

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021Open to Public
Inspection

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

| | | | |
|--|--|---|--|
| 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 | C Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. | | D Employer identification number 95-3696693 |
| | Doing business as St. Vincent Meals on Wheels | | E Telephone number (213) 484-7778 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 2303 Miramar Street | | |
| | City or town, state or province, country, and ZIP or foreign postal code Los Angeles, CA 90057 | | G Gross receipts \$ 11,830,862. |
| F Name and address of principal officer: Veronica Dover same as C above | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ | |
| I 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 J Website: ▶ www.stvincentmow.org | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1980 M State of legal domicile: CA | |

Part I Summary

| | | | |
|---|---|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: The mission of St. Vincent Senior Citizen Nutrition Program DBA Meals on Wheels is to prepare | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 81 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 195 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 8,070,968. | Current Year 7,572,315. |
| | 9 Program service revenue (Part VIII, line 2g) | 1,379,266. | 1,058,748. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,647,577. | 3,080,902. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 550. | -25,480. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,098,361. | 11,686,485. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,744,325. | 1,507,104. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,263,607. | 4,382,131. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 605,300. | 556,848. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,239,080. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,832,084. | 1,883,967. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,445,316. | 8,330,050. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 2,653,045. | 3,356,435. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 40,415,031. | End of Year 36,390,213. |
| | 21 Total liabilities (Part X, line 26) | 3,615,038. | 3,596,677. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 36,799,993. | 32,793,536. |

Part II Signature Block

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

| | | | |
|-------------------------------|--|---------------------------------|---|
| Sign Here | Signature of officer | | Date |
| | Veronica Dover, CEO/Executive Director | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | Carlos A. Davis, CPA | | |
| | Firm's name ▶ Harrington Group, CPAs, LLP | Firm's EIN ▶ 95-4557617 | Check if self-employed <input type="checkbox"/> |
| | Firm's address ▶ 2698 Mataro Street | Phone no. (626) 403-6801 | PTIN P02037008 |
| | Pasadena, CA 91107 | | |

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

St. Vincent Senior Citizen Nutrition
Program, Inc.

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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 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, illness,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,321,989. including grants of \$ 1,507,104.) (Revenue \$ 1,058,748.)
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 81 and a volunteer workforce of 195, Meals on Wheels utilizes its 16,000 square foot commercial kitchen and 24 vehicles to deliver approximately 2,668 meals per day to homebound seniors and other vulnerable residents. Total meals served to the community for June 2022 fiscal year end is 835,233.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **6,321,989.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | X |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 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 |
|---|--------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 11 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

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

| | | Yes | No |
|--|--------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 81 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/A | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/A | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | N/A | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | N/A | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | N/A | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | N/A | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | N/A | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | N/A | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | N/A | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | X |
| If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |
| 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | N/A | |
| If "Yes," complete Form 6069. | | | |

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
Alfonso Cervera - (213) 233-0275
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) Veronica Dover CEO/Executive Director | 40.00 | | | X | | | | 193,661. | 0. | 16,973. |
| | | | | X | | | | | | |
| (2) Alfonso Cervera Finance Supervisor | 40.00 | | | X | | | | 103,517. | 0. | 14,690. |
| | | | | X | | | | | | |
| (3) Sister Joyce Weller, D.C. Chairperson | 2.00 | X | | X | | | | 0. | 0. | 0. |
| | | X | | X | | | | | | |
| (4) Mr. Michael F. Giron Vice Chair | 2.00 | X | | X | | | | 0. | 0. | 0. |
| | | X | | X | | | | | | |
| (5) Gaynor B. Rabin Secr./Treas. (Start 11/21) | 2.00 | X | | X | | | | 0. | 0. | 0. |
| | | X | | X | | | | | | |
| (6) Sister Marie Rachelle Cruz, D.C Secr./Treas. to Board Mbr.(11/21) | 2.00 | X | | X | | | | 0. | 0. | 0. |
| | | X | | X | | | | | | |
| (7) Ms. Barbara Barrett Board Member | 2.00 | X | | | | | | 0. | 0. | 0. |
| | | X | | | | | | | | |
| (8) Sister Linda Ann Cahill, D.C. Board Member | 2.00 | X | | | | | | 0. | 0. | 0. |
| | | X | | | | | | | | |
| (9) Sister Margaret McDonnell, D.C. Board Member | 2.00 | X | | | | | | 0. | 0. | 0. |
| | | X | | | | | | | | |
| (10) Sister Pacita Calica, D.C. Board Member (Start 11/21) | 2.00 | X | | | | | | 0. | 0. | 0. |
| | | X | | | | | | | | |
| (11) Ron Plue Board Member (End 3/22) | 2.00 | X | | | | | | 0. | 0. | 0. |
| | | X | | | | | | | | |
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**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Form 990 (2021)

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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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 297,178. | 0. | 31,663. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 297,178. | 0. | 31,663. |

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 |
|--|----------|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Schultz & Williams, 1716 JFK Blvd., Suite 1700, Philadelphia, PA 19106 | Fundraising consultant | 556,848. |
| | | |
| | | |
| | | |
| | | |

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 **1**

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

Form 990 (2021)

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Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--|-----------|----------------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 18,777. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 7,553,538. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 156,790. | | | | |
| | h Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a Prepared Meals | | 722320 | 1,058,748. | 1,058,748. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 1,058,748. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,059,631. | | | 3,059,631. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 21,271. | | | | |
| | c Gain or (loss) | 7c | 0. | | | | |
| | d Net gain or (loss) | | | 21,271. | | | 21,271. |
| | 8 a Gross income from fundraising events (not including \$ 18,777. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 118,230. | | | | | |
| c Net income or (loss) from fundraising events | | | 144,377. | | | | |
| d Net gain or (loss) | | | -26,147. | | | -26,147. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11 a Miscellaneous Revenue | | 900099 | 667. | | | 667. |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 667. | | | |
| 12 Total revenue. See instructions | | | | 11,686,485. | 1,058,748. | 0. | 3,055,422. |

**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 ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-------------------------------|---|--|-------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 72,466. | 72,466. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,434,638. | 1,434,638. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 326,853. | 259,458. | 31,596. | 35,799. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,247,772. | 2,561,057. | 327,462. | 359,253. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 79,524. | 67,191. | 4,465. | 7,868. |
| 9 Other employee benefits | 474,908. | 416,452. | 14,836. | 43,620. |
| 10 Payroll taxes | 253,074. | 207,344. | 17,523. | 28,207. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 77,370. | | 77,370. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 556,848. | | | 556,848. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 144,619. | 46,754. | 95,509. | 2,356. |
| 12 Advertising and promotion | 354,578. | 307,490. | 34,413. | 12,675. |
| 13 Office expenses | 116,632. | 11,696. | 26,247. | 78,689. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 241,680. | 190,579. | 24,368. | 26,733. |
| 17 Travel | 106,521. | 106,521. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 132,406. | 105,217. | 12,965. | 14,224. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 378,610. | 298,556. | 38,174. | 41,880. |
| 23 Insurance | 38,699. | 38,499. | 200. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a In-kind expense | 156,790. | 156,790. | | |
| b Other expenses | 99,480. | 16,619. | 56,691. | 26,170. |
| c Kitchen expenses | 24,163. | 24,163. | | |
| d Dues & subscriptions | 7,454. | | 6,289. | 1,165. |
| e All other expenses | 4,965. | 499. | 873. | 3,593. |
| 25 Total functional expenses. Add lines 1 through 24e | 8,330,050. | 6,321,989. | 768,981. | 1,239,080. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

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

Form 990 (2021)

95-3696693 Page **11**

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 95,988. | 1 | 232,902. |
| | 2 Savings and temporary cash investments | 1,206,223. | 2 | 1,148,104. |
| | 3 Pledges and grants receivable, net | 84,183. | 3 | 457,489. |
| | 4 Accounts receivable, net | 313,327. | 4 | 135,683. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 80,076. | 8 | 69,827. |
| | 9 Prepaid expenses and deferred charges | 45,960. | 9 | 147,965. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10,980,803. | | |
| | b Less: accumulated depreciation | 5,305,960. | | |
| | | 5,855,305. | 10c | 5,674,843. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 32,665,054. | 12 | 28,460,771. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 68,915. | 15 | 62,629. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 40,415,031. | 16 | 36,390,213. | |
| Liabilities | 17 Accounts payable and accrued expenses | 572,456. | 17 | 683,052. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 24,348. | 21 | 20,949. |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,018,234. | 25 | 2,892,676. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,615,038. | 26 | 3,596,677. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 33,312,642. | 27 | 28,982,410. |
| | 28 Net assets with donor restrictions | 3,487,351. | 28 | 3,811,126. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 36,799,993. | 32 | 32,793,536. |
| | 33 Total liabilities and net assets/fund balances | 40,415,031. | 33 | 36,390,213. |

Form **990** (2021)

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

Form 990 (2021)

95-3696693 Page **12**

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,686,485. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,330,050. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,356,435. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 36,799,993. |
| 5 | Net unrealized gains (losses) on investments | 5 | -7,362,892. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 32,793,536. |

Part XII Financial Statements and Reporting

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

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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).)
- 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 on 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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990) 2021

95-3696693 Page **2**

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► ☐

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► ☐

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

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-------------|-------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10,995,208. | 8,155,783. | 8,037,696. | 8,070,968. | 7,690,545. | 42,950,200. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,921,102. | 1,920,939. | 1,806,994. | 1,379,266. | 1,058,748. | 8,087,049. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 12,916,310. | 10,076,722. | 9,844,690. | 9,450,234. | 8,749,293. | 51,037,249. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 51,037,249. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6 | 12,916,310. | 10,076,722. | 9,844,690. | 9,450,234. | 8,749,293. | 51,037,249. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 483,474. | 2,463,266. | 709,062. | 1,647,577. | 3,059,631. | 8,363,010. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 483,474. | 2,463,266. | 709,062. | 1,647,577. | 3,059,631. | 8,363,010. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 122,426. | 6,496. | 13,889. | 550. | 667. | 144,028. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 13,522,210. | 12,546,484. | 10,567,641. | 11,098,361. | 11,809,591. | 59,544,287. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 85.71 % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 88.36 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---------|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | 14.05 % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | 11.28 % |

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ☐

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

Schedule A (Form 990) 2021

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| 2a | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

Schedule A (Form 990) 2021

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year |
|----------------------------------|---|----------------|------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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

| Section D - Distributions | | Current Year |
|--|-----------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 foundationCheck 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), 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), 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).

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

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 | \$ 6,408. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Alex G. Lutz 21147 Brighton Ave. Torrance, CA 90501 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Anna Maria Butturini 934 Hammond St. West Hollywood, CA 90069 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Art Glassman 17104 Faysmith Ave. Torrance, CA 90504 | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Auer Family Foundation 3901 Peartree Pl. Calabasas, CA 91302 | \$ 5,371. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | Barbara A Martin 711 Ocampo Dr. Pacific Palisades, CA 90272 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. | Employer identification number 95-3696693 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | Barbara Ross Charitable Trust 1201 S. Olive St. Los Angeles, CA 90015 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | BJC Ventures II 6800 Owensmouth Ave., Suite 350 Canoga Park, CA 91303 | \$ 6,706. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | Calmoseptine Inc. 16602 Burke Lane Huntington Beach, CA 92647 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | Carole M. Kraber 906 Liberty Springs Way Spring, TX 77373 | \$ 124,204. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | Carrie Estelle Doheny Foundation 707 Wilshire Blvd., Suite 4960 Los Angeles, CA 90017 | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | Coleman Living Trust 4842 Presidio Dr. Los Angeles, CA 90043 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. | Employer identification number 95-3696693 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | Community Betterment Services 74655 Stage Line Dr. Thousand Palms, CA 92276 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | Dan Murphy Foundation 800 W. 6th St., Suite 1240 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.) |
| 15 | Daniel R. Tranzillo Trust 363 N. Canyon Blvd. Monrovia, CA 91016 | \$ 20,017. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | Daughters of Charity Foundation 2200 W. Third St., Suite 300 Los Angeles, CA 90057 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | Delphine M. Baptista Living Trust 2021 S. Shirk Rd. Visalia, CA 93277 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | Delta Dental Insurance Company 560 Mission St., Suite 1300 San Francisco, CA 94105 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. | Employer identification number 95-3696693 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 19 | 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.) |
| 20 | Dolores A. Cruz 503 38th St. Newport Beach, CA 92663 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | Dolores E. Modolo Family Trust 947 Newbury Rd. Newbury Park, CA 91320 | \$ 10,375. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | Donald & Gigi Grant Fund 10380 Wilshire Blvd., Suite 1804 Los Angeles, CA 90024 | \$ 100,096. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | 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.) |
| 24 | Dwight C. Hirsh 602 Hubble St. Davis, CA 95616 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 25 | Edmund N. Duzik and Marilyn A.P. Duzik 3434 Woodcliff Rd. Sherman Oaks, CA 91403 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | Eldridge R. Walker 1566 Sanborn Ave. Los Angeles, CA 90027 | \$ 25,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | Elks of Los Angeles Foundation 2406 Claygate Court Los Angeles, CA 90077 | \$ 7,678. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | Estate of Arthur John 1611 S. Pacific Coast Hwy., Suite 301 Redondo Beach, CA 90277 | \$ 466,785. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | Felice A. Miller 4140 Ventura Canyon Ave. Sherman Oaks, CA 91423 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | Felipe J. Alpas 2025 Saleroso Dr. Rowland Heights, CA 91748 | \$ 10,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 31 | Fenton Family Charitable Fund 1 Amgen Center Dr., MS 38-3-B Thousand Oaks, CA 91320 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | Gale P. Runnells P.O. Box 2477 Bay City, TX 77404 | \$ 5,258. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | Gary Broad Foundation 300 S. Grand Ave., Suite 1800 Los Angeles, CA 90071 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | Gil Roybal P.O. Box 2727 Capistrano Beach, CA 92624 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | Hale Thornhill 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.) |
| 36 | Helene Yosko 11831 Wagner St. Culver City, CA 90230 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. | Employer identification number 95-3696693 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 37 | Howard J. Drollinger 7431 Westlawn Ave. Los Angeles, CA 90045 | \$ 5,676. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | Ian McShane 578 Washington Blvd., Unit 826 Marina Del Rey, CA 90292 | \$ 11,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | Ilene Clow Foundation 37 Marguerite Dr. Rancho Palos Verdes, CA 90275 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | James Parfitt 16338 Itasca St. North Hills, CA 91343 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | JDK Revocable Trust 1801 S. Catalina Ave., Suite 307 Redondo Beach, CA 90277 | \$ 1,524,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | Jisun Ryoo 3155 Stone Oak Dr. Los Angeles, CA 90049 | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. | Employer identification number 95-3696693 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 43 | Joan H Jones 1900 Avenue of the Stars, Suite 400 Los Angeles, CA 90067 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | John B. and Nelly Llanos Kilroy Foundation 25919 Chalmette Lane Rolling Hills Estates, CA 90274 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | Joseph B. Dohn Trust P.O. Box 9736 Rancho Santa Fe, CA 92067 | \$ 5,260. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | Kathleen L. McCarthy 10449 Bainbridge Ave. 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.) |
| 47 | Ladies of Charity of St Vincent De Paul 210 N. Ave 21 Los Angeles, CA 90031 | \$ 7,590. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | 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.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 49 | 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.) |
| 50 | Mary L. Baur 306 S. Westmoreland Ave. Los Angeles, CA 90020 | \$ 10,160. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | Maureen G. Burbach 12829 Glynn Ave. Downey, CA 90242 | \$ 26,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | Meals on Wheels America 1550 Crystal Dr., Suite 1004 Arlington, VA 22202 | \$ 5,502. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | Michael A. Tsui 22132 Pommel Court Walnut, CA 91789 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | Michael L. Pace 15457 Monte St. Sylmar, CA 91342 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 55 | Nadia B. Sawiris 1920 Oakgate St. Monterey Park, CA 91755 | \$ 29,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | Nancy Babka 1528 Schuyler Rd. Beverly Hills, CA 90210 | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | 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.) |
| 58 | Nelly Llanos Kilroy 316 N. Rossmore Blvd., Unit 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.) |
| 59 | Patricia A. Gomez 1424 Cuesta Way Montebello, CA 90640 | \$ 5,922. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | Patrick McGonigle 2118 Wilshire Blvd., Unit 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.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 61 | 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.) |
| 62 | Pfaffinger Foundation 420 E. Third St., Suite 1010 Los Angeles, CA 90013 | \$ 40,000. | 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 | \$ 18,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | Rev. Francis J. Weber 15151 San Fernando Mission Blvd. Mission Hills, CA 91345 | \$ 6,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | Richard E. Clapp 2526 Almaden Ct. Los Angeles, CA 90077 | \$ 6,000. | 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.) |

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|------------|--|----------------------------|---|
| 67 | Ricardo A. Llanos 3467 La Sombra Dr. Hollywood, CA 90068 | \$ 10,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | Robert C. Edwards 600 N. Rosemead Blvd., Suite 203 Pasadena, CA 91107 | \$ 962,928. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | Robert E. G. Ronus 133 S. June St. 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.) |
| 70 | Robert G. Lascoe Revocable Trust 1213 Limestone Creek Dr. Keller, TX 76248 | \$ 36,676. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | Robert Nelson Foundation 1055 Wilshire Blvd., Suite 1710 Los Angeles, CA 90017 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | Roberta L. Furrey 551 Meadow Grove St. La Canada, CA 91011 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 73 | RSD Charitable and Educational Foundation 136 Northam Ave. San Carlos, CA 94070 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | Shuler Trust 564 N. Winuba Lane Bishop, CA 93514 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | Soares Family Foundation 1795 E. Morada Place Altadena, CA 91001 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | Specialty Family Foundation 2109 Stoner Ave. Los Angeles, CA 90025 | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | 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.) |
| 78 | The Ahmanson Foundation 9215 Wilshire Blvd. 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.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 79 | The Aidlin Foundation 5143 Sunset Blvd. Los Angeles, CA 90027 | \$ 70,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | 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.) |
| 81 | The Bettie Gordon Neale Foundation P.O. Box 3275 Westlake Village, CA 91359 | \$ 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 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | The Carol Moss Foundation 501 Silverside Rd., Suite 123 Wilmington, DE 19809 | \$ 125,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | The David E. & Mary C. Gallo Foundation 865 Claus Road Modesto, CA 95357 | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 85 | The Foundation Works 2411 W. Empire Ave. Burbank, CA 91504 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | The Frances Moore Trust 2337 Elda St. Bradbury, CA 91008 | \$ 103,329. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | The Harold Edelstein Foundation 4100 W. Alameda Ave., Suite 350 Burbank, CA 91505 | \$ 27,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | The Marcia Israel Foundation, Inc. 1925 Century Park East, 16th Floor Los Angeles, CA 90067 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | The Nobbs Family Foundation 880 Meadow Pass Rd. Walnut, CA 91789 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | The Oasis Institute 11780 Borman Dr., Suite 400 Saint Louis, MO 63146 | \$ 51,274. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 91 | 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.) |
| 92 | The Rose Hills Foundation 225 S. Lake Ave., Suite 1250 Pasadena, CA 91101 | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | The Smidt Family Foundation Trust 107 N. Reino Dr., Suite 343 Newbury Park, CA 91320 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | The Turner Trust 4613 Encinas Dr. La Canada Flintridge, CA 91011 | \$ 140,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | The Von Der Ahe Foundation 4605 Lankershim Blvd., Suite 707 North Hollywood, CA 91602 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | United Way Emergency Food and Shelter 701 N. Fairfax St. Alexandria, VA 22314 | \$ 48,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 97 | Viento Dios Family Foundation, Inc. 46 Peninsula Center, Suite E Rolling Hills Estates, CA 90274 | \$ 5,160. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | Vincent F. Guinan 2212 El Molino Ave., Suite M302 Altadena, CA 91001 | \$ 8,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | Vizient, Inc. 155 N. Upper Wacker Chicago, IL 60606 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | W. M. Keck Foundation 515 S. Flower St., Suite 800 Los Angeles, CA 90071 | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | Alice E. Kinsman 258 San Joaquin St. Laguna Beach, CA 92651 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | Emerson Healthcare c/o GEODIS 1801 Innovation Blvd. Clayton, OH 46118 | \$ 36,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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 |
|------------|---|----------------------------|---|
| 103 | Kate Farms, Inc. 101 Innovation Place Santa Barbara, CA 93108 | \$ 12,816. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | Korbex International 16325 S. Avalon Blvd., Suite B Gardena, CA 90248 | \$ 10,206. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | Liquid IV 777 S. Aviation Blvd., Suite 105 El Segundo, CA 90245 | \$ 37,440. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | Logistic Plus 8975 Remington Ave. Chino, CA 91710 | \$ 34,990. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | Dale Zuelhls 404 S. Figueroa, Suite 520B Los Angeles, CA 90071 | \$ 14,750. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 St. Vincent Senior Citizen Nutrition Program, Inc. | Employer identification number 95-3696693 |
|---|---|

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 |
|------------------------------|--|---|----------------------|
| 102 | Hydration fluids | \$ 36,000. | 04/19/22 |
| 103 | Nutrition drinks | \$ 12,816. | 09/03/21 |
| 104 | Disinfectants | \$ 10,206. | 02/07/22 |
| 105 | Hydration packs | \$ 37,440. | 09/28/21 |
| 106 | Santizers and disinfecting wipes | \$ 34,990. | 12/23/21 |
| 107 | KN95 masks | \$ 14,750. | 02/02/22 |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.)  \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

**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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,833,757. | 1,833,757. | 1,833,757. | 1,833,757. | 1,833,757. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 356,895. | 391,139. | 69,714. | 103,437. | 42,665. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 356,895. | 391,139. | 69,714. | 103,437. | 42,665. |
| f Administrative expenses | | | | | |
| g 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 ☒ 100.0000 %

c Term endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

| | Yes | No |
|---------------|-------------------------------------|-------------------------------------|
| 3a(i) | | <input checked="" type="checkbox"/> |
| 3a(ii) | <input checked="" type="checkbox"/> | |
| 3b | <input checked="" type="checkbox"/> | |

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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 9,461,058. | 4,295,351. | 5,165,707. |
| c Leasehold improvements | | | | |
| d Equipment | | 715,674. | 378,950. | 336,724. |
| e Other | | 804,071. | 631,659. | 172,412. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 5,674,843. |

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

Schedule D (Form 990) 2021

95-3696693 Page **3**

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 | 28,460,771. | End-of-Year Market Value |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 28,460,771. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) Note payable to related entity | 2,853,851. |
| (3) Capital lease obligation | 38,825. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 2,892,676. |

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

Schedule D (Form 990) 2021

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 | 4,467,970. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -7,362,892. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 144,377. |
| e | Add lines 2a through 2d | 2e | -7,218,515. |
| 3 | Subtract line 2e from line 1 | 3 | 11,686,485. |
| 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 | 11,686,485. |

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 | 8,474,427. |
| 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 | 144,377. |
| e | Add lines 2a through 2d | 2e | 144,377. |
| 3 | Subtract line 2e from line 1 | 3 | 8,330,050. |
| 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 | 8,330,050. |

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:

There are two Charitable Gift Annuities under the trust of Meals on Wheels. Under the trust agreements, St. Vincent Meals on Wheels 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 event | 144,377. |
|---------------|----------|

Part XII, Line 2d - Other Adjustments:

| | |
|----------------|----------|
| Special events | 144,377. |
|----------------|----------|

Department of the Treasury
Internal Revenue Service

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.

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

2021

Open to Public Inspection

Employer identification number
95-3696693

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

$$\overline{CA}$$

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

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)) |
|---|--|---|--------------|------------------------|--|
| | | Hollywood Under the St (event type) | (event type) | None (total number) | |
| Revenue | 1 Gross receipts | 137,007. | | | 137,007. |
| | 2 Less: Contributions | 18,777. | | | 18,777. |
| | 3 Gross income (line 1 minus line 2) | 118,230. | | | 118,230. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 87,975. | | | 87,975. |
| | 7 Food and beverages | 1,000. | | | 1,000. |
| | 8 Entertainment | 7,500. | | | 7,500. |
| | 9 Other direct expenses | 47,902. | | | 47,902. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 144,377. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -26,147. | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

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

(i) Name of Fundraiser: Schultz & Williams

(i) Address of Fundraiser:

One Penn Center @ Surburban Station, 1617 JFK Blvd., Suite 1700, Philadelphia

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.

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|--|
| Culver Palms Meals on Wheels 4427 Overland Ave. Culver City, CA 90230 | 95-2891003 | 501(c)(3) | 0. | 5,550. | FMV | Meals subsidy | 1,151 meals delivered for program participants in need. |
| St Barnabas Senior Center 675 S. Carondelet St. Los Angeles, CA 90057 | 95-1641435 | 501(c)(3) | 0. | 66,916. | FMV | Meals subsidy | 10,558 meals delivered for program participants in need. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 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) 2021

St. Vincent Senior Citizen Nutrition
Program, Inc.

95-3696693

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 | 824253 | 0. | 1,434,638. | At cost | Nutritious meals provided to individuals. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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

| | | Yes | No |
|---|-----------|-----|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | | | |
| <input type="checkbox"/> Travel for companions | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | | | |
| <input type="checkbox"/> Discretionary spending account | | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | | |
| <input type="checkbox"/> Payments for business use of personal residence | | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | | |
| <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 | 1b | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input type="checkbox"/> Compensation committee | | | |
| <input type="checkbox"/> Independent compensation consultant | | | |
| <input type="checkbox"/> Form 990 of other organizations | | | |
| <input type="checkbox"/> Written employment contract | | | |
| <input type="checkbox"/> Compensation survey or study | | | |
| <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? | 4a | | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | 5a | | X |
| b Any related organization? | 5b | | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Page 2

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.

Schedule J (Form 990) 2021

| | |
|-----------------|---------------------------------|
| Part III | Supplemental Information |
|-----------------|---------------------------------|

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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 | | | | |
| 6 Cars and other vehicles | | | | |
| 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 | 11 | 90,062. | Retail price @ purch |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (COVID PPE) | X | 6 | 66,728. | Retail price @ purch |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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) 2021

St. Vincent Senior Citizen Nutrition
Program, Inc.

Schedule M (Form 990) 2021

95-3696693

Page 2

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 items contributed to the organization.

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

St. Vincent Senior Citizen Nutrition
Program, Inc.

Employer identification number
95-3696693

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

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:

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 15a:

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

Part VI, question 15(b) was answered "no" as there were no other officers

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

Employer identification number
95-3696693

or key employees compensated during the year.

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

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 for instructions and the latest information.

OMB No. 1545-0047

2021

**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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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 |
| Daughters of Charity Foundation - 77-0047181 2200 W. Third St., Suite 300 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 |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2021

See Part VII for Continuations

Schedule R (Form 990) 2021

Page 2

Part III

Part IV

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

Schedule R (Form 990) 2021

95-3696693 Page **3**

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 |
|--|-----------|----------|
| 1 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s 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) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2021

Page 4

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.

[illegible]

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:

Daughters of Charity Foundation

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

2021

California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022.

Corporation/Organization name **ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.** California corporation number **0991560**

Additional information. See instructions. FEIN **95-3696693**

Street address (suite or room) **2303 MIRAMAR STREET** PMB no.

City **LOS ANGELES** State **CA** ZIP code **90057**

Foreign country name Foreign province/state/county Foreign postal code

A First return ☐ Yes ☒ No

B Amended return ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final information return?

• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) •

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No

If "Yes," what is the parent's name?

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

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☒ No

Date filed with IRS

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

| | | | | | |
|---|--|--|---|-----------------------------------|---------------------------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 4,258,547 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 7,572,315 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 | 4 | 11,830,862 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 11,830,862 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 8,474,427 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 3,356,435 | 00 |
| Filing Fee | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of officer | Title CEO/EXECUTIVE | Date | • Telephone | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | • PTIN P02037008 | |
| | Firm's name (or yours, if self-employed) and address | HARRINGTON GROUP, CPAS, LLP | | | • Firm's FEIN 95-4557617 |
| | 2698 MATARO STREET | | | • Telephone (626) 403-6801 | |
| | PASADENA, CA 91107 | | | | |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

128951 01-19-22

| | | | | | | |
|------------------------------------|----|--|---|----|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 118,230 | 00 |
| | 2 | Interest | • | 2 | | 00 |
| | 3 | Dividends | • | 3 | 3,059,631 | 00 |
| | 4 | Gross rents | • | 4 | | 00 |
| | 5 | Gross royalties | • | 5 | | 00 |
| | 6 | Gross amount received from sale of assets (See instructions) STATEMENT 3 | • | 6 | 21,271 | 00 |
| | 7 | Other income SEE STATEMENT 4 | • | 7 | 1,059,415 | 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 4,258,547 | 00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 1,507,104 | 00 |
| | 10 | Disbursements to or for members | • | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 5 | • | 11 | 326,853 | 00 |
| | 12 | Other salaries and wages | • | 12 | 3,247,772 | 00 |
| | 13 | Interest | • | 13 | 132,406 | 00 |
| | 14 | Taxes | • | 14 | 253,074 | 00 |
| | 15 | Rents | • | 15 | 241,680 | 00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 378,610 | 00 |
| | 17 | Other expenses and disbursements SEE STATEMENT 6 | • | 17 | 2,386,928 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 8,474,427 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 1,302,211 | • | 1,381,006 |
| 2 | Net accounts receivable | | 313,327 | • | 135,683 |
| 3 | Net notes receivable | | | • | |
| 4 | Inventories | | 80,076 | • | 69,827 |
| 5 | Federal and state government obligations | | | • | |
| 6 | Investments in other bonds | | | • | |
| 7 | Investments in stock | | | • | |
| 8 | Mortgage loans | | | • | |
| 9 | Other investments STMT 7 | | 32,665,054 | • | 28,460,771 |
| 10 | a Depreciable assets | 10,856,234 | | 10,980,803 | |
| | b Less accumulated depreciation | (5,000,929) | 5,855,305 | (5,305,960) | 5,674,843 |
| 11 | Land | | | • | |
| 12 | Other assets STMT 8 | | 199,058 | • | 668,083 |
| 13 | Total assets | | 40,415,031 | | 36,390,213 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 572,456 | • | 683,052 |
| 15 | Contributions, gifts, or grants payable | | | • | |
| 16 | Bonds and notes payable STMT 9 | | 24,348 | • | 20,949 |
| 17 | Mortgages payable | | | • | |
| 18 | Other liabilities STMT 10 | | 3,018,234 | | 2,892,676 |
| 19 | Capital stock or principal fund | | | • | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 | Retained earnings or income fund | | 36,799,993 | • | 32,793,536 |
| 22 | Total liabilities and net worth | | 40,415,031 | | 36,390,213 |

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 | • | -4,006,457 | 7 | Income recorded on books this year not included in this return. Attach schedule * | • | -7,362,892 |
| 2 | Federal income tax | • | | 8 | Deductions in this return not charged against book income this year. Attach schedule | • | |
| 3 | Excess of capital losses over capital gains | • | | 9 | Total. Add line 7 and line 8 | | -7,362,892 |
| 4 | Income not recorded on books this year. Attach schedule | • | | 10 | Net income per return. Subtract line 9 from line 6 | | 3,356,435 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | | | |
| 6 | Total. Add line 1 through line 5 | | -4,006,457 | | | | |

* SEE STATEMENT

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

| Contributor's Name | Contributor's Address | Date of Gift | Amount |
|----------------------------------|---|-----------------|----------|
| 1989 Sheinbaum Trust | 345 Rockingham Ave. Los Angeles, CA 90049 | 09/29/21 | 6,408. |
| Alex G. Lutz | 21147 Brighton Ave. Torrance, CA 90501 | 04/04/22 | 5,000. |
| Anna Maria Butturini | 934 Hammond St. West Hollywood, CA 90069 | 11/22/21 | 5,000. |
| Art Glassman | 17104 Faysmith Ave. Torrance, CA 90504 | 05/05/22 | 12,500. |
| Auer Family Foundation | 3901 Peartree Pl. Calabasas, CA 91302 | 10/27/21 | 5,371. |
| Barbara A Martin | 711 Ocampo Dr. Pacific Palisades, CA 90272 | 08/10/21 | 15,000. |
| Barbara Ross Charitable Trust | 1201 S. Olive St. Los Angeles, CA 90015 | 08/23/21 | 25,000. |
| BJC Ventures II | 6800 Owensmouth Ave., Suite 350 Canoga Park, CA 91303 | 03/18/22 | 6,706. |
| Calmoseptine Inc. | 16602 Burke Lane Huntington Beach, CA 92647 | 11/24/21 | 100,000. |
| Carole M. Kraber | 906 Liberty Springs Way Spring, TX 77373 | 11/04/21 | 124,204. |
| Carrie Estelle Doheny Foundation | 707 Wilshire Blvd., Suite 4960 Los Angeles, CA 90017 | 07/02/21 | 35,000. |
| Coleman Living Trust | 4842 Presidio Dr. Los Angeles, CA 90043 | 03/25/22 | 5,000. |
| Community Betterment Services | 74655 Stage Line Dr. Thousand Palms, CA 92276 | 07/15/21 | 10,000. |
| Dan Murphy Foundation | 800 W. 6th St., Suite 1240 Los Angeles, CA 90017 | 10/15/21 | 5,000. |
| Daniel R. Tranzillo Trust | 363 N. Canyon Blvd. Monrovia, CA 91016 | 03/25/22 | 20,017. |

| St. Vincent Senior Citizen Nutrition Pro | | | 95-3696693 |
|--|---|----------|------------|
| Daughters of Charity Foundation | 2200 W. Third St., Suite 300 Los Angeles, CA 90057 | 05/03/22 | 15,000. |
| Delphine M. Baptista Living Trust | 2021 S. Shirk Rd. Visalia, CA 93277 | 11/04/21 | 5,000. |
| Delta Dental Insurance Company | 560 Mission St., Suite 1300 San Francisco, CA 94105 | 03/16/22 | 15,000. |
| Dennis G. Zill | 8239 Sunnyside Dr. Playa Del Rey, CA 90293 | 11/08/21 | 27,000. |
| Dolores A. Cruz | 503 38th St. Newport Beach, CA 92663 | 06/16/22 | 6,000. |
| Dolores E. Modolo Family Trust | 947 Newbury Rd. Newbury Park, CA 91320 | 02/25/22 | 10,375. |
| Donald & Gigi Grant Fund | 10380 Wilshire Blvd., Suite 1804 Los Angeles, CA 90024 | 06/06/22 | 100,096. |
| Donald A. Mullane | 3269 Canal Point Rd. Hacienda Heights, CA 91745 | 11/22/21 | 10,000. |
| Dwight C. Hirsh | 602 Hubble St. Davis, CA 95616 | 12/09/21 | 10,000. |
| Edmund N. Duzik and Marilyn A.P. Duzik | 3434 Woodcliff Rd. Sherman Oaks, CA 91403 | 09/29/21 | 50,000. |
| Eldridge R. Walker | 1566 Sanborn Ave. Los Angeles, CA 90027 | 12/02/21 | 25,500. |
| Elks of Los Angeles Foundation | 2406 Claygate Court Los Angeles, CA 90077 | 12/29/21 | 7,678. |
| Estate of Arthur John | 1611 S. Pacific Coast Hwy., Suite 301 Redondo Beach, CA 90277 | 09/07/21 | 466,785. |
| Felice A. Miller | 4140 Ventura Canyon Ave. Sherman Oaks, CA 91423 | 04/12/22 | 10,000. |
| Felipe J. Alpas | 2025 Saleroso Dr. Rowland Heights, CA 91748 | 06/30/22 | 10,950. |
| Fenton Family Charitable Fund | 1 Amgen Center Dr., MS 38-3-B Thousand Oaks, CA 91320 | 09/29/21 | 7,000. |
| Gale P. Runnells | P.O. Box 2477 Bay City, TX 77404 | 03/29/22 | 5,258. |
| Gary Broad Foundation | 300 S. Grand Ave., Suite 1800 Los Angeles, CA 90071 | 12/29/21 | 30,000. |

| St. Vincent Senior Citizen Nutrition Pro | | | 95-3696693 |
|--|--|----------|------------|
| Gil Roybal | P.O. Box 2727 Capistrano Beach, CA 92624 | 12/29/21 | 10,000. |
| Hale Thornhill Foundation | 10801 Ambazac Way Los Angeles, CA 90077 | 10/05/21 | 5,000. |
| Helene Yosko | 11831 Wagner St. Culver City, CA 90230 | 12/29/21 | 5,000. |
| Howard J. Drollinger | 7431 Westlawn Ave. Los Angeles, CA 90045 | 06/15/22 | 5,676. |
| Ian McShane | 578 Washington Blvd., Unit 826 Marina Del Rey, CA 90292 | 05/01/22 | 11,200. |
| Ilene Clow Foundation | 37 Marguerite Dr. Rancho Palos Verdes, CA 90275 | 12/14/21 | 10,000. |
| James Parfitt | 16338 Itasca St. North Hills, CA 91343 | 06/23/22 | 5,000. |
| JDK Revocable Trust | 1801 S. Catalina Ave., Suite 307 Redondo Beach, CA 90277 | 12/17/21 | 1,524,000. |
| Jisun Ryoo | 3155 Stone Oak Dr. Los Angeles, CA 90049 | 04/08/22 | 9,000. |
| Joan H Jones | 1900 Avenue of the Stars, Suite 400 Los Angeles, CA 90067 | 12/03/21 | 25,000. |
| John B. and Nelly Llanos Kilroy Foundation | 25919 Chalmette Lane Rolling Hills Estates, CA 90274 | 08/04/21 | 10,000. |
| Joseph B. Dohn Trust | P.O. Box 9736 Rancho Santa Fe, CA 92067 | 12/29/21 | 5,260. |
| Kathleen L. McCarthy | 10449 Bainbridge Ave. Los Angeles, CA 90024 | 12/14/21 | 5,000. |
| Ladies of Charity of St Vincent De Paul | 210 N. Ave 21 Los Angeles, CA 90031 | 06/16/22 | 7,590. |
| Lewis A. Kingsley Foundation | 4508 Gainsborough Ave. Los Angeles, CA 90027 | 05/03/22 | 20,000. |
| Lon V. Smith Foundation | 9440 Santa Monica Blvd., Suite 300 Beverly Hills, CA 90210 | 11/08/21 | 25,000. |
| Mary L. Baur | 306 S. Westmoreland Ave. Los Angeles, CA 90020 | 01/27/22 | 10,160. |
| Maureen G. Burbach | 12829 Glynn Ave. Downey, CA 90242 | 06/30/22 | 26,000. |

| St. Vincent Senior Citizen Nutrition Pro | | | 95-3696693 |
|--|---|----------|------------|
| Meals on Wheels America | 1550 Crystal Dr., Suite 1004 Arlington, VA 22202 | 07/07/21 | 5,502. |
| Michael A. Tsui | 22132 Pommel Court Walnut, CA 91789 | 04/20/22 | 5,000. |
| Michael L. Pace | 15457 Monte St. Sylmar, CA 91342 | 08/23/21 | 50,000. |
| Nadia B. Sawiris | 1920 Oakgate St. Monterey Park, CA 91755 | 06/06/22 | 29,250. |
| Nancy Babka | 1528 Schuyler Rd. Beverly Hills, CA 90210 | 09/21/21 | 65,000. |
| Nancy R Dolci | 1991 Heather Dr. Monterey Park, CA 91755 | 12/28/21 | 10,000. |
| Nelly Llanos Kilroy | 316 N. Rossmore Blvd., Unit 600 Los Angeles, CA 90004 | 06/02/22 | 10,000. |
| Patricia A. Gomez | 1424 Cuesta Way Montebello, CA 90640 | 12/17/21 | 5,922. |
| Patrick McGonigle | 2118 Wilshire Blvd., Unit 538 Santa Monica, CA 90403 | 09/24/21 | 10,000. |
| Peter J. King | 3311 White Alder Sonoma, CA 95476 | 12/29/21 | 5,000. |
| Pfaffinger Foundation | 420 E. Third St., Suite 1010 Los Angeles, CA 90013 | 11/11/21 | 40,000. |
| Professional Environmental Marketing Association | 2321 E. 4th St., Suite C Santa Ana, CA 92705 | 12/21/21 | 18,700. |
| Rev. Francis J. Weber | 15151 San Fernando Mission Blvd. Mission Hills, CA 91345 | 06/22/22 | 6,600. |
| Richard E. Clapp | 2526 Almaden Ct. Los Angeles, CA 90077 | 09/07/21 | 6,000. |
| Richard L. Meehan | 33 Silver Saddle Ln. Rolling Hills Estates, CA 90274 | 02/08/22 | 5,000. |
| Ricardo A. Llanos | 3467 La Sombra Dr. Hollywood, CA 90068 | 06/27/22 | 10,900. |
| Robert C. Edwards | 600 N. Rosemead Blvd., Suite 203 Pasadena, CA 91107 | 05/20/22 | 962,928. |
| Robert E. G. Ronus | 133 S. June St. Los Angeles, CA 90004 | 12/23/21 | 10,000. |

| St. Vincent Senior Citizen Nutrition Pro | | | 95-3696693 |
|--|--|----------|------------|
| Robert G. Lascoe Revocable Trust | 1213 Limestone Creek Dr. Keller, TX 76248 | 04/29/22 | 36,676. |
| Robert Nelson Foundation | 1055 Wilshire Blvd., Suite 1710 Los Angeles, CA 90017 | 02/08/22 | 20,000. |
| Roberta L. Furrey | 551 Meadow Grove St. La Canada, CA 91011 | 12/31/21 | 10,000. |
| RSD Charitable and Educational Foundation | 136 Northam Ave. San Carlos, CA 94070 | 12/02/21 | 30,000. |
| Shuler Trust | 564 N. Winuba Lane Bishop, CA 93514 | 12/31/21 | 5,000. |
| Soares Family Foundation | 1795 E. Morada Place Altadena, CA 91001 | 12/14/21 | 7,000. |
| Specialty Family Foundation | 2109 Stoner Ave. Los Angeles, CA 90025 | 06/02/22 | 40,000. |
| The Adams Fund | 915 Wilshire Blvd., Suite 1760 Los Angeles, CA 90017 | 04/04/22 | 5,000. |
| The Ahmanson Foundation | 9215 Wilshire Blvd. Beverly Hills, CA 90210 | 03/16/22 | 5,000. |
| The Aidlin Foundation | 5143 Sunset Blvd. Los Angeles, CA 90027 | 06/14/22 | 70,000. |
| The Albertsons Companies Foundation | 20427 N. 27th Ave. Phoenix, AZ 85027 | 05/18/22 | 5,000. |
| The Bettie Gordon Neale Foundation | P.O. Box 3275 Westlake Village, CA 91359 | 11/16/21 | 5,000. |
| The Cain Foundation | 4131 Spicewood Springs Rd., Suite A1 Austin, TX 78759 | 12/29/21 | 10,000. |
| The Carol Moss Foundation | 501 Silverside Rd., Suite 123 Wilmington, DE 19809 | 12/23/21 | 125,000. |
| The David E. & Mary C. Gallo Foundation | 865 Claus Road Modesto, CA 95357 | 12/31/21 | 6,500. |
| The Foundation Works | 2411 W. Empire Ave. Burbank, CA 91504 | 05/19/22 | 25,000. |
| The Frances Moore Trust | 2337 Elda St. Bradbury, CA 91008 | 10/19/21 | 103,329. |
| The Harold Edelstein Foundation | 4100 W. Alameda Ave., Suite 350 Burbank, CA 91505 | 04/05/22 | 27,500. |

| St. Vincent Senior Citizen Nutrition Pro | | | 95-3696693 |
|--|--|----------|------------|
| The Marcia Israel Foundation, Inc. | 1925 Century Park East, 16th Floor Los Angeles, CA 90067 | 12/14/21 | 25,000. |
| The Nobbs Family Foundation | 880 Meadow Pass Rd. Walnut, CA 91789 | 11/22/21 | 10,000. |
| The Oasis Institute | 11780 Borman Dr., Suite 400 Saint Louis, MO 63146 | 06/17/22 | 51,274. |
| The Ronald Newburg Foundation | 9171 Wilshire Blvd., Suite 650 Beverly Hills, CA 90210 | 12/02/21 | 5,000. |
| The Rose Hills Foundation | 225 S. Lake Ave., Suite 1250 Pasadena, CA 91101 | 12/28/21 | 80,000. |
| The Smidt Family Foundation Trust | 107 N. Reino Dr., Suite 343 Newbury Park, CA 91320 | 12/14/21 | 50,000. |
| The Turner Trust | 4613 Encinas Dr. La Canada Flintridge, CA 91011 | 03/09/22 | 140,000. |
| The Von Der Ahe Foundation | 4605 Lankershim Blvd., Suite 707 North Hollywood, CA 91602 | 12/28/21 | 15,000. |
| United Way Emergency Food and Shelter | 701 N. Fairfax St. Alexandria, VA 22314 | 09/09/21 | 48,900. |
| Viento Dios Family Foundation, Inc. | 46 Peninsula Center, Suite E Rolling Hills Estates, CA 90274 | 12/31/21 | 5,160. |
| Vincent F. Guinan | 2212 El Molino Ave., Suite M302 Altadena, CA 91001 | 12/23/21 | 8,500. |
| Vizient, Inc. | 155 N. Upper Wacker Chicago, IL 60606 | 06/15/22 | 7,500. |
| W. M. Keck Foundation | 515 S. Flower St., Suite 800 Los Angeles, CA 90071 | 11/17/21 | 13,000. |
| Alice E. Kinsman | 258 San Joaquin St. Laguna Beach, CA 92651 | 06/30/22 | 5,000. |
| Total included on line 3 | | | 5,166,875. |

| | | | |
|--------|---|-----------|---|
| CA 199 | NonCash Contributions Included on Part I, Line 3 | Statement | 2 |
|--------|---|-----------|---|

| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
|-------------------------------|---|--------------------|---------------------|
| Emerson Healthcare c/o GEODIS | 1801 Innovation Blvd. Clayton, OH 46118 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>FMV of Gift</u> | <u>Total Amount</u> |
| Hydration fluids | 04/19/22 | 36,000. | 36,000. |

| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
|-----------------------------|--|--------------------|---------------------|
| Kate Farms, Inc. | 101 Innovation Place Santa Barbara, CA 93108 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>FMV of Gift</u> | <u>Total Amount</u> |
| Nutrition drinks | 09/03/21 | 12,816. | 12,816. |

| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
|-----------------------------|--|--------------------|---------------------|
| Korbex International | 16325 S. Avalon Blvd., Suite B Gardena, CA 90248 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>FMV of Gift</u> | <u>Total Amount</u> |
| Disinfectants | 02/07/22 | 10,206. | 10,206. |

| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
|-----------------------------|---|--------------------|---------------------|
| Liquid IV | 777 S. Aviation Blvd., Suite 105 El Segundo, CA 90245 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>FMV of Gift</u> | <u>Total Amount</u> |
| Hydration packs | 09/28/21 | 37,440. | 37,440. |

| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
|----------------------------------|-------------------------------------|--------------------|---------------------|
| Logistic Plus | 8975 Remington Ave. Chino, CA 91710 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>FMV of Gift</u> | <u>Total Amount</u> |
| Santizers and disinfecting wipes | 12/23/21 | 34,990. | 34,990. |

| <u>Contributor's Name</u> | <u>Contributor's Address</u> | | |
|-----------------------------|--|--------------------|---------------------|
| Dale Zuelhls | 404 S. Figueroa, Suite 520B Los Angeles, CA 90071 | | |
| <u>Property Description</u> | <u>Date of Gift</u> | <u>FMV of Gift</u> | <u>Total Amount</u> |
| KN95 masks | 02/02/22 | 14,750. | 14,750. |
| Total included on line 3 | | 146,202. | 146,202. |

| | | | |
|--------|----------------------------------|-----------|---|
| CA 199 | Gross Amount from Sale of Assets | Statement | 3 |
|--------|----------------------------------|-----------|---|

| Description | Date Acquired | Date Sold | Method Acquired |
|---------------------------------|------------------------|--------------|----------------------|
| Disposal of vehicle due to loss | | 01/18/22 | PURCHASED |
| | Cost or Other Basis | Deprec. | Expense of Sale |
| | 27,766. | 27,766. | 0. |
| | | | Gross Sales Price |
| | | | 21,271. |
| Total to Form 199, Page 2, ln 6 | 27,766. | 27,766. | 0. |
| | | | 21,271. |

| | | | |
|--------|--------------|-----------|---|
| CA 199 | Other Income | Statement | 4 |
|--------|--------------|-----------|---|

| Description | Amount |
|------------------------------------|------------|
| Miscellaneous Revenue | 667. |
| Prepared Meals | 1,058,748. |
| Total to Form 199, Part II, line 7 | 1,059,415. |

| CA 199 | Compensation of Officers, Directors and Trustees | Statement | 5 |
|--|--|--------------|---|
| Name and Address | Title and Average Hrs Worked/Wk | Compensation | |
| Veronica Dover 2303 Miramar Street Los Angeles, CA 90057 | CEO/Executive Director 40.00 | 206,303. | |
| Alfonso Cervera 2303 Miramar Street Los Angeles, CA 90057 | Finance Supervisor 40.00 | 120,550. | |
| Sister Joyce Weller, D.C. 2303 Miramar Street Los Angeles, CA 90057 | Chairperson 2.00 | 0. | |
| Mr. Michael F. Giron 2303 Miramar Street Los Angeles, CA 90057 | Vice Chair 2.00 | 0. | |
| Gaynor B. Rabin 2303 Miramar Street Los Angeles, CA 90057 | Secr./Treas. (Start 11/21) 2.00 | 0. | |
| Sister Marie Rachelle Cruz, D.C. 2303 Miramar Street Los Angeles, CA 90057 | Secr./Treas. to Board Mbr. 2.00 | 0. | |
| Ms. Barbara Barrett 2303 Miramar Street Los Angeles, CA 90057 | Board Member 2.00 | 0. | |
| Sister Linda Ann Cahill, D.C. 2303 Miramar Street Los Angeles, CA 90057 | Board Member 2.00 | 0. | |
| Sister Margaret McDonnell, D.C. 2303 Miramar Street Los Angeles, CA 90057 | Board Member 2.00 | 0. | |
| Sister Pacita Calica, D.C. 2303 Miramar Street Los Angeles, CA 90057 | Board Member (Start 11/21) 2.00 | 0. | |
| Ron Plue 2303 Miramar Street Los Angeles, CA 90057 | Board Member (End 3/22) 2.00 | 0. | |
| Total to Form 199, Part II, line 11 | | 326,853. | |

| CA 199 | Other Expenses | Statement | 6 |
|---------------------------------------|----------------|------------|---|
| Description | | Amount | |
| In-kind expense | | 156,790. | |
| Other expenses | | 99,480. | |
| Kitchen expenses | | 24,163. | |
| Dues & subscriptions | | 7,454. | |
| Direct expenses of fundraising events | | 144,377. | |
| Pension plan contributions | | 79,524. | |
| Other employee benefits | | 474,908. | |
| Accounting fees | | 77,370. | |
| Professional fundraising fees | | 556,848. | |
| Other professional fees | | 144,619. | |
| Office expenses | | 354,578. | |
| Information technology | | 116,632. | |
| Travel | | 106,521. | |
| Insurance | | 38,699. | |
| All other expenses | | 4,965. | |
| Total to Form 199, Part II, line 17 | | 2,386,928. | |

| CA 199 | Other Investments | Statement | 7 |
|---------------------------------------|-------------------|-------------|---|
| Description | Beg. of Year | End of Year | |
| Pooled investment fund | 32,665,054. | 28,460,771. | |
| Total to Form 199, Schedule L, line 9 | 32,665,054. | 28,460,771. | |

| CA 199 | Other Assets | Statement | 8 |
|--|--------------|-------------|---|
| Description | Beg. of Year | End of Year | |
| Pledges and Grants Receivable | 84,183. | 457,489. | |
| Prepaid Expenses and Deferred Charges | 45,960. | 147,965. | |
| Charitable gift annuities | 59,349. | 53,063. | |
| Deposits | 9,566. | 9,566. | |
| Total to Form 199, Schedule L, line 12 | 199,058. | 668,083. | |

| CA 199 | Bonds and Notes Payable | Statement | 9 |
|--|-------------------------|-------------|---|
| Description | Beg. of Year | End of Year | |
| Escrow Account Liabilities | 24,348. | 20,949. | |
| Total to Form 199, Schedule L, line 16 | 24,348. | 20,949. | |

| CA 199 | Other Liabilities | Statement | 10 |
|--|-------------------|-------------|----|
| Description | Beg. of Year | End of Year | |
| Note payable to related entity | 2,949,249. | 2,853,851. | |
| Capital lease obligation | 68,985. | 38,825. | |
| Total to Form 199, Schedule L, line 18 | 3,018,234. | 2,892,676. | |

| CA 199 | Income Recorded on Books this Year Not Included in this Return | Statement | 11 |
|---|---|-------------|----|
| Description | | Amount | |
| Unrealized loss on investments | | -7,362,892. | |
| Total to Form 199, Schedule M-1, line 7 | | -7,362,892. | |

| CA 199 | Fund Balances | Statement | 12 |
|--|---------------|-------------|----|
| Description | Beg. of Year | End of Year | |
| Net assets without donor restrictions | 33,312,642. | 28,982,410. | |
| Net assets with donor restrictions | 3,487,351. | 3,811,126. | |
| Total to Form 199, Schedule L, line 21 | 36,799,993. | 32,793,536. | |

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

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

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

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

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

Name of Organization

ST. VINCENT MEALS ON WHEELS

List all DBAs and names the organization uses or has used

2303 MIRAMAR STREET

Address (Number and Street)

LOS ANGELES, CA 90057

City or Town, State, and ZIP Code

(213) 484-7778

Telephone Number

VDOVER@STVINCENTMOW.ORG

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report

State Charity Registration Number **CT41750**

Corporation or Organization No. **0991560**

Federal Employer ID No. **95-3696693**

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

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 11,686,485 Noncash Contributions \$ 156,790 Total Assets \$ 36,390,213
Program Expenses \$ 6,321,989 Total Expenses \$ 8,330,050

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

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

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

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

VERONICA DOVER

**CEO/EXECUTIVE
DIRECTOR**

Signature of Authorized Agent

Printed Name

Title

Date

| | | |
|----------|--|--------------|
| CA RRF-1 | Information Regarding Commercial Fundraising Services Part B, Line 4 | Statement 13 |
|----------|--|--------------|

Schultz and Williams
325 Chestnut Street, Ste. 700
Philadelphia, PA 19106
(215) 625-9955

