

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

2018**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

1909

A For the 2018 calendar year, or tax year beginning

October 1

, 2018, and ending

September 30

, 20 19

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Society of St Vincent de Paul, Holy Spirit Conference**

Number and street (or P O. box, if mail is not delivered to street address)

Room/suite

5455 - 50th Ave NW

City or town, state or province, country, and ZIP or foreign postal code

Rochester, MN 55901

03

D Employer identification number

47-4791855

E Telephone number

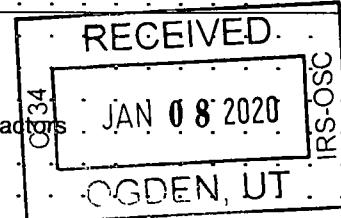
507-280-0638

**F Group Exemption
Number ►****G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) () ► (insert no.) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 77,118 2
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
Expenses	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 77,134
	10 Grants and similar amounts paid (list in Schedule O)	10 63,218
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
Net Assets	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 842
	17 Total expenses. Add lines 10 through 16 ►	17 64,060
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 13,074
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 24,376
Net Assets	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 37,450



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	24,376	22	37,450
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	24,376	25	37,450
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,376	27	37,450

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part

Provide assistance and support to those in need

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Housing: Provided financial support for rent, household furnishings, moving, etc. to people in need requesting help. Served approximately 287 people.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	41,531
29	Utilities: Provided financial support for electrical power, water, and natural gas for heating to people in need requesting help. Served approximately 84 people.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	12,181
30	Auto & Transport: Provided financial support for car repairs, gas, car payments, insurance, etc. to people in need requesting help. Served approximately 35 people.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	5,073
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	5,275
32	Total program service expenses (add lines 28a through 31a)	► 32	64,060

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule Q to respond to any question in this Part IV.

AO

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions

34	<input checked="" type="checkbox"/>
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	<input checked="" type="checkbox"/>
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35b	<input type="checkbox"/>
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35c	<input type="checkbox"/>
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36	<input checked="" type="checkbox"/>
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

37a	<input type="checkbox"/>
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37b	<input type="checkbox"/>
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a	<input checked="" type="checkbox"/>
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38b	<input type="checkbox"/>
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39a	<input type="checkbox"/>
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39b	<input type="checkbox"/>
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

40b	<input type="checkbox"/>
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40c	<input type="checkbox"/>
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40d	<input type="checkbox"/>
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40e	<input checked="" type="checkbox"/>
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40f	<input type="checkbox"/>
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40g	<input type="checkbox"/>
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40h	<input type="checkbox"/>
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40i	<input type="checkbox"/>
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40j	<input type="checkbox"/>
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40k	<input type="checkbox"/>
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40l	<input type="checkbox"/>
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40m	<input type="checkbox"/>
-----	--------------------------

40n	<input type="checkbox"/>
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40o	<input type="checkbox"/>
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40p	<input type="checkbox"/>
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40q	<input type="checkbox"/>
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40r	<input type="checkbox"/>
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40s	<input type="checkbox"/>
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40t	<input type="checkbox"/>
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40u	<input type="checkbox"/>
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40v	<input type="checkbox"/>
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40w	<input type="checkbox"/>
-----	--------------------------

40x	<input type="checkbox"/>
-----	--------------------------

40y	<input type="checkbox"/>
-----	--------------------------

40z	<input type="checkbox"/>
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40aa	<input type="checkbox"/>
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40ab	<input type="checkbox"/>
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40ac	<input type="checkbox"/>
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40ad	<input type="checkbox"/>
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40ae	<input type="checkbox"/>
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40af	<input type="checkbox"/>
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40ag	<input type="checkbox"/>
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40ah	<input type="checkbox"/>
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40ai	<input type="checkbox"/>
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40aj	<input type="checkbox"/>
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40ak	<input type="checkbox"/>
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40al	<input type="checkbox"/>
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40am	<input type="checkbox"/>
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40an	<input type="checkbox"/>
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40ao	<input type="checkbox"/>
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40ap	<input type="checkbox"/>
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40aq	<input type="checkbox"/>
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40ar	<input type="checkbox"/>
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40as	<input type="checkbox"/>
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40at	<input type="checkbox"/>
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40au	<input type="checkbox"/>
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40av	<input type="checkbox"/>
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40aw	<input type="checkbox"/>
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40ax	<input type="checkbox"/>
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40ay	<input type="checkbox"/>
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40az	<input type="checkbox"/>
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40ba	<input type="checkbox"/>
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40bb	<input type="checkbox"/>
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40bc	<input type="checkbox"/>
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40bd	<input type="checkbox"/>
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40be	<input type="checkbox"/>
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40bf	<input type="checkbox"/>
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40bg	<input type="checkbox"/>
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40bh	<input type="checkbox"/>
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40bi	<input type="checkbox"/>
------	--------------------------

40bj	<input type="checkbox"/>
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Part VI Section 501(c)(3) Organizations Only						
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.						
Check if the organization used Schedule O to respond to any question in this Part VI						
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II				47 <input type="checkbox"/>	✓ <input checked="" type="checkbox"/>	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48 <input type="checkbox"/>	✓ <input checked="" type="checkbox"/>	
49a Did the organization make any transfers to an exempt non-charitable related organization?				49a <input type="checkbox"/>	✓ <input checked="" type="checkbox"/>	
b If "Yes," was the related organization a section 527 organization?				49b <input type="checkbox"/>		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."						
(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	
f Total number of other employees paid over \$100,000 ►						
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."						
(a) Name and business address of each independent contractor		(b) Type of service	(c) Compensation			
d Total number of other independent contractors each receiving over \$100,000 ►						
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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 Bob Loechler		Date 12/29/2019			
	Type or print name and title Bob Loechler, Treasurer					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Firm's name ►	Firm's EIN ►				
	Firm's address ►	Phone no				
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No						

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Society of St Vincent de Paul, Holy Spirit Conference

Employer identification number

47-4791855

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)**. 07
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s). [Redacted]

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		33,182	34,513	64,887	77,134	209,716
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0	0	0
4 Total Add lines 1 through 3	33,182	34,513	64,887	77,134	209,716	
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						209,716

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4		33,182	34,513	64,887	77,134	209,716
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		0	0	3	16	19
9 Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		0	0	0	0	0
11 Total support. Add lines 7 through 10						209,735
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33½% support test—2019. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

Society of St Vincent de Paul, Holy Spirit Conference

Employer identification number

47-4791855**Form 990 EZ, Part I, Line 10 - Grants and similar amounts paid:****Housing** **\$41,531****Utilities** **\$12,181****Auto and transportation** **\$5,073****Other Expenses** **\$5,275****Form 990 EZ, Part I, Line 16 - Other expenses paid:****SVdP solidarity dues** **\$163****Conference expenses** **\$679****Form 990 EZ, Part III, Line 31 - Other program services:****Conference expenses** **\$842****Food and health care** **\$3,339****Clothing, kids supplies, misc.** **\$1,094**