FOR TAX YEAR 2018

ST VINCENT DE PAUL SOCIETY OF CROOK CO INC

Michael J Mohan, CPA 106 N Main St Prineville, OR 97754 (541)447-3299

Michael J Mohan, CPA

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Customer Name		Customer Information
ST VINCENT DE PAUL SOCIETY OF CROOK	Invoice #:	
CO INC	Date:	February 09, 2020
PO BOX 545	Phone:	(541)447-1296
Prineville, OR 97754	E-mail:	

Your 2018 tax return was prepared by Michael J Mohan.

Description		Fe
Federal And Supplemental 1	Forms	
Form 990EZ	Organization Exempt from Income Tax EZ, page 1	
Form 990EZ pg 2	Organization Exempt from Income Tax EZ, page 2	
Form 990EZ pg 3	Organization Exempt from Income Tax EZ, page 3	
Form 990EZ pg 4	Organization Exempt from Income Tax EZ, page 4	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	Schedule of Contributors, page 1	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule O	Supplemental Information, page 1	
Schedule O pg 2	Supplemental Information, page 2	
Form 8879EO	E-file Signature Auth for an Exempt Org	
Overflow	Itemized Listing Attachment	
Overflow	Itemized Listing Attachment	

Total Forms	19	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

Form	99	0-	ΕZ
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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Rotari of organization Exempt From moome rax	
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	;)

• Do not enter social security numbers on this form as it may be made public. 000576 **•** • • •

Open to Public Inspection

2018

	artment of t rnal Revenu	the Treasury	Go to www.irs.gov/Form990EZ for instructions and the latest information	mation.	Inspection						
			r year, or tax year beginning $10-01$, 2018, and ending	09-30	,2019						
	Check if ap		D Employer identi								
	Address ch	ange	ST VINCENT DE PAUL SOCIETY OF CROOK CO INC	87-074759							
	Name chan	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone numbe	er						
	Initial return	•									
		/terminated	PO BOX 545	(541) 447-	1296						
	Amended re		City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption							
	Application		Prineville, OR 97754	Number							
		ng Method:		L Check ► if the	organization is not						
	Website	•		required to attach Sch	•						
			heck only one) - 🔀 501(c)(3) 🗌 501(c)() ┥ (insert no.) 🗌 4947(a)(1) or 🗌 527	, (Form 990, 990-EZ, c							
-			Image: Solution in the second seco		,						
		-	/b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets							
				• • • • • • • • • • • • • • • • • • •	73,905						
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th	1							
			the organization used Schedule O to respond to any question in this Part I								
	1		s, gifts, grants, and similar amounts received		69,620						
	2		vice revenue including government fees and contracts		057020						
	3		dues and assessments								
	4		ncome	4							
			t from sale of assets other than inventory	-							
			other basis and sales expenses								
) from sale of assets other than inventory (Subtract line 5b from line 5a)	••••• 5c							
	6		fundraising events:								
		-	e from gaming (attach Schedule G if greater than								
ne			0) · · · · · · · · · · · · · · · · · · ·								
eni	b		e from fundraising events (not including \$ of contributio	ons							
Revenue	_		sing events reported on line 1) (attach Schedule G if the								
_			gross income and contributions exceeds \$15,000) · · · · · · · · 6b								
	c		expenses from gaming and fundraising events ••••••••••••••••••••••••••••••••••••								
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
				6d							
	7a		of inventory, less returns and allowances · · · · · · · · · · · · · · 7a								
			goods sold • • • • • • • • • • • • • • • • • • •								
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · · · · 7c							
			le (describe in Schedule O)		4,285						
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		73,905						
	10		imilar amounts paid (list in Schedule O) • • • • • • • • • • • • • • • • • •		17,712						
	11		to or for members								
	12		er compensation, and employee benefits								
Expenses	13		fees and other payments to independent contractors		2,748						
)en	14		rent, utilities, and maintenance		23,021						
EXE	15		lications, postage, and shipping								
_	16		ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		20,281						
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		63,762						
	18		eficit) for the year (Subtract line 17 from line 9)		10,143						
ets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with								
Net Assets			gure reported on prior year's return)		157,692						
et⊿	20		es in net assets or fund balances (explain in Schedule O)								
Ž			fund balances at end of year. Combine lines 18 through 20 · · · · · · · · · · · ·		167,835						
Fo			on Act Notice, see the separate instructions.	1 1	Form 990-EZ (2018)						

	m 990-EZ (2018) ST VINCENT DE PAUL SOCIE	TTY OF CROOK CO	INC	87-07	47.	592 Page 2
P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any questio	n in this Part II •		• •	$\cdots $
			(A) Beg	inning of year		(B) End of year
22	Cash, savings, and investments			8,420	22	31,869
23	Land and buildings			150,480	23	139,881
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			158,900	25	171,750
26	Total liabilities (describe in Schedule O) · · · · · · · · · · · · ·				26	3,915
	Net assets or fund balances (line 27 of column (B) must agree with			_/	27	167,835
	art III Statement of Program Service Accomplishme	,		137,052		107,055
_	Check if the organization used Schedule O to res					Expenses
					(Rec	uired for section
VVI	nat is the organization's primary exempt purpose? TO ASSIST 1	THOSE IN NEED		!	501(c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for each c				orga	nizations; optional for
	measured by expenses. In a clear and concise manner, describe the s	services provided, the n	umber of		othe	rs.)
per	sons benefited, and other relevant information for each program title.					,
28	DISTRIBUTED FOOD BOXES TO FAMILIES; PROVID	ED RENT AND				
	UTILITY ASSISTANCE; DISTRIBUTED FOOD THROUGH	GH FOOD BANK				
	SERVICES.					
	(Grants \$ 17,712) If this amount inc	cludes foreign grants, cl	heck here ••••	· · · · ► 🔲 🗄	28a	25,305
29						
	(Grants \$) If this amount inc	cludes foreign grants, cl	heck here · · · ·	· · · · ► 🔲 🔓	29a	
30						
	(Cranta (aludaa faraigu granta al	heck here • • • •		20-	
~		cludes foreign grants, cl		· · · · F []	30a	
31			Ť	· · · · · · ·		
		cludes foreign grants, cl			31a	
	Total program service expenses (add lines 28a through 31a) .				32	25,305
P	art IV List of Officers, Directors, Trustees, and Key Employe					
	Check if the organization used Schedule O to respond to	any question in this Par	rt IV •••••		••	•••••
		(b) Average	(c) Reportable	(d) Health benefits,		(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and	yee	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	•
RU	TH CHOLIN					
SE	CRETARY	20.00	0		0	0
	ARLIE KURTZ					
	ESIDENT	20.00	0		0	0
	RY THOMPSON	20.00				
	MBER-AT-LARGE	5.00	o		0	0
		5.00	0		-	0
	TE MURA ERICKSON	F 00				2
	CE PRESIDENT	5.00	0		0	0
	OMAS MCDONALD					
	EASURER	20.00	0		0	0
so	CCORO BENTON					
so	CIAL SERVICES	5.00	0		0	0
TE:	RESA ELWOOD					
PA	NTRY MANAGER	5.00	0		0	0
					T	
					\neg	
					+	
					+	
					+	

Form 9	990-EZ (2018) ST VINCENT DE PAUL SOCIETY OF CROOK CO INC 87-0747	592	F	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			•
			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		Х
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		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
L				Λ
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O • • • • •	35b		
С	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 •••••••••••••••••••••••••••••••••	35c		X
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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
a	Initiation fees and capital contributions included on line 9 • • • • • • • • • • • • • • • • • •			
	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a				
	section 4911 ; section 4912 ; section 4955 ; secti			
D	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		Х
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 • • • • • • • • • • • • • • • • • • •			
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		Х
41	List the states with which a copy of this return is filed • OR		1	
	The organization's books are in care of THOMAS MCDONALD Telephone no. 541-4	47-1	296	
12 0	Located at PO BOX 545, Prineville, OR ZIP+4 > 97754		2.50	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
U		42b	Tes	X
	a mandar dobbant in a foreign boartab a bank dobbant, bobanties dobbant, of bane mandar dobbant, i	420		
	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			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		· · Þ	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
5	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		Х
~	Did the organization receive any payments for indoor tanning services during the year?	440 44c		X
		440		Λ
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	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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	45b		Х

devoted to position (Forms W-2/1099-MISC) compensation NONE		Page
to candidates for public office? If "Yes," complete Schedule C, Part 1 44 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 50 and 51. 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 44 10 bit 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 44 43 Did the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 44 43a Did the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 44 43a Did the organization a section 527 organization? 49 50 Complete this table for the organization is section 527 organization? 49 60 Name and title of each employee (b) Name and title of each employee (c) Reportable organization. If there is none, enter "None." (e) Estim compensation (Form W-2/1099-MISC) (f) Health benefits, ordination and determed ordination and determed ordination and determed ordination is to employee the organization if the highest compensated independent contractors who each received more than \$100,000 ········ (f) Health benefits, ordination and determed ordination is organization. If there is none, enter "None." 11 Complete this table for the organization. If there is none, enter "None." (f) Type of service	Yes	5 No
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 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 44 49a Did the organization make any transfers to an exempt non-charitable related organization. If there is none, enter "None." 49 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." (e) Nearage hours per week devoted to position (f) Heatth benefits, contributions to employee engloyees (ble than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation (Forms W-2/1008-MISC) (e) Estim contents week engloyees paid over \$100,000 (f) Heatth benefits, contributions to employee engloyees paid over \$100,000 (e) Estim compensation f Total number of other employees paid over \$100,000 (f) Average for the organization's five highest compensated independent contractors who each received more than \$100,000 <td></td> <td>X</td>		X
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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 44 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 44 49 Did the organization make any transfers to an exempt non-charitable related organization? 45 50 Complete this table for the organization a section 527 organization? 46 50 Complete this table for the organization of the integration? 47 60 Name and title of each employee (b) Average devoted to position (c) Reportable compensation compensation (Forms W-2/1089-MISC) (e) Estimation complete this table for the organization? (e) Estimation 61 Name and title of each employee (b) Average devoted to position (c) Reportable compensation complete Schedule E (f) Health benefits, complete S		
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48 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 44 49a Did the organization make any transfers to an exempt non-charitable related organization? 43 b If "Yes," was the related organization is section 527 organization? 43 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 components of other than officers, directors, trustees and key employees (aher the organization to employee benefit plans, and defred compensation (Forms W-2/1099-MISC) (e) Estim other other complexation to prove the organization's the highest compensate in the organization of the organization's five highest compensate independent contractors who each received more than \$100,000 of compensate independent contractors who each received more than \$100,000 of compensate independent contractors who each received more than \$100,000 of compensation. If there is none, enter "None." f Total number of other employees paid over \$100,000 ···· · · · · · · · · · · · · · ·		Х
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employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and defared compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and defared compensation (e) Estimate the enter of the	o l	
(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) Estim other NONE Image: State of the state		
(a) Name and title of each employee (b) Average hours per week devoted to position (c) Nephatale compensation (Forms W-2/1099-MISC) contributions to employee benefit plans, and deferred compensation (e) Estimate of each employee benefit plans, and deferred compensation (e) None NONE Image: State of each employee benefit plans, and deferred devoted to position Image: State of each employee benefit plans, and deferred compensation (e) Estimate of each employee benefit plans, and deferred compensation (f) None NONE Image: State of each employee benefit plans, and deferred devoted to position Image: State of each employee benefit plans, and deferred compensation (f) None Image: State of each employee benefit plans, and deferred devoted to position Image: State of each employee benefit plans, and deferred compensation (f) None Image: State of each employee benefit plans, and deferred devoted to position Image: State of each employee benefit plans, and deferred compensation (f) None Image: State of each employee benefit plans, and deferred devoted to position Image: State of each employee benefit plans, and deferred devoted to position (f) None (f) None Image: State of each employee benefit plans, and devote benefit plans, and		
(a) Name and title of each employee hours per veek devoted to position compensation (Forms W-2/1099-MISC) Combinition to employee benefit plans, and deferred compensation (b) Task other NONE		
NONE Image: Second	ated amol compensa	
f Total number of other employees paid over \$100,000 · · · · · · · · · · · · · · · · · · ·	· ·	
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		
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		
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		
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		
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		
\$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 (c) Compensation		
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation		
NONE	tion	

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	CHARLIE KURTZ Signature of officer CHARLIE KURTZ, PRESIDENT Type or print name and title	<u> </u>	Da	ate				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check X if self-employed	PTIN			
Preparer Firm's name Michael J Mohan, CPA								
Use Only	Firm's address 🕨 106 N Main St							
	Prineville OR 97754			Phone no. 541-447-3299				
May the IRS discuss this return with the preparer shown above? See instructions								

SCHEDULE A	S	С	Н	Ε	D	U	L	Е	Α
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Public Charity Status and Public Support mplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2018

Open to Public

(Form 990 or 990-EZ)	Cor
Department of the Treasury	

Attach to Form 990 or Form 990-EZ.

Depar	tment	of the Treasury		- Alla	ich to Form 990 of Form	11 990-EZ.			Open to Public
		enue Service	▶	Go to www.irs.go	v/Form990 for instructi	ons and th	ne latest ir	nformation.	Inspection
Name	of the	e organization						Employer identific	ation number
ST	VIN	ICENT DE PA	UL SOCIETY OF	CROOK CO INC				87-07475	92
	rt I				ganizations must co	omplete	this part		
					through 12, check only		•	,	
1	Г. П			•	nes described in section	,	∆)/i)		
2	Н	,			hedule E (Form 990 or 9		-,(י).		
	Н								
3	Н	•		•	scribed in section 170(b				
4				ated in conjunction w	ith a hospital described in	section 1	70(b)(1)(A	(iii). Enter the	
	_	hospital's name	e, city, and state:						
5		An organization	n operated for the bene	fit of a college or uni	versity owned or operate	d by a gove	ernmental u	unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II.)					
6		A federal, state	e, or local government o	r governmental unit o	described in section 170	(b)(1)(A)(v).		
7		An organization	n that normally receives	s a substantial part c	of its support from a gove	rnmental ur	nit or from	the general public	
		described in se	ection 170(b)(1)(A)(vi)	. (Complete Part II.)					
8	\square	A community t	rust described in sectio	on 170(b)(1)(A)(vi).	(Complete Part II.)				
9	Π	An agricultural	research organization c	lescribed in section	170(b)(1)(A)(ix) operate	ed in conjun	ction with	a land-grant college	
		-	-		e instructions). Enter the			• •	
		university:	a non lana grant cono	ge ei agriealtare (ee				er alle eenege er	
10	Χ		n that normally receives	(1) more than 33°	1/3% of its support from o	contribution	s member	rehin fees and gross	
10	27	-			bject to certain exception				
		•		•					
					ness taxable income (les		11 tax) fro	m businesses	
			•		tion 509(a)(2). (Complete				
11	Ц	0			for public safety. See sec	· · ·			
12	\Box	•	•	•	e benefit of, to perform th			• • •	
		of one or more	publicly supported orga	anizations described	in section 509(a)(1) or s	section 50	9(a)(2). Se	e section 509(a)(3).	
		Check the box	in lines 12a through 12	d that describes the	type of supporting organ	nization and	l complete	lines 12e, 12f, and 12	g.
	а	Type I. A	supporting organization	operated, supervise	d, or controlled by its sup	ported orga	nization(s)), typically by giving	
		the suppor	ted organization(s) the	power to regularly a	ppoint or elect a majority	of the dired	ctors or tru	stees of the	
		supporting	organization. You mus	st complete Part IV	, Sections A and B.				
	b	Type II. A	supporting organization	supervised or contr	olled in connection with it	s supported	d organizat	tion(s), by having	
		control or r	management of the sup	porting organization	vested in the same pers	ons that co	ntrol or ma	anage the supported	
			n(s). You must comp					5 11	
	с		•		ization operated in conne	ction with. a	and functio	nally integrated with.	
	Ū				nust complete Part IV,				
	d		• • • • •		organization operated in c				
	u				nerally must satisfy a dis				
			, ,		Part IV, Sections A and		•		
	_								
	е		-		etermination from the IRS		турет, ту	ре II, Туре III	
					egrated supporting organi	ization.			
	f		per of supported organiz						•••••
	g	Provide the foll	owing information abou	it the supported orga	anization(s).				
	(i	 Name of supported 	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	0	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	ir governing hent?	support (see instructions)	other support (see instructions)
									lineardoaloney
						Yes	No		
	_								
(A)									
(B)									
(C)									
(C)									
(D)									
(E)									

Total

	rt II Support Schedule for Org (Complete only if you check	anizations De		ctions 170(b)	(1)(A)(iv) and)
	Part III. If the organization	fails to qualify u	under the tests	listed below, p	please complet	e Part III.)	
Sec	tion A. Public Support					1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") •••••						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ••••••						
3	The value of services or facilities furnished by a governmental unit to the organization without charge ••••••						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f) · · · · ·						
$\frac{6}{\text{Sec}}$	Public support. Subtract line 5 from line 4 •• tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		C	X			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ••••••••••						
11	Total support. Add lines 7 through 10 •						
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the org						. 🗖
<u> </u>	organization, check this box and stop here tion C. Computation of Public Su						· · · · · ► 📋
14	Public support percentage for 2018 (line 6, co)		14	%
15	Public support percentage for 2018 (intel0, co			/			%
16a	33 1/3% support test - 2018. If the organizat						70
	box and stop here. The organization qualifies						🕨 🔲
b	33 1/3% support test - 2017. If the organizat			a, and line 15 is 33	3 1/3% or more, che	eck	
	this box and stop here. The organization qua	lifies as a publicly s	upported organizati	on			· · · · 🕨 📋
17a	10%-facts-and-circumstances test - 2018.	If the organization of	did not check a box	on line 13, 16a, or	16b, and line 14 is		
	10% or more, and if the organization meets th	e "facts-and-circun	nstances" test, che	ck this box and sto	p here. Explain in		
	Part VI how the organization meets the "facts			•			_
	organization • • • • • • • • • • • • • • • • • • •						· · · · ► 📋
b	10%-facts-and-circumstances test - 2017. 15 is 10% or more, and if the organization me	ets the "facts-and-o	circumstances" test	, check this box and	d stop here.		
	Explain in Part VI how the organization meets			•			. –
18	Private foundation. If the organization did no	ot check a box on lir	ne 13, 16a, 16b, 17a	a, or 17b, check thi	s box and see		
	instructions • • • • • • • • • • • • • • • • • • •						· · · · ► []

EEA

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 ST	VINCENT DE PA	UL SOCIETY C	F CROOK CO 1	INC	87-0747592	Page 3
Pa	art III Support Schedule for O						
	(Complete only if you che	cked the box on	line 10 of Parl	t I or if the orga	nization failed	to qualify unde	r Part II.
	If the organization fails to	qualify under the	e tests listed be	elow, please co	omplete Part II.)	
Se	ction A. Public Support					•	
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
			(,	(-,	(4) = 2	(0) = 0.0	(1)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	197,976	154,908	301,701	121,251	69,620	845,456
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	86,200	77,808	52,198	5,137	1,586	222,929
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	284,176	232,716	353,899	126,388	71,206	1,068,385
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						
8	Public support. (Subtract line 7c from line 6.)						1,068,385
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨		(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •	284,176	232,716	353,899	126,388	71,206	1,068,385
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5	5	4			14
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5	5	4			14
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.) • • • • • • • • • • • • • • • • • • •	284,181	232,721	353,903	126,388	71,206	1,068,399
14	First five years. If the Form 990 is for the or organization, check this box and stop here		ond, third, fourth, o	r fifth tax year as a s	section 501(c)(3)		
Se	ction C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2018 (line 8, o	olumn (f), divided by	line 13, column (f))		15	100.00 %
16	Public support percentage from 2017 Sched	•	.,,	, 		16	99.99 %
	ction D. Computation of Investme						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17	Investment income percentage for 2018 (line		`	nn (f))		17	0.00 %
18	Investment income percentage from 2017 So		-			18	0.00 %
	33 1/3% support tests - 2018. If the organiz	ation did not check th	ne box on line 14, ar	nd line 15 is more th	an 33 1/3%, and lin	-	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	ation did not check a	box on line 14 or lin	e 19a, and line 16 i	s more than 33 1/3 ⁰		••••► []
20	Private foundation. If the organization did r	•	•				· · · · • []

chedule Part	A (Form 990 or 990-EZ) 2018 ST VINCENT DE PAUL SOCIETY OF CROOK CO INC 87-074759	92	Р	age 4
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sactio	ne A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and C, myou checked 12d of Part I, complete Sections A and D, and complete Pa			
octi	ion A. All Supporting Organizations	art v.)		
eci	ion A. An Supporting Organizations		Yes	No
1	Are all of the argenization's supported argenizations listed by name in the argenization's governing		res	INC
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 Part VI 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 Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
а	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 Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	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 Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
a	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 Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D		5b		
~	designated in the organization's organizing document?			
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
5	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		_
	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		
	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		
а	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 Part VI.	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 Part VI.	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 Part VI .	9c		
a	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	TVa		
5		10b		
	determine whether the organization had excess business holdings.)	100		Z) 201

Pa	rt IV Supporting Organizations (continued)		Ver	
4	Healthe organization accorded a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations	TIC		
			Yes	Nc
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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations		V.	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in elect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec	tion 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	struct	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (ísee in	struct	ions,
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	_ · · · · · · · · · · · · · · · · · · ·			

- of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **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 Schedule A (Form 990 or 990-EZ) 2018

2b

3a

Schedule A (Form 990 or 990-EZ) 2018 ST VINCENT DE PAUL SOCIETY OF CROOK CO Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			7592 Page 6
			in in Dort \/I\ Ore
			,
instructions. All other Type III non-functionally integrated supporting organiz	alior		-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (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-functionally 		grated Type III supportin	g organization (see
instructions).		3	

EEA

Schedule A (Form 990 or 990-EZ) 2018

	Ile A (Form 990 or 990-EZ) 2018 ST VINCENT DE PAUL SOCIET t V Type III Non-Functionally Integrated 509(a)(3		87-074 zations (continued)	17592 Page 7
		/ oupporting organi	Zutions (continuou)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemption	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior 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 which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			
EEA			Schedu	ule A (Form 990 or 990-EZ) 2018

Schedule A (Forr	n 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	· · · · ·

Schedule B

(1 01111 000, 000
or 990-PF)
Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number 87–0747592

	ST	VINCENT	DE	PAUL	SOCIETY	OF	CROOK	со	INC
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Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Form 990-PF	 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

S.

OMB No. 1545-0047

2018

EEA

	rm 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of org			Employer identification number
	ENT DE PAUL SOCIETY OF CROOK CO INC) out Life additional analy	87-0747592
Part I	Contributors (see instructions). Use duplicate copies of P		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1	SAMUEL DELEONE IRREVOCABLE TRUST	\$ 6.00	Person X Payroll C Noncash C
	1258 SW LAKE ROAD Redmond, OR 97756	\$6,00	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	(d) Type of contribution
_2	SHELK FOUNDATION PO BOX 2058	\$8,00	Person ∑ Payroll □ 0 Noncash (Complete Part II for
	Prineville, OR 97754		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	(d) Type of contribution
3	OREGON FOOD BANK 7900 NE 33RD DR Portland, OR 97211	\$ <u>5,00</u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	(d) ons Type of contribution
4	OREGON CHARITABLE CHECKOFFS 955 CENTER ST NE Salem, OR 97301-2555	\$8,50	0 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	(d) Type of contribution
		¢	Person Payroll Noncash

lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)

Nar

SCHE	DUL	ΕO	
(Form 9	90 or	990-EZ)

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 2018 **Open to Public** Inspection

Employer identification number

87-0747592

Department of the Treasury
Internal Revenue Service
Name of the organization

ST VINCENT DE PAUL SOCIETY OF CROOK CO INC

01. Description of other revenue	e (Part I, line 8)	
Description	Amount	
GAIN ON SALE OF ASSETS	2,699	
RECYCLING INCOME	555	
MISC INCOME	1,031	

02. List of grants and similar amounts paid (Part I, line 10) SOCIAL SERVICES ASSISTANCE GRANTS <u>Activity</u> VARIOUS <u>Grantee</u> Relationship NONE Amount 17,712

03. Description of other expenses (Part I, line 16)

Description	Amount
ADVERTISING	1,460
ADVERIISING	1,400
AUTOMOBILE EXPENSE	4,297
BANK & MERCHANT FEES	193
SUPPLIES	3,296
SUTTIES	5,250
DEPRECIATION	8,403
LICENSE & REGISTRATION FEES	212
OFFICE EXPENSE	2,345
BOARD EXPENSES	75

04. Description of total liabilities (Part II, line 26)

Schedule O (Form 990 or 990-EZ) (2018)		Page	÷ 2
Name of the organization		Employer identification number	
ST VINCENT DE PAUL SOCIETY OF CROOK CO INC		87-0747592	
Credit Cards	450	3,915	
	750	0	
Payroll Liabilities	758	0	
			—

Form	8879-	-EΟ
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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 10-01-2018 , and ending 09-30-2019

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2018

Department of the Treasury		
Internal Revenue Service		
Name of exempt organization		

ST VINCENT DE PAUL SOCIETY OF CROOK CO INC

Employer identification number 87-0747592

Name and title of officer

CHARLIE KURTZ, PRESIDENT

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you				
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then				
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on				
the applicable line below. Do not complete more than one line in Part I.				
1a Form 990 check here 🕨 📄 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)				

·u			
2a	Form 990-EZ check here 🕨 🕅 b Total revenue, if any (Form 990-EZ, line 9)	2b _	73,905
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22) · · · · · · · · · · · · · · · · · ·	3b _	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _	
5a	Form 8868 check here b D Balance Due (Form 8868, line 3c)	5b	

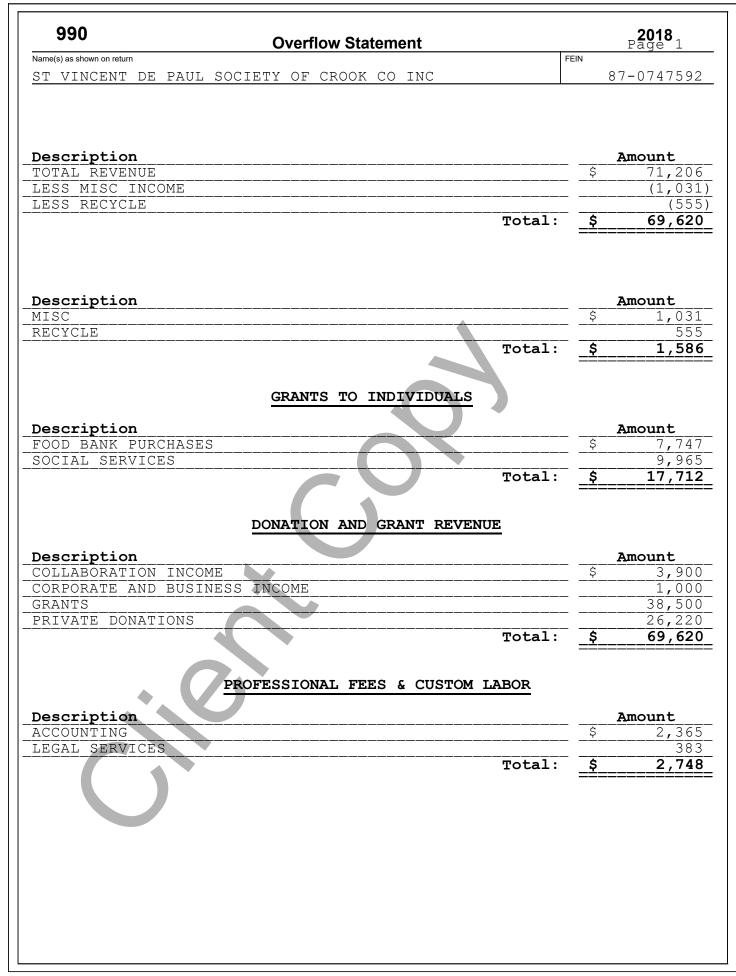
Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the
organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO)
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.
Officer's PIN: check one box only

X I auth	norize Michael J Mohan, CPA	to enter my PIN	12548 a	as my signature
	ERO firm name		Enter five numbers, but	
			do not enter all zeros	
	e organization's tax year 2018 electronically			
	i filed with a state agency(ies) regulating cha		gram, I also authorize th	e aforementioned
ERO	to enter my PIN on the return's disclosure c	onsent screen.		
_				
Asar	n officer of the organization, I will enter my Pl	N as my signature on the organizatio	n's tax year 2018 electro	nically filed return.
	ave indicated within this return that a copy of			arities as part of
the IF	RS Fed/State program, I will enter my PIN or	the return's disclosure consent scree	en.	
Officer's signature			Date 🕨	02-10-2020
Part III	Certification and Authenticatio	n	Date	02 10 2020
ERO's EFIN/	PIN. Enter your six-digit electronic filing identi	ication		
number (EFIN	I) followed by your five-digit self-selected PI	۱.	93049	0 73299
,	, , , , , , , , , , , , , , , , , , , ,			Do not enter all zeros
1		· · · · · · · · · · · · · · · · · · ·		
	ne above numeric entry is my PIN, which is n			
	/e. I confirm that I am submitting this return ir r Authorized IRS <i>e-file</i> Providers for Busines:	•	Pub. 4163, Modernized	
Information 10	Authorized ING e-me Flowiders IOI Busilles			
ERO's signature	Michael J Mohan		Date 🕨	02-09-2020
	ERO Mu	st Retain This Form - See I	nstructions	
	Do Not Submit Th	is Form to the IRS Unless	Requested To Do	o So
			-	

For Paperwork Reduction Act Notice, see instructions. EEA

Form 8879-EO (2018)



Name(s) as shown on return FEIN ST VINCENT DE PAUL SOCIETY OF CROOK CO INC 87-0747592 OCCUPANCY Amount Description 2,354 REPAIRS & MAINTENANCE 2,354 UTILITIES 1,279 PROPERTY INSURANCE 4,545 STORAGE 896 STORAGE 846	990	Overflow Statement	2018 Page 2
OCCUPANCY Amount RENT \$ 13,099 REPAIRS & MAINTENANCE 2,354 UTILITIES 1,279 PROPERTY INSURANCE 4,545 GARBAGE 898 STORAGE 846 Description 846 FOOD BANK PURCHASES 5 7,747 SOCIAL SERVICES 9,965 TRUCK EXP 4,297 SUPPLIES 3,296	Name(s) as shown on return		FEIN
DescriptionAmountRENT\$ 13,099REPAIRS & MAINTENANCE2,354UTILITIES1,279PROPERTY INSURANCE4,545GARBAGE898STORAGE846Total:\$ 23,021PROPERTYICES9,965SOCIAL SERVICES9,965TRUCK EXP4,297SUPPLIES3,296	<u>ST VINCENT DE PAU</u>	L SOCIETY OF CROOK CO INC	87-074759
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