	, ,		•	294930670	0809 0	· ·
_ /	Form	99	90 .	Return of Organization Exempt From Income	e Tax	OI49 No 1545-0047
	/ ,			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pri	ivate foundations)	2018
' ^	Denar	tment of t	he Treasury	Do not enter social security numbers on this form as it may be made	11 1/1/	Open to Public
			ie Service	► Go to www.irs.gov/Form990 for instructions and the latest information	on \ W	Inspection
	A F	or the	2018 calenda	ar year, or tax year beginning 10-01 , 2018, and endi	ng 09-	-30 , 20 19
> ~	В	check if a	pplicable	C Name of organization ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST	1 L	Employer identification no
0,1	ᅙ	ddress c	-	Doing business as VINCENT DE PAUL INC GROUP RETURN		35-2596006
· 0	$\overline{}$	lame cha	-		Room/suite E	Telephone number
) Q	☴	nitial retur	m m/terminated	3512 BEACH BLVD City or town, state or province, country, and ZIP or foreign postal code		(904) 396-7473 Gross receipts
107	一	mended		JACKSONVILLE, FL 32207		\$ 1,167,238
12	一		n pending	F Name and address of pnncipal officer BARTHOLOMEW OLEARY	H(a) Is this a group return for	हिन नि
į				507 IRISH ROSE RD, SAINT AUGUSTINE, FL 32092	H(b) Are all subordinates	included? Tyes X No
-An	<u> </u>	ax-exemp	ot status X	501(c)(3)	#128 If "No," attach a	list (see instructions)
02	<u>۷ ل</u>	Vebsite	► N/A		H(c) Group exemption n	umber ► 5927
16	_		ganization X	- <u></u>	M State of legal	domicile FL
17	Pa		Summar			
		'	•	be the organization's mission or most significant activities PERSON TO PERSON S WOME AND OFFICE VICING ASSISTANCE PROPERTY.		
	nce			HOME AND OFFICE VISITS ASSISTING PEOPLE WITH SHELTER, UTI E, AND MEDICAL AND DENTAL ASSISTANCE.	LLITTES, FOOD,	CLOINING,
2021	Governance	j	1 014111014	a, and the tend beated about the control.		
7	ove	2	Check this bo	ox > if the organization discontinued its operations or disposed of more than 25% of its	net assets	
	<u>ග</u> න	3	Number of vo	oting members of the governing body (Part VI, line 1a)	3	9
Ω	-	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4	9
FEB	Activities			of individuals employed in calendar year 2018 (Part V, line 2a)	5	4
	Act	1		of volunteers (estimate if necessary)	6	332
叫		ſ		d business revenue from Part VIII, column (C), line 12		0
SCANNED		-	ivet unrelated	business taxable income from Form 990-T, line 38	Prior Year	Current Year
8		8	Contributions	and grants (Part VIII, line 1h)	770,971	747,972
$\widetilde{\mathbf{x}}$	ne	,		rice revenue (Part VIII, line 2g)		0
	Revenue	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)	835	3,017
	æ	11	Other revenu	le (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	335,435	362,030
		-		e - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	1,107,241	1,113,019
		ſ		imilar amounts paid (Part IX, column (A), lines 1-3)	679,396	
			-	to or for members (Part IX, column (A), line 4)	21 025	0
	Ses	1		fundraising fees (Part IX, column (A), line 11e)	31,025	21,978 0
- >	Expenses	1		sing expenses (Part IX, column (D), line 25)		<u> </u>
1 AAAC	EX	1		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,605	242,813
Š		18	Total expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	885,026	
<u></u>			Revenue less	s expenses Subtract line 18 from line 12	222,215	82,018
	Net Assets or Fund Balances		_		inning of Current Year	End of Year
2020	sset: Balai	20	•	Part X, line 16)	1,120,194	1,202,278
-41 (-)	let A und	21		s (Part X, line 26)	139,276	
ا ت	Par			fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	980,918	1,062,936
0 <u>-</u>					edge and belief, it is	
MAR.	true, o	сопест, а	nd complete De	are that I have examined this return including accompanying schedules and statements, and to the best of my knowle taration of preparer (other than officer) is based on all information of which preparer has any knowledge		/-/
L()		Ì		Spring Surewit	20	17/26
0 14	_	- 1	Signature	e of officer	Date	· •
1	Here	9		SE BUNNEWITH, CURRENT PRESIDENT		
~			<u> </u>	ornit name and title		
40	Paic	ı	Print/Type prep		-	TIN
		Darer	Richard Firm's name	L Waler III CPA WALER CPAS PA FI	self-employed	P01074807
1	•	Only			hone no	
(C)	_			SAINT AUGUSTINE FL 32085-4497		24~5412
\ i	May t	he IRS	discuss this r	eturn with the preparer shown above? (see instructions)		· · · 🛚 Yes 🗌 No
				n Act Notice, see the separate instructions.		Form 990 (2018)

orn	1990 (2018) ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST 35-2596006 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission
	PERSON TO PERSON SERVICE TO THE POOR. CONDUCT HOME AND OFFICE VISITS ASSISTING PEOPLE WITH
	SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICAL AND DENTAL ASSISTANCE.
 :	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
}	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
a	(Code) (Expenses \$912,240 including grants of \$ 766,210) (Revenue \$)
	CONDUCTED PERSON TO PERSON VISITS ASSISTING 38,940 PEOPLE WITH DIRECT AND INDIRECT CASH
	PAYMENTS FOR SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICINE. THIS IS POSSIBLE
	THROUGH DONATIONS FROM THE GENERAL PUBLIC AS WELL AS PROFITS FROM THRIFT STORES RUN BY THE
	SOCIETY. THE THRIFT STORES RECEIVE IN KIND DONATIONS FROM THE GENERAL PUBLIC AND EITHER SELL
	THESE ITEMS TO THE GENERAL PUBLIC OR DISTRIBUTE THESE ITEMS AT NO CHARGE TO NEEDY INDIVIDUALS
	AND FAMILIES IN THE NORTHEAST FL AREA.
	
b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
1	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
	<u></u>

' Page 3

Form 990 (2018) ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST Part IV - Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 0	-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		-	7.
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ľ	
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more]	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	\dashv	X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ĺ	v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	^	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ľ	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a	ŀ	Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			-
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ł	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			.,
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v l	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	}	v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	Χ
_	general and the second of the	: 1		

Pa	rt IV Checklist of Required Schedules (continued)			
22	Delate assessment as a set of COO of search as although a set of search and dealers		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	v	Ì
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22_	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ł
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		١.,
240		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	}	l 🗸
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization invest any proceeds of tax-exempt borids beyond a temporary period exception?	240		╁
C	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		├-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			 ^``
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	l		l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	[l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	Į į		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-	
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			İ
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			İ
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			į
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Par				\Box
	Check if Schedule O contains a response or note to any line in this Part V	• • •		ليل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c		<u>X</u>

' Page 5

Form 990 (2018) ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	•	
	Statements, filed for the calendar year ending with or within the year covered by this return			!
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	. [
7	Organizations that may receive deductible contributions under section 170(c).	•		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		•	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • •	7g		_X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u>X</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		•	- 1
a	Initiation fees and capital contributions included on Part VIII, line 12	٠. ا		•
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	:	j	-
11	Section 501(c)(12) organizations. Enter	_		ļ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-	ı	Į.
	against amounts due or received from them)			لــــا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O	٠.		`
p	Enter the amount of reserves the organization is required to maintain by the states in which			Ì
_	the organization is licensed to issue qualified health plans	.		
C 440	Enter the amount of reserves on hand	140		<u>'</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^_
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year	15		<u>X</u> 1
16	If "Yes," see instructions and file Form 4720, Schedule N	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
	If "Yes," complete Form 4720, Schedule O			

Pa	Irt VI - Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	"		
-	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛 _
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,		
	If there are material differences in voting rights among members of the governing body, or	; ;		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O		:	.,]
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		•3	~[
	the year by the following			
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
_			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • •	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	_X	
15	Did the process for determining compensation of the following persons include a review and approval by	٠	-	
			- 1	
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u>X</u>
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		X
b		15a 15b		
b	The organization's CEO, Executive Director, or top management official			- 1
b 16a	The organization's CEO, Executive Director, or top management official			
_	The organization's CEO, Executive Director, or top management official			<u> </u>
_	The organization's CEO, Executive Director, or top management official	15b		
16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b	-	
16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	15b	•	
16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	15b	•	
16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	15b		
16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **Etion C. Disclosure**	15b	•	
16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	15b	•	
16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c))	15b		
16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	15b		
16a b Sec 17 18	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)	15b		
16a b Sec 17 18	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	15b	•	

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ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

35-2596006

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

				- ((C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average box, unless person is both an officer and a director/trustee) week (list any hours for							Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DENNIS OTOOLE		Х		X				0	0	0
GAINESVILLE DIST PRESIDENT (2) BARTHOLOMEW OLEARY PRESIDENT	10.00	Λ		X				0	0	0
(3) LINDA KUEPPER SANTA MARIA CONFERENCE PRESIDENT	15.00			X					0	0
(4) RON COLMAN ST JOHN EV CONF PRESIDENT	15.00			X				0	0	0
(5) JUDITH SURRATT ST JOHN CONF PRESIDENT	15.00			Χ				0	0	0
(6) ROBERT FOLEY ST DENIS CONF PRESIDENT	15.00			Х				0	0	0
(7) DEBBIE COOK SAN JUAN CONF PRESIDENT	5 .00_			Х				0	0	0
(8) CANDYCE P BREIDERT ST PAUL CONF PRESIDENT	_60.00_			Х				0	0	00
(9) KATHLEEN EVANS CHRIST THE KING CONF PRESIDENT	15.00			Х				0	0	0
(10)										
(11)						}				
(12)										
(13)									P	
(14)										

1	D	_	_	_	•
	۲	а	а	e	

•	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ι	ınless	perso	tion ire tha	an on the book has bo	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1 <u>5</u>)					_						-
(46)					_						
(47)				\dashv	_						
(40)					_						
				_						<u> </u>	
(19) 				ì	ı	į					
(20)						İ					
(21)				l			_				
(22)					_						
(23)				-				-			
24)					_	-	_				-
					_			_			ļ
25)											
1b c d	Sub-total	1A						•	0	0	0
2	Total number of individuals (including but not limited to									<u> </u>	
	reportable compensation from the organization									0	Yes No
3	Did the organization list any former officer, director, or employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of repo organization and related organizations greater than \$15 individual	such individu rtable compe 50,000? If "Ye	al nsatior s," com	and aplete	oth	er co	omper ule J fo	sations	on from the		3 X - X
5	Did any person listed on line 1a receive or accrue corfor services rendered to the organization? If "Yes," com						-		or individual		5 X
	on B. Independent Contractors										
1	Complete this table for your five highest compensation compensation from the organization. Report compens year										
	(A)			_					(B)		(C)
	Name and business address							-	Description of s	services	Compensation
	Total number of independent contractors (including bu	it not limited t	o these	n liet		.					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ite to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ν v	1a	Federated campaigns 1a					
r and	b	Membership dues 1b					1
۾ ڇ	С	Fundraising events 1c				-	
E A	d	<u> </u>					
ώ E	e	Government grants (contributions) 1e					ĺ
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
	'	and similar amounts not included above 1f	747,972				
퉏	۱ ۵	Noncash contributions included in lines 1a-1f \$	341,708				
လို ළ	h			747,972	1	_	1
	 "	Total. Add lines 14-11	Business Code	741,972	<u> </u>		
ä	2a		Business Code	L		· · · · · · · · · · · · · · · · · · ·	·
yen	Ь						
ž	C				<u> </u>		
Ž	ا						
Se	-						
Program Service Revenue	e		-				
5	Į.	All other program service revenue		 -			
		Total. Add lines 2a-2f	• • • • • •	-		<u> </u>	
	3	Investment income (including dividends, interest,	_				
	١.	and other similar amounts)		3,017			3,017
	4	Income from investment of tax-exempt bond proce					
	5	Royalties				-	ļ
	_	(ı) Real	(II) Personal			,	
	6a	Gross rents · · · · · ·					
		Less rental expenses · · · ·					
	1	Rental income or (loss) · · · L	<u> </u>				
	d	Net rental income or (loss) · · · · · · · · ·					
	7a	Gross amount from sales of (i) Securities	(II) Other				
]	assets other than inventory					
	b	Less cost or other basis					
		and sales expenses · · · ·					
	I	Gain or (loss)					
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	▶				
/enne/	8a	Gross income from fundraising	!				
		events (not including \$, i
æ		of contributions reported on line 1c)					
Other Re	ĺ	See Part IV, line 18 · · · · · · · · a	44,798				
ŏ	b	Less direct expenses b	11,242		L		
				33,556			33,556
	9a	Gross income from gaming activities					!
		See Part IV, line 19 · · · · · · · · · a			-		
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities · ·				_	
	10a	Gross sales of inventory, less					
		returns and allowances a	371,451				
	b	Less cost of goods sold b	42,977				
	ı	_		328,474			328,474
		Miscellaneous Revenue	Business Code		· · · · · · · · · · · · · · · · · · ·		i
	11a						
	b			· · · · · ·			
	С						
i	d	All other revenue · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
		Total. Add lines 11a-11d					i i
		Total revenue. See instructions		1,113,019	0		365,047
			<i></i>	_,			

ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

Part IX	 Statement of Functional Expenses
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (D) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 766,210 766,210 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 20,060 20,060 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 1,918 1,918 11 Fees for services (non-employees) а b C Accounting 2,025 2,025 d Lobbying e Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 36,537 36,537 12 Advertising and promotion 2,812 2,812 13 Office expenses 31,457 46,779 15,322 14 Information technology 764 764 15 16 85,213 49,150 36,063 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 6,038 6,038 21 Payments to affiliates 22 Depreciation, depletion, and amortization 17,343 8,112 9,231 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) TRUCK EXPENSE 5,896 5,896 b DUES AND SUBSCRIPTIONS 116 116 C 9,035 30,255 SUPPLIES 39,290 d е All other expenses Total functional expenses. Add lines 1 through 24e 25 1,031,001 912,240 118,761 0 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

' Page 10

Part X **Balance Sheet**

		Check if Ochequie O contains a response of note to any line in this Part A			
			(A)		(B)
			Beginning of year	1 - 1	End of year
	1	Cash - non-interest-bearing		1	150,659
	2	Savings and temporary cash investments		2	714,100
	3	Pledges and grants receivable, net	· • <u> </u>	3	
	4	Accounts receivable, net	· ·	4	
	5	Loans and other receivables from current and former officers, directors,		1 1	
		trustees, key employees, and highest compensated employees	W		
		Complete Part II of Schedule L	· •	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
Assets		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	<u> </u>	.	
		organizations (see instructions) Complete Part II of Schedule L	•	6	
	7	Notes and loans receivable, net		7	
se	8	Inventories for sale or use	•	8	
As	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment cost or		1 1	
		other basis Complete Part VI of Schedule D 10a 389,78	6	. .	
	b	Less accumulated depreciation · · · · · · · · · 10b 53,00	7 354,122	10c	336,779
	11	Investments - publicly traded secunties	•	11	
	12	Investments - other securities See Part IV, line 11	•	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	•	14	
	15	Other assets See Part IV, line 11	· [15	740
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,202,278
-	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			<u> </u>
iab		disqualified persons Complete Part II of Schedule L	•	22	
_	23	Secured mortgages and notes payable to unrelated third parties	. 139,276	23	123,521
	24	Unsecured notes and loans payable to unrelated third parties	· [24	15,000
	25	Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24) Complete Part X		1	
		of Schedule D	•	25	821
	26	Total liabilities. Add lines 17 through 25	. 139,276	26	139,342
		Organizations that follow SFAS 117 (ASC 958), check here			
Ses		complete lines 27 through 29, and lines 33 and 34.		<u> </u>	
au	27	Unrestricted net assets	980,918	27	1,062,936
Ba	28	Temporanly restricted net assets	· [28	
멸	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			,
6		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
4SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	980,918	33	1,062,936
	34	Total liabilities and net assets/fund balances		34	1,202,278
EΑ					Form 990 (2018)

Forn	m 990 (2018) ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST	35-259600	6	٠P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · ·	· · ·		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	113,	019
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	031,	001
3	Revenue less expenses Subtract line 2 from line 1	. 3			018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		980,	
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1,	062,	936
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight]		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		L
EEA			Form	990 (2	2018)

SCHEDULE A

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.

'OMB No 1545-0047 2018

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST 35-2596006 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Sec	ction A. Public Support						
Cale	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")	689,543	864,980	634,476	770,971	747,972	3,707,942
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 · · · · · ·	689,543	864,980	634,476	770,971	747,972	3,707,942
5	The portion of total contributions by						
	each person (other than a	r -		-			
	governmental unit or publicly					'	
	supported organization) included on						
	line 1 that exceeds 2% of the amount				,÷	,	
	shown on line 11, column (f)					•	45,400
_6	Public support. Subtract line 5 from line 4 · ·						3,662,542
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	689,543	864,980	634,476	770,971	747,972	3,707,942
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56	1,196	236	835	3,017	5,340
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)			95,507	29,461	33,556	158,524
11	Total support. Add lines 7 through 10						3,871,806
12	Gross receipts from related activities, etc. (se	ll				12	3,871,800
13	First five years. If the Form 990 is for the orga	·			·		
	organization, check this box and stop here tion C. Computation of Public Su		<u> </u>			<i>.</i>	▶□
14	Public support percentage for 2018 (line 6, co	 			 	14	94.60 %
15	Public support percentage from 2017 Schedu				ì		96.71 %
16a	33 1/3% support test - 2018. If the organization				L		30.71 %
	box and stop here. The organization qualifies						▶ 🏻
b	33 1/3% support test - 2017. If the organization		•				63
-	this box and stop here. The organization qual						▶ □
17a	10%-facts-and-circumstances test - 2018.		•				
	10% or more, and if the organization meets the						
	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 mee	-					
	Explain in Part VI how the organization meets		•		•		
	•			•	· · · · · · · · · · · · · · · · · · ·		▶ □
18	Private foundation. If the organization did not						_
	instructions					. 	▶ □

Schedule A (Form 990 or 990-EZ) 2018

ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

Part III . Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cal	endar 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")						r
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					<u> </u>	
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						
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						
С	Add lines 7a and 7b · · · · · · · · · · · ·					,	
8	Public support. (Subtract line 7c from line 6)	_			±		
Se	ction B. Total Support	· -					
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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) · · · · · · · · · · · · ·						_
	<u> </u>	<u> </u>	<u> </u>			_.	▶ 🔲
Sec	ction C. Computation of Public Su	pport Percent	age				
	Public support percentage for 2018 (line 8, col	• • • • • • • • • • • • • • • • • • • •			ŀ	15	%
	Public support percentage from 2017 Schedule		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		16	%
	ction D. Computation of Investmen			. (6)		47	
17 18	investment income percentage for 2018 (line 10 Investment income percentage from 2017 Sche			· (f)) · · · · · ·		17	%
	·				,		
	33 1/3% support tests - 2018. If the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2018, if the support tests - 2018, if the support tests - 2018, if the support tests - 2018, if the support tes	d stop here. The org	ganization qualifies a	as a publicly support	ted organization		▶ 🗌
	33 1/3% support tests - 2017. If the organization line 18 is not more than 33 1/3%, check this box	and stop here. The	e organization qualif	ies as a publicly sup	oported organization		▶ 🔲
20	Private foundation. If the organization did not o	check a box on line :	14 19a or 19b che	ck this box and see.	instructions		🕨 []

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

ST	AUGUSTINE DIOCESAN COUNCIL SOC OF ST	35-2596006		
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6			
	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	(b) I allo allo dello 2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised			
•				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used			
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose			
Dai	conferring impermissible private benefit?	THE LINE		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7			
1				
1	Purpose(s) of conservation easements held by the organization (check all that apply)			
	Preservation of land for public use (e.g., recreation or education)	•		
	Protection of natural habitat Preservation of a certified his	tions structure		
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation to the least t			
_	easement on the last day of the tax year Total number of conservation easements	Held at the End of the Tax Year		
a		2a		
ь	Total acreage restricted by conservation easements	2b		
ς.	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a			
_	historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	ion during the		
	tax year •			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	п., п.,		
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year		
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents dunng the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	scribes the		
D	organization's accounting for conservation easements	O''la A		
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be			
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items			
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan			
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of		
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	vide the		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items			
а	Revenue included on Form 990, Part VIII, line 1	▶\$		
h	Assets included in Form 990 Part X	> ¢		

	ule D (Form 990) 2018 ST AUGUSTINE DI				2011200 0	r Otho	35-259	
								ets (continued)
3.	Using the organization's acquisition, accession, a	nd other records,	check any of	the following	ng that are a s	significan	t use of its	
	collection items (check all that apply)	. 🗆 .						
a	Public exhibition		oan or excha	nge progra	ams			
b	Scholarly research	e ∐ C	Other					
С	☐ Preservation for future generations							
4	Provide a description of the organization's collection XIII	ions and explain h	ow they furth	er the orga	nızatıon's exe	empt purp	ose in Part	
5	During the year, did the organization solicit or reco	eive donations of a	art, historical i	reasures (or other simila	ar		
	assets to be sold to raise funds rather than to be		•	•				Yes No
Pa	rt IV Escrow and Custodial Arrang		<u> </u>					
	Complete if the organization ar		on Form 9	990. Par	t IV. line 9.	or rep	orted an amo	unt on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custodian or							D., D.,
	•				• • • • • •		<i></i>	· · · ∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follov	ving table			_		
							A	mount
С	J J - 4	• • • • • • • •				— <u>—</u> —	 -	
d	Additions during the year					<u> </u>		
е	,							
f	Ending balance							
2a	Did the organization include an amount on Form 9					-		· · · 📙 Yes 📙 No
	If "Yes," explain the arrangement in Part XIII Che	ck here if the expla	anation has b	een provid	ed on Part XI	II .	<i></i>	<u> </u>
Pa	tV Endowment Funds.					_		•
	Complete if the organization an	swered "Yes"	on Form 9	990, Par	t IV, line 10	<u> </u>		
		(a) Current year	(b) Pn	or year	(c) Two years	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions		_					
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current y	ear end balance (l	ine 1g, colum	n (a)) held	as			
а	Board designated or quasi-endowment	%	•	. ,,				
b	Permanent endowment > %							
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should e	qual 100%						
3a	Are there endowment funds not in the possession	of the organization	n that are hel	d and adm	inistered for t	he		
	organization by							Yes No
	(i) unrelated organizations · · · · · · · · · ·						<i></i>	. 3a(i)
	(ii) related organizations					. <i>.</i>		. 3a(ii)
ь	If "Yes" on line 3a(ii), are the related organizations	listed as required	on Schedule	R?				. 3b
4	Describe in Part XIII the intended uses of the orga	· · · · · · · · · · · · · · · · · · ·						
Pai	t VI Land, Buildings, and Equipme				_			
	Complete if the organization an		on Form 9	90. Part	IV. line 11	la See	Form 990. P	art X. line 10
	Description of property	(a) Cost or o			r other basis		Accumulated	(d) Book value
	property	(invest			other)		preciation	(4) 2001. 10.00
1a	Land		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
b	Buildings		347,538			_	22,926	324,612
c	Leasehold improvements		J41,J30				22,320	324,012
d	Equipment	 	42,248				30,081	12,167
e	Other		72,240				30,081	12,101
	. Add lines 1a through 1e (Column (d) must equal F	om 990 Part Y o	olumn (R) In	e 10c l				226 770
rotal	, <u>musi equal F</u>	ын ээо, гап х, с	olulliti (B), III	UC)		· · <u>·</u> · ·		336,779 _

Schedule D (Form	990) 2018 ST AUGUSTINE DI Investments - Other Securities.	OCESAN COUNCIL SOC	OF ST 35-25	96006 Page
rart vii	Complete if the organization answered	d "Yes" on Form 990. P	art IV. line 11b. See Form 990	. Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	on
(1) Financial o				
(2) Closely-he	eld equity interests · · · · · · · · · · · [
(3) Other				
(A)				
(B)				
(C)				
(D)		_		
(E)				
(F)			<u> </u>	
(G)		 .		
(H)				
Part VIII	must equal Form 990, Part X, ∞I (B) line 12) Investments - Program Related.		<u> </u>	·
Tait VIII	Complete if the organization answered	d "Yes" on Form 990 P	art IV line 11c. See Form 990.	Part X line 13
		 -	T	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)		·		
(6)				
<u>(7)</u>				
(9)				
	must equal Form 990, Part X, col (B) line 13)	 	<u></u>	
Part IX	Other Assets.	4 11\/11 F 000 D		Dark V. Ivaa 45
	Complete if the organization answered		art IV, line IId See Form 990,	
	(a) De	scription		(b) Book value
(1)			-	
(3)				
(4)				
(5)	·			
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered line 25	l "Yes" on Form 990, P	art IV, line 11e or 11f See Forr	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ır				
(2) SALES	TAX PAYABLE	821		
(3)	<u> </u>			

1.	(a) Description of liability	(b) Book value	-
(1) Feder	ral income taxes		
(2) SAL	ES TAX PAYABLE	821	
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			,
Total (Column	n (b) must equal Form 990, Part X, col (B) line 25)	821	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

$\overline{}$		35-2596006	Page 4
Pa	rt XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	1	
ď	Other (Describe in Part XIII)	7	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	· · · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	 	
c	Add lines 4a and 4b	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	per recuiii.	
	Total expenses and losses per audited financial statements	11	
1	Amounts included on line 1 but not on Form 990. Part IX, line 25		
2	1 1		
a		┥ ┃	
b	Prior year adjustments	-	
C .		-	
d	Other (Describe in Part XIII)	- 	
e	Add lines 2a through 2d	2e	
3	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Add lines 4a and 4b	4c	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information.	1 3 1	
· · · · · ·			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part V	K, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			·
			_
		 -	
			
			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018 **Open to Public**

OMB No 1545-Q047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

ST AUGUSTINE DIOCESAN COUNC	IL SOC OF S	T				35-25	96006
Part I Fundraising Activities		_		swered "Yes" on F	Form 990,	Part IV, I	ne 17
Form 990-EZ filers are no 1 Indicate whether the organization raise				on Charle all that anni		<u> </u>	· · · · · · · · · · · · · · · · · · ·
a Mail solicitations	sea lunas through			ies. Check all that appl of non-government gra			
b Internet and email solicitations		f \square		of government grants	11112		
c Phone solicitations				draising events			
d _ In-person solicitations		9 LJ	Opecial full	araising events			
2a Did the organization have a written or	oral agreement w	ith any individ	dual (includin	a officers, directors, tri	ustees.		
or key employees listed in Form 990,						∏ Ye	s 🗍 No
b If "Yes," list the 10 highest paid individ	duals or entities (fu	ındraisers) pu	irsuant to ag	reements under which	the fundraise	er is to be	_
compensated at least \$5,000 by the o	organization						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amou (or retai fundraisei	ned by) listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		∞I	(1)	
1		-					
2	-				-		
3							
4							
5						-	
6		<u> </u>					 -
7							
8						-	
9						,	
10							
Tatal							
3 List all states in which the organization				ons or has been notified	d it is exempt	from	
registration or licensing	is regional at the			mo or mad been mediale.			
					<u> </u>		<u></u>
			 .				
					·		
						-	
		-					
			 -				
							

Schedule G (Form 990 or 990-EZ) 2018 ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through LOW CTY BOIL FASHION SHOW col (c)) (event type) (event type) (total number) Revenue Gross receipts 20,125 14,921 5,945 40,991 Less Contributions Gross income (line 1 minus 20,125 14,921 5,945 40,991 Cash prizes Noncash prizes Rent/facility costs 6,661 6,661 Direct Expenses Food and beverages 3,836 3,836 8 Entertainment Other direct expenses 645 645 Direct expense summary Add lines 4 through 9 in column (d) 11,142 11 Net income summary Subtract line 10 from line 3, column (d) 29,849 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b if "Yes," explain

SCHEDULE I (Form 990)	Governm	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	and Other Assistance to Organizations, ents, and Individuals in the United State	Organizations he United Star	S, tes		OMB No 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990 for the latest information.	► Go to www.irs.gov/Form990 for the latest information.	st information.	 		Open to Public* Inspection
Name of the organization ST AUGUSTINE DIOCESAN COUNCIL	SOC OF ST					Employer identification number 35-2596006	number
Part I General Information on Grants and Assistance	Grants and Assist	ance					i i
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate the amount rants or assistance?	nt of the grants or assistar	grants or assistance, the grantees' eligib	eligibility for the grants or assistance, and	sistance, and		. ⊠ Yes □ No
읤	cedures for monitoring the	use of grant funds in the United States	e United States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	ice to Domestic Orgai pient that received mor	izations and Dome e than \$5,000 Part I	estic Governments Il can be duplicated	. Complete if the org if additional space is	anization answered "Y(; needed	es" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)				ļ			
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	ind government organization	ins listed in the line 1 ta	ple				
l à	ne Instructions for Form	990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance FOOD, CLOTHING, AND Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 35-2596006 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 FURNITURE (e) Method of valuation (book, FMV, appraisal, other) 341,708 FMV (d) Amount of noncash assistance 406,264 (c) Amount of cash grant ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST Part III can be duplicated if additional space is needed 38,940 (b) Number of recipients (a) Type of grant or assistance 1 ASSISTANCE TO INDIGENTS Schedule I (Form 990) (2018) Part III Part IV Ŋ EEA

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internat Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

35-2596006

Employer identification number

~	THOUGHT DECORDER COOL	CID DOC C	71 01		<u> </u>			
Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications · · · · ·							
5	Clothing and household							
	goods	x		341,708	FMV			
6	Cars and other vehicles · · · ·							
7	Boats and planes · · · · · · ·							
8	Intellectual property · · · · · ·							
9	Secunties - Publicly traded · · · ·							
10	Securities - Closely held stock · ·							
11	Secunties - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous · · ·							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other · · · · · ·							
15	Real estate - Residential	<u></u>			ļ			
16	Real estate - Commercial · · · ·							
17	Real estate - Other							
18	Collectibles · · · · · · · · · · · · · · · · · · ·							
19	Food inventory							
20	Drugs and medical supplies · · ·							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()					_		
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	the organization	on during the tax year for contri	butions for				
	which the organization completed F	orm 8283, Parl	t IV, Donee Acknowledgement		29		,	
							Yes	No
30a	During the year, did the organization			_			1	
	28, that it must hold for at least three	•						
	to be used for exempt purposes for		ng penod?			30a		X
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a gift ac		•	•				
	contributions?		• • • • • • • • • • • • • • • • • • • •			31	X	
32a	Does the organization hire or use th	ird parties or re	elated organizations to solicit, p	rocess, or sell noncash				
	contributions?					32a	L	Х
þ	If "Yes," describe in Part II							'
33	If the organization didn't report an ai	mount in colum	in (c) for a type of property for v	which column (a) is checked,				
	describe in Part II					1	1 1	į .

- SCHEDULE O (Form 990 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.

OMB No. 1:545-0047

Open to Public Inspection -

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST 35-2596006 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS REVIEWED BY THE COUNCIL PRESIDENT FOR ACCURACY BEFORE BEING SUBMITTED TO THE INTERNAL REVENUE SERVICE FOR FILING. 02. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION DOES NOT PROVIDE PUBLIC INSPECTION OF ITS ORGANIZING DOCUMENTS OR FINANCIAL STATEMENTS. THIS FORM 990 WILL BE PROVIDED UPON REQUEST FOR INSPECTION BY INTERESTED PARTIES OF THE PUBLIC. 03. General explanation attachment THE CENTRAL ORGANIZATION CHANGED ITS NAME DURING THE LAST FISCAL YEAR SO THIS GROUP RETURN FOR AFFILIATES HAS CHANGED ITS NAME TO CORRESPOND WITH THE CENTRAL ORGANIZATION.