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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning <input type="text"/> Oct 7, 2018, and ending <input type="text"/> Sept 30, 2019, and ending <input type="text"/> 2019		D Employer identification number <input type="text"/> 611643082	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending		C Name of organization <input type="text"/> Society of St. Vincent de Paul - Pax Christi Conference Number and street (or P.O. box if mail is not delivered to street address) <input type="text"/> 4135 18th Ave NW Room/suite <input type="text"/> 03 City or town, state or province, country, and ZIP or foreign postal code <input type="text"/> Rochester, MN 55901	E Telephone number <input type="text"/> 507-529-8778

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="text"/>		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: <input type="text"/>		J Tax-exempt status (check only one): <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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.
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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 <input type="text"/> 128258	2 Program service revenue including government fees and contracts <input type="text"/> 0	3 Membership dues and assessments <input type="text"/> 0	4 Investment income <input type="text"/> 97	5a Gross amount from sale of assets other than inventory <input type="text"/> 5a <input type="text"/>	5b Less: cost or other basis and sales expenses <input type="text"/> 5b <input type="text"/>	5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) <input type="text"/> 5c <input type="text"/>
	6 Gaming and fundraising events:	6a Gross income from gaming (attach Schedule G if greater than \$15,000) <input type="text"/> 6a <input type="text"/>	6b Gross income from fundraising events (not including \$ <input type="text"/> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <input type="text"/> 6b <input type="text"/>	6c Less: direct expenses from gaming and fundraising events <input type="text"/> 6c <input type="text"/>	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <input type="text"/> 6d <input type="text"/> 0			
	7a Gross sales of inventory, less returns and allowances <input type="text"/> 7a <input type="text"/>	7b Less: cost of goods sold <input type="text"/> 7b <input type="text"/>	7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) <input type="text"/> 7c <input type="text"/> 0					
	8 Other revenue (describe in Schedule O) <input type="text"/> 8 <input type="text"/> 0	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 <input type="text"/> 9 <input type="text"/> 128355	10 Grants and similar amounts paid (list in Schedule O) <input type="text"/> 10 <input type="text"/> 59609					
	11 Benefits paid to or for members <input type="text"/> 11 <input type="text"/> 0	12 Salaries, other compensation, and employee benefits <input type="text"/> 12 <input type="text"/> 0	13 Professional fees and other payments to independent contractors <input type="text"/> 13 <input type="text"/> 0					
	14 Occupancy, rent, utilities, and maintenance <input type="text"/> 14 <input type="text"/> 0	15 Printing, publications, postage, and shipping <input type="text"/> 15 <input type="text"/> 1156	16 Other expenses (describe in Schedule O) <input type="text"/> 16 <input type="text"/> 1349					
	17 Total expenses. Add lines 10 through 16 <input type="text"/> 17 <input type="text"/> 62114	18 Excess or (deficit) for the year (subtract line 17 from line 9) <input type="text"/> 18 <input type="text"/> 66241						
	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) <input type="text"/> 19 <input type="text"/> 19732	20 Other changes in net assets or fund balances (explain in Schedule O) <input type="text"/> 20 <input type="text"/> 0						
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 <input type="text"/> 21 <input type="text"/> 85973	RECEIVED AUG 02 2021 SOSC OGDEN, UT						

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2019)

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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	19732	22
23	Land and buildings		85973
24	Other assets (describe in Schedule O)		
25	Total assets	24	
26	Total liabilities (describe in Schedule O)	25	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26	19732
			27
			85973

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 III

What is the organization's primary exempt purpose?

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Rent and deposit assistance to provide housing for those we serve 121 households helped to avoid eviction or enabled to enter more permanent housing		
28a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	38823	
29	Helped pay utility bills for those facing shut off 30 households helped		
29a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	7937	
30	Helped pay transportation and bus passes to enable employment or re-locations 32 households helped		
30a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2817	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	10032	
31a	32. Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	59609	

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 O to respond to any question in this Part IV

	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
	Dorothy Loftus-Nall, President	15			
	Mark Gerber, Vice President	2			
	Joyce Kellen, Treasurer	15			
	Peg Harmon, Secretary	4			
	Sister Glennie Jean Pogue, Spiritual Advisor	4			

OA

		Yes	No
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	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	<input type="checkbox"/>
39	Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a	Initiation fees and capital contributions included on line 9	39a	<input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities	39b	<input type="checkbox"/>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ►	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42a	The organization's books are in care of ► Located at ►	Telephone no. ►	ZIP + 4 ►
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	<input type="checkbox"/>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

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

		Yes	No
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	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
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

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 <small>71</small>	 JOYCE KELLEN <small>Type or print name and title</small>		Date 9/2/21		
	Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No. 1545-0047

2019Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

Name of the organization

Society of St. Vincent de Paul / Pax Christi Conference

Employer identification number

611643882

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: *[Signature]*
- 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.

1 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		
(A)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)						

Section A. Public Support		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in) ►		41410	65868	64330	71673	128258	371537
1	Gifts, grants, contributions, and membership fees received. (Do not include any "inuisit grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	41410	65868	64330	71673	128258	371537
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						
							371537
Section B. Total Support		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in) ►		41410	65868	64330	71673	128258	371537
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	39	45	16	97	196	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	41410	65906	64375	71687	128355	371733
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						
Section C. Computation of Public Support Percentage		15	16	15	16	%	%
15	Public support percentage for 2019 (line 8, column f), divided by line 13, column (f)						
16	Public support percentage from 2018 Schedule A, Part III, line 15						
Section D. Computation of Investment Income Percentage		17	18	17	18	%	%
17	Investment income percentage for 2019 (line 10c, column f), divided by line 13, column (f)						
18	Investment income percentage from 2018 Schedule A, Part III, line 17						
19a	33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>						
b	33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input checked="" 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

2020

Open to Public
Inspection

Name of the organization

Employer identification number

Part I, Line 10 (see part III in Form 990-EZ)

Part II, Line 16: Insurance \$200, Books \$231, MN Attorney General Fee (MN Charitable Organization Annual Report) \$25

Council dues \$236, Bank checks/money orders \$147, Refund \$504, Total w \$1,349

Part III, Line 31, Other Program Services

Food \$2097, Household \$1694, Clothing \$1070, Twining \$2500, Phone/Moving/Storage/Repair \$1378, Meds \$1293

Total w \$10032