# 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)

2019

OMB No 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury

Open to Public Inspection

| A F        | or the                   | 2019 calendar year, or tax year beginning October 1 , 2019, and ending   | Septemb     | er 30 . <b>20</b> 20                  |
|------------|--------------------------|--|-------------|---------------------------------------|
| B C        | neck if ap               | plicable C Name of organization D  | Employer i  | dentification number                  |
| _          | .ddress cl               |  |             | 83-057782                             |
| =          | lame cha                 |  | Telephone   |                                       |
| 🔽 in       | nitial retur             | 512 East 32nd Street 108   | 4           | 117-625-1085                          |
| ==         |                          | City or town, state or province, country, and ZIP or foreign postal code   | Group Exe   |                                       |
| =          | mended i                 | return   | Number      | ·                                     |
| =-         |                          | percing dobin, the dated date  |             | if the organization is no             |
|            | ccount<br><b>/ebsite</b> |  |             | tach Schedule B                       |
|            |                          | ······································   |             | 30-EZ, or 990-PF).                    |
|            |                          | Pro-10-(   | 111 000, 00 | JU-LE, 01 330-1 1 J.                  |
|            |                          | organization: 😡 Corporation 🔲 Trust 🔲 Association 🔲 Other s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass | oto         |                                       |
|            |                          | umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | E12         |                                       |
| <u> </u>   |                          | · ·  | Ann and and | 7466                                  |
| Pa         | art I                    | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins   |             |                                       |
| Telepar    |                          | Check if the organization used Schedule O to respond to any question in this Part I.   | <del></del> | T                                     |
|            | 1                        | Contributions, gifts, grants, and similar amounts received   |             | 7466                                  |
|            | 2                        | Program service revenue including government fees and contracts  |             |                                       |
|            | 3                        | Membership dues and assessments  | . 3         |                                       |
|            | 4                        | Investment income  | . 4         |                                       |
|            | 5a                       | Gross amount from sale of assets other than inventory 5a   |             | FECEIVED                              |
|            | b                        | Less: cost or other basis and sales expenses   |             | · · · · · · · · · · · · · · · · · · · |
|            | C                        | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | . √5€       |                                       |
| ļ          | 6                        | Gaming and fundraising events:   | 02.         | AUG 02 2027                           |
|            | а                        | Gross income from gaming (attach Schedule G if greater than  |             |                                       |
| a l        |                          | \$15,000)  | _  _        | OGDEN, UT                             |
| Revenue    | b                        | Gross income from fundraising events (not including \$ of contributions  |             | OGDEN, UT                             |
| je         |                          | from fundraising events reported on line 1) (attach Schedule G if the  |             | (                                     |
| -          |                          | sum of such gross income and contributions exceeds \$15,000)   6b  | l           |                                       |
| ļ          | С                        | Less: direct expenses from gaming and fundraising events 6c  |             | İ                                     |
|            | d                        | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra  | ct          |                                       |
|            |                          | (ine 6c)   | 6d          |                                       |
|            | 7a                       | Gross sales of inventory, less returns and allowances  |             |                                       |
| ļ          | b                        | Less: cost of goods sold   | $\neg$      |                                       |
|            | c                        | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   | . 7c        | ļ                                     |
| Ì          | 8                        | Other revenue (describe in Schedule O)   | . 8         |                                       |
| , 1        | 9                        | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |             | 74667                                 |
|            | 10                       | Grants and similar amounts paid (list in Schedule O)   | . 10        | 60912                                 |
|            | 11                       | Benefits paid to or for members  | . 11        | 20912                                 |
| es.        | 12                       | Salaries, other compensation, and employee benefits  | . 12        |                                       |
| Se         | 13                       | Professional fees and other payments to independent contractors  | . 13        |                                       |
| Expense    | 14                       | Occupancy, rent, utilities, and maintenance  | 14          | <del> </del>                          |
| X          | 15                       | Printing, publications, postage, and shipping  |             | 607                                   |
| _          | 16                       | Other expenses (describe in Schedule O)  |             | 667                                   |
| -          | 17                       |  |             | 3759                                  |
|            |                          | Total expenses. Add lines 10 through 16  |             | 4426                                  |
| ats        | 18<br>19                 | Excess or (deficit) for the year (subtract line 17 from line 9)  |             | 8661                                  |
| SS         | 15                       |  | 1           |                                       |
| ₹          |                          |  |             | 14992                                 |
| Net Assets | 20                       | Other changes in net assets or fund balances (explain in Schedule O)   |             | 326                                   |
|            | 21                       | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21          | 23979                                 |
| For        | Papen                    | work Reduction Act Notice, see the separate instructions. Cat. No 106421   |             | Form <b>990-EZ</b> (2019              |
|            |                          |  |             | 1 .                                   |
|            |                          |  |             |                                       |
|            |                          |  |             |                                       |



| Part  |                               | Balance Shee   |  | <b>~</b>  | •  | av augetion in this  | Dart II   |                      | <u></u>                            |
|---|-------------------------------|--|--|---|--|--|---|----------------------|------------------------------------|
|   |                               | Check if the org   | anization used   | Schedule  | O to respond to a  | ny question in this  |   |                      |                                    |
|   |                               |  |  |   |  |  | (A) Beginning of year   | <u> </u>             | B) End of year                     |
| 22  | Cash                          | n, savings, and ını  | vestments  |   |  |  | 14992   |                      | 2397                               |
| 23  |                               | and buildings .  |  |   |  |  |   | 23                   |                                    |
| 24  | Othe                          | er assets (describe  | e in Schedule O)   |   |  |  | 14992   |                      | 23979                              |
| 25  |                               | al assets  |  |   |  | · · · · · <u> </u>   | <u>y</u>  | 25                   |                                    |
| 26  |                               |  |  |   |  |  | ····  | 26                   |                                    |
| 27  | Net                           | assets or fund b   | alances (line 27 d   | of column   | (B) must agree wit   | h line 21)   | 14997   | 27                   | 2397                               |
| Part  | Ш                             | Statement of P   | rogram Scrvice   | c Accomp  | olishments (see th   | ne instructions for F  | Part III)   |                      | Expenses                           |
|   |                               |  |  |   |  | ny question in this  |   | (Requ                | ired for section                   |
| What is   | s the                         | organization's pri   | mary exempt pui  | rpose?  | We provide financial a   | ssistance to low income  | persons   |                      | )(3) and 501(c)(4)                 |
| as mo   | asure                         |  | In a cloar and c   | concise ma  | anner, describe th   | of its three largest p   |   | organ                | nzations, optional for<br>s)       |
| 28  |                               | payment assistance   |  |   |  |  |   |                      |                                    |
|   | · ·                           |  |  |   |  |  |   |                      |                                    |
| <b>(4)</b>  | Grant                         | s \$   | 31690) If thi  | is amount i   | ncludes foreign gra  | ants, check here .   | ▶ 🗆   | 28a                  | 3169                               |
| <b>29</b> F   | Rent a                        | nd lodging assistance  | e  |   |  |  |   |                      |                                    |
|   |                               |  |  |   |  |  |   |                      |                                    |
|   |                               |  |  |   |  |  |   |                      | •                                  |
| (0  | Grant                         | s \$   | 22637) If thi  | is amount i   | ncludes foreign gra  | ants, check here .   | ▶ 🗆   | 29a                  | 2263                               |
| 30  | Transp                        | ortation assistance  |  |   |  | ******************   |   |                      |                                    |
|   |                               |  |  |   |  |  |   |                      |                                    |
|   |                               |  |  |   |  |  |   | 1 1                  |                                    |
|   |                               |  |  |   |  |  |   |                      | ĺ                                  |
| <u> </u>  | Grant                         | <del>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>                           | 1998) If thi   | is amount i   | ncludes foreign gr   | ants, check here .   | <b>▶</b> 🗀  | 30a                  | 199                                |
| 31 C  | Other                         | program services   | 1998) If this (describe in Sch   | is amount i<br>nedule O)                                | ncludes foreign gr   | ants, check here .   | <u> ▶ □</u>   | 30a                  | 199                                |
| 31 Č  | Other<br>Grant                | program services<br>s \$   | 1998) If this (describe in Sch<br>4578) If this  | is amount i<br>nedule O)<br>is amount i                 | ncludes foreign grand<br>  | ants, check here ants, check here .  | · · · <b>▶</b> □  | 30a<br>31a           |                                    |
| 31 Č  | Other<br>Grant                | program services<br>s \$<br>program service                                | 1998) If this (describe in Sch<br>4578) If this expenses (add I                        | is amount i<br>nedule O)<br>is amount i<br>lines 28a tl | ncludes foreign grandler<br>ncludes foreign grandler<br>nrough 31a)  | ants, check here .   |   | 31a<br>32            | 458<br>6001:                       |
| 31 C<br>32 T  | Other<br>Grant<br><b>otal</b> | program services<br>s \$<br>program service<br>List of Officers, [         | 1998) If this (describe in Sch<br>4578) If this expenses (add I                        | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandles foreign grandles foreign grandles foreign grandles flust eac Employees (list eac  | ants, check here ants, check here hone even if not com   | pensated—see the  | 31a<br>32            | 458<br>6001                        |
| 31 C<br>32 T  | Other<br>Grant<br><b>otal</b> | program services<br>s \$<br>program service<br>List of Officers, [         | 1998) If this (describe in Sch<br>4578) If this expenses (add I                        | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandles foreign grandles foreign grandles foreign grandles flust eac Employees (list eac  | ants, check here  ants, check here  h one even if not comp ny question in this   | pensated—see the  | 31a<br>32            | 458<br>6001<br>tions for Part IV)  |
| 31 C<br>32 T  | Other<br>Grant<br><b>otal</b> | program services<br>s \$<br>program service<br>List of Officers, [         | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandles foreign grandles foreign grandles foreign grandles flust eac Employees (list eac  | ants, check here ants, check here hone even if not com   | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001<br>tions for Part IV)  |
| 31 ((<br>32 T<br>Part   | Other<br>Grant<br>Total       | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for foreign grandled for foreign grandled foreign for foreign grandled foreign gran | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 C<br>32 T<br>Part  | Other<br>Grant<br>otal<br>IV  | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for foreign grandled for foreign grandled foreign for foreign grandled foreign gran | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
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| 31 C<br>(((32 T<br>Part)<br>Karl Kır<br>Preside<br>Fran Cr<br>Vice Pr<br>Jeff Hu        | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
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| 31 C<br>(((32 T<br>32 T<br>Part<br>Karl Kır<br>Preside<br>Fran Cr<br>Vice Pr            | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
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| 31 C<br>(((32 T<br>32 T<br>Part<br>Karl Kır<br>Preside<br>Fran Cr<br>Vice Pr<br>Jeff Hu | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
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| 31 C<br>(((32 T<br>Part)<br>Karl Kırı<br>Preside<br>Fran Ci<br>Vice Pr                  | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 C<br>(((32 T<br>Part)<br>Karl Kırı<br>Preside<br>Fran Ci<br>Vice Pr                  | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 (  | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | Estimated amount o                 |
| 31 C<br>(((32 T<br>Part   | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 C<br>(((32 T<br>Part   | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 C<br>(((32 T<br>Part)<br>Karl Kırı<br>Preside<br>Fran Ci<br>Vice Pr                  | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 C<br>(((32 T<br>Part)<br>Karl Kırı<br>Preside<br>Fran Ci<br>Vice Pr                  | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |
| 31 C<br>(((32 T<br>Part)<br>Karl Kır<br>Preside<br>Fran Cr<br>Vice Pr<br>Jeff Hu        | Other<br>Grant<br>rotal<br>IV | program services s \$ program service List of Officers, E Check if the org | 1998) If this (describe in Sch<br>4578) If this expenses (add I<br>Directors, Trustees | is amount inedule O) is amount ines 28a thes, and Key   | ncludes foreign grandled foreign grandled foreign grandled foreign grandled foreign grandled for expond to a (b) Average hours per week devoted to position  | ants, check here  ants, check here  h one even if not cominy question in this  (c) Reportable  compensation  (Forms W-2/1099-MISC) | pensated—see the iii Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruct | 458<br>6001:<br>tions for Part IV) |

AC

| Part            | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this  |            |          | П           |             |
|-----------------|---|------------|----------|-------------|-------------|
|                 | mondeners are year.   |            | 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   | 33         |          |             |             |
| 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         |          |             | Ŧ           |
| 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        |          | 1           |             |
| b<br>c          | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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  | 35b<br>35c |          |             | **          |
| 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         |          | <b>/</b>    |             |
| 37a<br>b<br>38a | Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]  0 00  Did the organization file Form 1120-POL for this year?  | 37b<br>38a |          | ✓<br>✓      | <del></del> |
| b<br>39         | If "Yes," complete Schedule L, Part II, and enter the total amount involved   |            |          |             |             |
| a<br>b<br>40a   | Initiation fees and capital contributions included on line 9  |            |          | EIV         |             |
| b               | section 4911 ▶ 0 00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0 000 ; 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  | 40b.       | UG<br>GD |             | 0210.0 S    |
| С               | 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  | .4UD.      |          | <u>-</u>    | <b>9</b>    |
| d               | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  |            |          |             |             |
| е               | 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  | 40e        |          |             |             |
| 41              | List the states with which a copy of this return is filed ► None  | ·          |          | <b>_v</b> _ |             |
| 42a             |   | 417-43     | 4-2196   |             |             |
|                 | Located at ► 512 East 32nd Street, #108 - Joplin, MO ZIP + 4 ►  | 64804      |          |             |             |
| 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   See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | 42b        | Yes      | No          |             |
| С               | Financial Accounts (FBAR).  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   | 42c        |          | <b>✓</b>    |             |
| 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   |            | . •      | <b>-</b> 🗆  |             |
| 44a             | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a        | Yes      | No          | ٠٠,         |
| 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   | 44b        |          | <u></u>     |             |
| c<br>d          | Did the organization receive any payments for indoor tanning services during the year?  | 44c<br>44d |          | <b>✓</b>    |             |
| 45a<br>b        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a        |          | <b>✓</b>    |             |
|                 | Form 990-EZ. See instructions   | 45h        | - 1      |             |             |

| Form 990  | )-EZ (2       | 019)  |  |  |             |              |                                       |                       | . F      | age 4    |
|-----------|---------------|---|--|--|-------------|--------------|---------------------------------------|-----------------------|----------|----------|
|           |               | he organization engage, directly or in  |  |  |             |              |                                       | 1                     | Yes      | No       |
|           |               | ndidates for public office? If "Yes," c   | <del></del>  | , Part I   |             |              | · · · ·                               | 46                    | <u>l</u> |          |
| Part \    |               | Section 501(c)(3) Organizations   |  | -t 17 10h s  | - d EO .    |              |                                       | <b>4</b> -1-1 4       | منا سما  |          |
|           |               | All section 501(c)(3) organizations   | s must answer que                                    | stions 47-49b a                                      | 10 52, 8    | and con      | ipiete the                            | tables                | or iin   | es       |
|           |               | 50 and 51.  |  | l to only guartian                                   | in thin F   | Sout VI      |                                       |                       |          |          |
|           |               | Check if the organization used Sch  | reduie O to respond                                  | to any question                                      | m uns r     | art VI       | <del></del>                           | <u> </u>              | - · · ·  |          |
|           |               | he organization engage in lobbying  |  | section 501(h) ele                                   | ction in    | effect d     | uring the ta                          | 1                     | Yes      | No       |
|           | -             | If "Yes," complete Schedule C, Part   |  |  |             |              |                                       | 47                    | ļ        | <b></b>  |
|           |               | organization a school as described in   |  |  |             |              |                                       | 48                    | ļ        | <b>/</b> |
|           |               | he organization make any transfers to   | •  | _  |             |              |                                       | 49a                   |          | _        |
|           |               | es," was the related organization a se<br>plete this table for the organization's |  |  |             |              |                                       | 49b                   |          |          |
| 50        | Com           | oyces) who each received more than  | 11ve nignest compen                                  | sated employees (                                    | otner tn    | an onice     | rs, director                          | s, truste             | es, an   | а көу    |
|           | empi          | oyces, who each received more than  | T \$ 100,000 or comper                               | Isation nom the or                                   | <del></del> | d) Health b  |                                       | Hiller I              | NONS.    |          |
|           | (a)           | Name and title of each employee   | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MI | cont        | ributions to | employee (                            | e) Estimate other cor |          |          |
| None      |               |   |  |  |             |              |                                       | ···········           |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   | ·····  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              | 1                                     |                       |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              | -                                     |                       |          |          |
|           |               |   | ······································               |  |             |              |                                       |                       |          |          |
|           |               |   |  |  | İ           |              | 1                                     |                       |          |          |
| f         | Total         | number of other employees paid over   | er \$100,000   | . >  |             |              |                                       |                       |          |          |
| 51        | Comp<br>\$100 | plete this table for the organization's, 000 of compensation from the orga        | s five highest compe<br>nization. If there is no     | ensated independence, enter "None."                  | ent cont    | ractors      | who each                              | eceived               | more     | than     |
|           |               | Name and business address of each independ  |  | (b) Type of  | service     |              | (c) C                                 | ompensat              | ол       |          |
| None      |               |   |  | · · · · -  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   | <del></del>  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             | 1            |                                       |                       |          |          |
|           |               |   |  |  |             |              | · · · · · · · · · · · · · · · · · · · |                       |          |          |
| •         |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              |                                       | <u> </u>              |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
|           |               |   |  |  |             |              |                                       |                       |          |          |
| d         | Total         | number of other independent contra  | ctors each receiving                                 | over \$100,000 .                                     | . ▶         |              |                                       |                       |          |          |
| 52        | Did 1         | tho organization complete Schedu  | lo A? Note: All so                                   | ction 501(c)(3) or                                   | rganizati   | one mu       | st attach                             | a                     |          |          |
|           | comp          | oleted Schedule A   | <u> </u>   | · · · · · ·  | <u> </u>    | <u> </u>     | <u></u>                               | Yes Yes               |          | No       |
| Under pe  | malues        | of perjury, I declare that I have examined this is                                | eturn, including accompany                           | ying schedules and stat                              | ements, a   | nd to the b  | est of my know                        | viedge aan            | l bekef, | it is    |
| irue, com | ect, an       | d complete. Declaration of preparer (other than                                   | omcor) is based on all info                          | rmation of which prepa                               | rer has an  | y knowledg   | 0.                                    |                       |          |          |
| ٥.        |               | 1 Hert An   | ··· .  |  |             | Febru        | ary 5, 2021                           |                       |          |          |
| Sign      |               | Signatule of officier   |  |  |             | Date         |                                       |                       |          |          |
| Here      |               | Jeff Hughey, Secretary/Treasurer  |  | · · · · · · · · · · · · · · · · · · ·                |             |              |                                       |                       |          |          |
|           |               | Type or print name and title  |  |  |             |              |                                       |                       |          |          |
| Paid      |               | Print/Type preparer s name  | Preparer's signature                                 |  | Date        |              | Check I if                            | PTIN                  |          |          |
| Prepa     | arer          |   |  |  |             |              | self-employe                          | 1                     |          |          |
| Use C     | 1             | Firm's name   |  |  |             | Firm's       | EIN ►                                 |                       |          |          |
|           |               | Firm's address ▶  |  |  |             | Phone        | no.                                   |                       |          |          |
| May the   | e IRS         | discuss this return with the preparer   | shown above? See in                                  | nstructions  |             |              | <b>•</b>                              | Voc                   |          | 10       |

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

Department of the Treasury

## **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.

2019

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** Society of St. Vincent de Paul of St. Mary Church, Joplin, LLC 83-0577824 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) ☐ 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 ed in your governing support (see other support (see document? above (see instructions)) (natructions) instructions) Yes No (A) (B) (C) (D) (E)

| Р | ao | e | 2 |
|---|----|---|---|
|   |    |   |   |

| CONTRACT |  | diana Basas      | : C4                             | 470/h\/4        | VAViol and 4                      | 70(b)(4)(A)(                           | <del></del>       |
|----------|--|------------------|----------------------------------|-----------------|-----------------------------------|--|-------------------|
| Part     | Support Schedule for Organiza                |                  |                                  |                 |                                   |  |                   |
|          | (Complete only if you checked th             |                  |                                  |                 |                                   |  | amy under         |
|          | Part III. If the organization fails to       | quality unde     | er the tests is                  | sted below, p   | ease comple                       | ne Part III.)                          |                   |
|          | on A. Public Support                         | <del></del>      |                                  |                 |                                   |  |                   |
| Calen    | dar year (or fiscal year beginning in) 🕨     | (a) 2015         | <b>(b)</b> 2016                  | (c) 2017        | (d) 2018                          | (e) 2019                               | <b>(f)</b> ∕Total |
| 1        | Gifts, grants, contributions, and            |                  |                                  |                 | 1                                 |  |                   |
|          | membership fees received. (Do not            |                  |                                  |                 |                                   |  |                   |
|          | include any "unusual grants.")               |                  |                                  | 6375            | 69685                             | 74667                                  | 150727            |
| 2        | Tax revenues levied for the                  |                  | 1                                |                 |                                   |  |                   |
|          | 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                 |                  |                                  | 6375            | 69685                             | / 74667                                | 150727            |
| 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         |                  | 1                                | 1               |                                   |  |                   |
|          | shown on line 11, column (f)                 |                  |                                  | ļ               |                                   |  | 150727            |
| 6        | Public support. Subtract line 5 from line 4  |                  |                                  |                 | 1                                 |  |                   |
| Secti    | on B. Total Support                          |                  |                                  |                 | /                                 |  |                   |
| Calen    | dar year (or fiscal year beginning in)       | (a) 2015         | (b) 2016                         | (c) 2017        | /(d) 2018                         | (e) 2019                               | (f) Total         |
| 7        | Amounts from line 4                          |                  |                                  | 6375            | 69685                             | 74667                                  | 150727            |
| 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         |                  |                                  | <b>V</b>        |                                   | }                                      |                   |
|          | (Explain in Part VI.)                        |                  | i /                              |                 |                                   |  |                   |
| 11       | Total support. Add lines 7 through 10        |                  | /                                |                 |                                   |  | 150727            |
| 12       | Gross receipts from related activities, etc. | (see instruction | ons)/ .                          |                 |                                   | 12                                     | 130727            |
| 13       | First five years. If the Form 990 is for th  |                  |                                  |                 | or fifth tax ve                   |  | n 501(c)(3)       |
|          | organization, check this box and stop her    |                  |                                  |                 |                                   |  |                   |
| Secti    | on C. Computation of Public Suppor           | t Percentag      | e /                              |                 |                                   |  |                   |
| 14       | Public support percentage for 2019 (line 6   |                  |                                  | 1. column (fl)  |                                   | 14                                     | 100 %             |
| 15       | Public support percentage from 2018 Sch      |                  | , -                              | .,              |                                   | 15                                     | 100 %             |
| 16a      | 331/3% support test-2019. If the organiz     |                  |                                  | on line 13. ar  | nd line 14 is 33                  |  |                   |
|          | box and stop here. The organization qual     |                  |                                  |                 |                                   |  |                   |
| b        | 331/3% support test-2018. If the organiz     | . ,              |                                  | -               | a. and line 15                    | is 331/3% or m                         |                   |
|          | this box and stop here. The organization     |                  |                                  |                 |                                   |  | ▶ 🗇               |
| 17a      | 10%-facts-and-circumstances test20           | •                |                                  | _               |                                   | Ra or 16h and                          | t line 14 is      |
| ,,,,,    | 10% or more, and if the organization me      | ets the "facts   | -and-circumst                    | ances" test ch  | eck this hove                     | and etan here                          | Evolain in        |
|          | Part VI how the organization meets the "     | facts-and-circ   | umstances" te                    | st The organi   | zation qualifies                  | as a nublicly                          | supported         |
|          | organization ,                               | ./               |                                  |                 |                                   |  | · · <b>&gt;</b> □ |
| b        | 10%-facts-and-circumstances test—20          | If the arm       | anization did a                  | ot aback a ba   | v on line 12 1                    | <br>En 16h az 17                       |                   |
| D        | 15 is 10% or more, and if the organiza       | tion meete th    | amzauon uid fi<br>a "facte-and a | iot check a po  | teet chook 4                      | ua, 100, Of 178                        | a, and line       |
|          | Explain in Part VI how the organization of   | neets the "fact  | s-and-circum                     | stances" teet " | teat, check t<br>The organization | nn qualifice co                        | a publich         |
|          | supported organization /.                    |                  |                                  | rances lest.    | organizatii                       | on quannes as                          |                   |
| 18       | Private foundation. If the organization/did  | d not check a    | hox on line 12                   | 16a 16b 17a     | or 17h checi                      | this how and                           | • • • 📙           |
|          | instructions                                 |                  |                                  |                 |                                   |  | ▶ □               |

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| ichedu | ile A (Form 990 or 990-EZ) 2019  |                  |                  |                                       |                   |             | Page <b>3</b> |              |
|--------|--|------------------|------------------|---------------------------------------|-------------------|-------------|---------------|--------------|
| Part   | Support Schedule for Organiza  | ations Descr     | ibed in Sect     | ion 509(a)(2)                         |                   | <del></del> | <del></del>   |              |
|        | (Complete only if you checked the  |                  |                  |                                       |                   |             | nder Part II. |              |
|        | If the organization fails to qualify   | under the te     | sts listed bel   | ow, please co                         | omplete Part      | 11.)        |               |              |
|        | on A. Public Support   |                  | ,                | · · · · · · · · · · · · · · · · · · · |                   |             |               |              |
| alen   | idar year (or fiscal year beginning in)  | (a) 2015         | <b>(b)</b> 2016  | (c) 2017                              | (d) 2018          | (e) 2019    | (f) Total     |              |
| 1      | Gifts, grants, contributions, and membership fees, received. (Do not include any "unusual grants.")  |                  |                  |                                       |                   |             |               |              |
| 2      | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                  |                  |                                       |                   |             |               |              |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513   |                  |                  |                                       |                   |             |               |              |
| 4      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                  |                  |                                       |                   | 9           | RECEIV        |              |
| 5      | The value of services or facilities furnished by a governmental unit to the  |                  |                  |                                       |                   | DZ          | AUG 02        |              |
| _      | organization without charge  |                  |                  |                                       |                   |             | OGDEN         | <u>, U I</u> |
| 6      | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3  | <del> </del>     |                  |                                       |                   | L           |               |              |
| 10     | 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           |                  |                  |                                       |                   |             |               |              |
|        | Add lines 7a and 7b  |                  |                  |                                       |                   |             |               |              |
| 8      | Public support. (Subtract line 7c from   |                  |                  |                                       |                   |             |               |              |
| o o ti | line 6.)   | <u></u> j        |                  |                                       | <u></u>           |             |               |              |
|        | dar year (or fiscal year beginning in)   | (a) 201E         | (h) 0016         | (=) 0017                              | 4-11-004-0        | (-) 0040    | (A) T         |              |
| 9      | Amounts from line 6  | (a) 2015         | <b>(b)</b> 2016  | (c) 2017                              | (d) 2018          | (e) 2019    | (f) Total     |              |
| -      | Gross income from interest, dividends,   |                  |                  |                                       |                   |             | <del></del>   |              |
| iva    | payments received on securities loans, rents, royalties, and income from similar sources .   | i                |                  |                                       |                   |             |               |              |
| b      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                  |                  |                                       |                   |             |               |              |
| C      | Add lines 10a and 10b  |                  |                  |                                       |                   | •           |               |              |
| 11     | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                  |                  |                                       |                   |             |               |              |
| 12     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                  |                  |                                       |                   |             |               |              |
| 13     | Total support. (Add lines 9, 10c, 11, and 12.)   |                  |                  | ,                                     |                   |             |               |              |
| 14     | First five years. If the Form 990 is for the organization, check this box and stop her   | re               |                  |                                       | , or fifth tax ye |             |               |              |
| ectio  | on C. Computation of Public Suppor   | t Percentage     | 9                | <del></del>                           |                   |             | <del></del>   |              |
| 15     | Public support percentage for 2019 (line 8   | , column (f), di | ivided by line 1 | 3, column (f))                        |                   | 15          | %             |              |
| 16     | Public support percentage from 2018 Sch  | edule A, Part I  | II, line 15 .    | · · · · · · · · · · · · · · · · · · · | <u></u> .         | 16          | %             |              |
| ectio  | on D. Computation of Investment Inc  | ome Percer       | ntage            |                                       |                   |             |               |              |

Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . .

Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . .

331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . 331/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

%

%

### Part IV Supporting Organizations

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

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

| Page 3 |
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|--------|

| Part  | Supporting Organizations (continued)   |          |        |       |      |
|-------|--|----------|--------|-------|------|
|       |  |          | Yes    | No    |      |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  | ł        |        |       |      |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a      |        |       |      |
| b     | A family member of a person described in (a) above?  | 11b      |        |       |      |
| С     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c      |        |       |      |
| Secti | on B. Type I Supporting Organizations  |          |        |       |      |
|       |  |          | Yes    | No    |      |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to  |          |        |       |      |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |          | ==     |       | /E-D |
|       | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   | H        | =0     | LΙV   | ED . |
|       | controlled the organization's activities. If the organization had more than one supported organization,  |          |        |       |      |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | ,        | ן און  | 0 2 2 | 2021 |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1        | Nu     | 0 4 6 | 2021 |
| 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  | C        | GD     | EN.   | , UT |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | <u> </u> |        |       |      |
|       | supervised, or controlled the supporting organization.   | 2        |        |       |      |
| ecti  | on C. Type II Supporting Organizations   |          |        |       | •    |
|       | on o. Type ii oupporting organizations   |          | Yes    | No    |      |
| 1     | More a majority of the expenitation's dispeters or trustees during the toy year also a majority of the durantees   |          | 162    | NU    |      |
| •     | 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   |          | 1      |       |      |
|       | the supported organization(s).   |          |        |       |      |
|       |  | 1        |        |       |      |
| secu  | on D. All Type III Supporting Organizations  |          | 20 1   |       |      |
|       | Did the exponentian avoide to each of the exponential and the last device the fifth of the   |          | 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?   |          | Ì      |       |      |
| _     |  | 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   |          | 1      | •     |      |
|       | the organization maintained a close and continuous working relationship with the supported organization(s)   | 2        |        |       |      |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a  |          | į      |       |      |
|       | significant voice in the organization's investment policies and in directing the use of the organization's   | - 1      |        |       |      |
|       | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   |          | 1      |       |      |
|       |  | 3        |        |       |      |
| ecti  | on 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 in  | struc    | ctions | j.    |      |
| a     | ☐ The organization satisfied the Activities Test. Complete line 2 below.   |          |        |       | 1    |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.  |          | •      |       |      |
| C     | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s   | ee ing   | tructi | ons). |      |
| 2     | Activities Test. Answer (a) and (b) below.   |          | Yes    | No    |      |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | 1        |        |       |      |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   | 1        |        |       |      |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,   | 1        |        |       |      |
|       | how the organization was responsive to those supported organizations, and how the organization determined  |          |        |       |      |
|       | that these activities constituted substantially all of its activities.   | 2a       |        |       |      |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |          |        |       |      |
|       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |          |        |       |      |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these   | Ì        | - 1    |       |      |
|       | activities but for the organization's involvement.   | 2b       | -      |       |      |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.   |          |        |       |      |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |          | 1      |       |      |
|       | trustees of each of the supported organizations? Provide details in Part VI.   | 3a       |        |       |      |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |          |        |       |      |
|       | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b       | 1      |       |      |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | an    | izations                   | •                           |
|---|-------|----------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying   | ; tru | st on Nov. 20, 1970 (expl  | aın in Part VI). See        |
| instructions. All other Type III non-functionally integrated supporting organ   | izat  | ions must complete Sect    | ions 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  | 1     |                            | 1                           |
| 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 1)  | 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 secunties  | 1a    |                            |                             |
| b Average monthly cash balances   | 1b    |                            |                             |
| c Fair market value of other non-exempt-use assets  | 10    |                            |                             |
| d Total (add lines 1a, 1b, and 1c)  | 1d    |                            |                             |
| e Discount claimed for blockage or other  |       |                            |                             |
| factors (explain in detail in Part VI):   | -     |                            |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2     |                            |                             |
| 3 Subtract line 2 from line 1d.   | 3     |                            |                             |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,  |       |                            |                             |
| see instructions).  | 4     |                            |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5     |                            |                             |
| 6 Multiply line 5 by .035.  | 6     |                            |                             |
| 7 Recoveries of prior-year distributions  | 7     |                            |                             |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8     |                            |                             |
| Section C—Distributable Amount  |       |                            | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1     |                            |                             |
| 2 Enter 85% of line 1.  | 2     |                            |                             |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3     |                            |                             |
| 4 Enter greater of line 2 or line 3.  | 4     |                            | '                           |
| 5 Income tax imposed in prior year  | 5     |                            |                             |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  |       |                            |                             |
| emergency temporary reduction (see instructions).   | 6     |                            |                             |
| 7 Check here if the current year is the organization's first as a non-functionall instructions).                                  | y int | tegrated Type III supporti | ng organization (see        |

| Part | V Type III Non-Functionally Integrated 509(a)(3   | 3) Supporting Organi        | zations (continued)                    |   |       |
|------|---|-----------------------------|--|---|-------|
| Sect | ion D—Distributions   |                             |  | Current Year                              |       |
| 1    | Amounts paid to supported organizations to accomplish   | exempt purposes             |  |   |       |
| 2    | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity  | empt purposes of suppo      | orted                                  |   |       |
| 3    | Administrative expenses paid to accomplish exempt purp  | ooses of supported orga     | nizations                              |   |       |
| 4    | Amounts paid to acquire exempt-use assets   |                             |  |   |       |
| 5    | Qualified set-aside amounts (pnor IRS approval required)  |                             |  |   |       |
| 6    | Other distributions (describe in Part VI). See instructions.  |                             |  |   |       |
| 7    | Total annual distributions. Add lines 1 through 6.  |                             |  |   |       |
| 8    | Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.  | th the organization is res  | sponsive                               |   |       |
| 9    | Distributable amount for 2019 from Section C, line 6  |                             |  |   |       |
| 10   |   |                             |  |   |       |
|      | ion E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |       |
| 1    | Distributable amount for 2019 from Section C, line 6  |                             |  |   |       |
| 2    | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |       |
| 3    | Excess distributions carryover, if any, to 2019   |                             |  |   |       |
| а    |   |                             |  | F.E.C.F.W                                 |       |
| b    | From 2015   |                             |  | FECEIVE                                   | =D    |
| C    | From 2016   |                             |  | 191                                       | 7     |
| d    | From 2017   |                             |  | AUG 0 2 20                                | 21 10 |
| е    | From 2018   |                             |  |   | 21 SP |
| f    | Total of lines 3a through e   |                             |  | 0000                                      |       |
| g    | Applied to underdistributions of prior years  |                             |  | LUGULN, L                                 | JT j  |
| h    | Applied to 2019 distributable amount  |                             |  |   |       |
| 1    | Carryover from 2014 not applied (see instructions)  |                             |  | -   |       |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |       |
| 4    | Distributions for 2019 from Section D, line 7:  |                             |  |   |       |
| а    | Applied to underdistributions of prior years  |                             |  |   |       |
| b    | Applied to 2019 distributable amount  |                             |  |   |       |
| C    | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |       |
| 5    | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |       |
| 6    | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                         |                             |  |   |       |
| 7    | Excess distributions carryover to 2020. Add lines 3j and 4c.  |                             |  |   |       |
| 8    | Breakdown of line 7:  |                             |  |   |       |
| а    | Excess from 2015  |                             |  |   |       |
| b    | Excess from 2016  |                             |  |   |       |
| С    | Excess from 2017  |                             |  |   |       |
| d    | Excess from 2018  |                             |  |   |       |
|      | Excess from 2019  |                             | ······································ |   |       |

Schedule A (Form 990 or 990-EZ) 2019

MAS

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

| Society of St. Vincent de Paul of St. Mary Church, Joplin, LLC   | 83-0577824                                 |
|--|--|
|  |  |
| 990EZ Part 1, Line 10 Grants and similar amounts paid include Rent and Lodging - \$22,636.31; Utilities  | s - \$31,690.96; Transportation- \$1,998 ; |
| Medical/RX - \$1,521.09; Auto Upkeep - \$1,383 97; Personal Services - \$764.42; Hosehold Upkeep - 918 3 |  |
| -  |  |
| 990EZ Part 1, Line 16 Other expenses include Office supplies and systems - \$2,584.07; Dues and insu     | rance - 880.00,                            |
| Volunteer services - 295 23  | ·  |
|  |  |
| 990EZ Part 3, Line 31a Other program services include Medical/RX - \$1521 09; Auto Upkcep - \$1383 97    | 7; Personal Services - \$764 42;           |
| Household Upkweep - \$918 33   | ·····                                      |
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| ule O (Form 990 or 990-EZ) (2019) of the organization | E       | mployer identification number |
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