles, CA 90057	Secretary/Treasurer (End 1 2.00	0.	
Mr. Gerald Kozai 2303 Miramar Street Los Angeles, CA 90057	Board Member (Start 11/18) 2.00	0.	
Sister Jo-Anne Laviolette, D.C. 2303 Miramar Street Los Angeles, CA 90057	Board Member (End 10/18) 2.00	0.	
Sister Margaret McDonnell, D.C. 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.	
Ms. Betsy Rosenfeld-Vargas 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	32,940.	
Mr. Rigo J. Saborio 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.	
Veronica Dover Hoffman 2303 Miramar Street Los Angeles, CA 90057	CEO/Executive Director (St 40.00	115,885.	
Total to Form 199, Part II, line 11		148,825.	

CA 199	Other Expenses	Statement	6
Description		Amount	
Direct mail		103,660.	
Other expenses		64,261.	
In-kind expense		62,610.	
Repair & maintenance		55,567.	
Rental expenses		39,088.	
Direct expenses of fundraising events		124,892.	
Pension plan contributions		67,415.	
Other employee benefits		537,477.	
Accounting fees		78,137.	
Professional fundraising fees		528,211.	
Other professional fees		164,119.	
Office expenses		309,313.	
Travel		95,984.	
Insurance		38,151.	
All other expenses		37,444.	
Total to Form 199, Part II, line 17		2,306,329.	

CA 199	Other Investments	Statement	7
Description	Beg. of Year	End of Year	
Pooled investment fund	18,913,129.	21,039,028.	
Total to Form 199, Schedule L, line 9	18,913,129.	21,039,028.	

CA 199	Other Assets	Statement	8
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	455.	3,000,940.	
Prepaid Expenses and Deferred Charges	63,157.	35,875.	
Charitable gift annuities	56,292.	45,032.	
Deposits	9,566.	9,566.	
Total to Form 199, Schedule L, line 12	129,470.	3,091,413.	

CA 199	Bonds and Notes Payable	Statement	9
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Escrow Account Liabilities		19,909.	21,079.
Total to Form 199, Schedule L, line 16		19,909.	21,079.

CA 199	Other Liabilities	Statement	10
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Note payable to related entity		3,212,188.	3,128,255.
Capital lease obligation		68,616.	71,499.
Total to Form 199, Schedule L, line 18		3,280,804.	3,199,754.

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement	11
<u>Description</u>			<u>Amount</u>
Unrealized gain on investments			119,530.
Total to Form 199, Schedule M-1, line 7			119,530.

CA 199	Fund Balances	Statement	12
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Unrestricted Assets		20,925,353.	24,499,702.
Temporarily Restricted Assets		1,990,972.	1,876,886.
Permanently Restricted Assets		1,833,757.	1,833,757.
Total to Form 199, Schedule L, line 21		24,750,082.	28,210,345.

**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

(For Registry Use Only)

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.

<p><u>ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.</u>  <small>Name of Organization</small></p> <p><u>ST. VINCENT MEALS ON WHEELS</u>  <small>List all DBAs and names the organization uses or has used</small></p> <p><u>2303 MIRAMAR STREET</u>  <small>Address (Number and Street)</small></p> <p><u>LOS ANGELES, CA 90057</u>  <small>City or Town, State, and ZIP Code</small></p> <p><u>(213)484-7778</u>      <u>RG</u>  <small>Telephone Number</small>      <small>E-mail Address</small></p>	<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT41750</u></p> <p>Corporation or Organization No. <u>0991560</u></p> <p>Federal Employer ID No. <u>95-3696693</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019 ) list:

Gross Annual Revenue \$ <u>11,482,642</u>	Noncash Contributions \$ <u>147,772</u>	Total Assets \$ <u>31,886,795</u>
Program Expenses \$ <u>5,942,457</u>	Total Expenses \$ <u>7,902,849</u>	

**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? <span style="float:right"><b>SEE STATEMENT 13</b></span>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? <span style="float:right"><b>SEE STATEMENT 14</b></span>	<b>X</b>	
5. During this reporting period, did the organization receive any governmental funding?		<b>X</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**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.**

<u>VERONICA DOVER</u>	<u>CEO/EXECUTIVE DIRECTOR</u>		
<small>Signature of Authorized Agent</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

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CA RRF-1	Explanation of Financial Transactions Part B, Line 1	Statement 13
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Board Member, Betsy R Vargas provided social media strategy services to the organization, earning compensation of \$32,940.

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CA RRF-1

Information Regarding Commercial  
Fundraising Services  
Part B, Line 4

Statement 14

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Schultz and Williams  
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Philadelphia, PA 19106  
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