EEA

Return of Organization Exempt From Income Tax

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

2018

Department of the Treesury	
Internal Revenue Service `	

		the Treesury / ue Service `	1	▶ Go to	www.irs.gov/Fo	orm990 for instr	uctions a	and the	latest in	formatio	n.	14	Inspec	ction
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<u> </u>	Tax-exem	pt status 🔀	501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	5	27 <b>S</b>	tatemer	nt #12	. <b>8</b> If "No," a	attach a l	list. (see instruction	13)
1137	Website:	► N/A	<u>_</u>	<del></del>			*			H(c)	Group exer	nption n	umber 🕨	5927
V/K_	Form of o	rganization 🛛	Corporation	Trust As	sociation Other	er 🕨		Year of	formation		M State	of legal	domicile FL	
19 Pa	art I	Summar	у				i							
1.	1	Briefly descri	ibe the organ	zation's miss	sion or most sig	nificant activities.	PERS	ON T	O PERSO	N SER	VICE TO	THI	E POOR.	
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3 2	2	Check this be	ox ▶ ☐ if the	e organizatio	n discontinued i	ts operations or d	sposed o	of more	than 25%	of its ne	t assets.			
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75 140	4	Number of in	ndependent v	otina membe	rs of the govern	ing body (Part VI	line 180	ग्रह्मात्र्व	Ravenu *!US E	lu Servi		4		
ARIA FOL	5	Total number	r of individual	s emoloved i	n calendar vear	rt VI, line 1a) ing body (Part VI 2018 (Part V, line	, <b>~</b> (∈ ≥2a)	ece <sub>l</sub> y;	+! US 5;	ank - 11	CD	5		
ACCOUNT OF SALPS	6	Total number	r of volunteer	s (estimate d	necessary)						۰۰۰نو	6		
¥						n (C), line 12 .				• • • • • • • • • • • • • • • • • • •	• • • • •			332
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٠	8	Contributions	sand grants (	Doct \/III lice	\ 1h\				ŀ	MC I	rior Year		Current Y	
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ш	1				ines 11a-11d, 11			• • • •	• • • • • ]			, 605		242,813
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~~~ <u>~</u>	19	Revenue less	s expenses.	Subtract line	18 from line 12	· · · · · · · · · · · · · · · · · · ·	• • • •	<u></u>			222	,215		82,018
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	20					• • • • • • • • •					1,120		1,2	202 <u>,278</u>
FIGURE OF	21										139	,276	1	139,342
				es. Subtract	line 21 from lin	e 20		· · · ·	<u> </u>		980	, 918	1,0	) <b>62</b> ,936
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` true,	, correct, a	and complete Dec	claration of prepar	rer (other than of	ficer) is based on all	panying schedules and information of which pr	statements, eparer has a	, and to t any know	he bestotmy Aedige.	knowledge	and belief, it	is		
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, —					nown above? (s		• • • •	• • • •			• • • •	• • •	Yes	∐ No
For	raperw	ork Reduction	on Act Notice	e, see the se	parate instruct	ions.							Form 9	<b>90</b> (2018)

Form	990 (2018) ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST	35-2596006	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗆
1	Bnefly describe the organization's mission:	_	
	PERSON TO PERSON SERVICE TO THE POOR. CONDUCT HOME AND OFFICE VISITS ASSISTI	NG PEOPLE	WITH
	SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICAL AND DENTAL ASSISTA		
			<del></del> -
2	Did the organization undertake any significant program services during the year which were not listed on the	•	
-	prior Form 990 or 990-EZ?	∏ Voc	X No
	If "Yes." describe these new services on Schedule O.		<b>E</b> 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Π.,	G
	services?	∐ Yes	ЖI ио
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	<del>-</del>	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$912,240 including grants of \$766,210 ) (Revenue	\$	)
	CONDUCTED PERSON TO PERSON VISITS ASSISTING 38,940 PEOPLE WITH DIRECT AND IND	IRECT CASH	
	PAYMENTS FOR SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICINE. THI	S IS POSSI	BLE
	THROUGH DONATIONS FROM THE GENERAL PUBLIC AS WELL AS PROFITS FROM THRIFT STOR	ES 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 N	EEDY INDIV	IDUALS
	AND FAMILIES IN THE NORTHEAST FL AREA.	<del></del>	•
			<del> </del>
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4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	·	·····
40	(Code) (Expenses #) (Nevenue	Ψ	
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<b>4</b> c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
	Other and the Control of Control		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
40	Total program service expenses ▶ 912,240		

ABODG IN 35-2596006 Page 3

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III. . . . . . . . X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 Χ 9 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 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e Χ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ 12a 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 . . . . . . . . Χ X 13 14a ь 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ........ X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) ...... 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 19 X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?....... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Part IV

Checklist of Required Schedules (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on · Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 . . . . . . . . . . . . . . . . . . . . Did the organization answer "Yes" to Part VII. Section A. line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b 24h Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a X 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 pnor Forms 990 or 990-EZ? 25b Χ 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 X 26 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 entity or family member of any of these persons? If "Yes," complete Schedule L. Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filling thresholds, conditions, and exceptions): X а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. . . . . . . . . Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 Χ 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V...... Yes No O b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a . Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 h If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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, secunties account, or other financial account)? 4a 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? . . . . . . . . . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? h If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or **6**b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? A X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a ь Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 ...... Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders . . . . . . а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . . . b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Part 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. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 9 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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 Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. h Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . b 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C Did the organization have a written whistleblower policy? 13 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official ......... 15a Other officers or key employees of the organization 15b 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 16a Χ 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Florida 17 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. Another's website W 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 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: LAWRENCE O'BRIEN, TREASURER (904)396-7473, 3512 BEACH BLVD, JACKSONVILLE, FL 32207

Form 990 (2	018)
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ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

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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.

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

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

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, (A)	(B)		Position				(D)	(E)	(F)	
Name and Title	Average	•				han one s both an	.	Reportable	Reportable	Estimated
Hamo dita Mas	hours per					/trustee)		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	Individual trustee or director	9n1	Officer	Ş.	の語	집	organization	(W-2/1099-MISC)	from the
	organizations	direc	ituti	Ger	cey employee	Ploy	omer	(W-2/1099-MISC)		organization
	below dotted line)	o e	Σ		ploy	8 01	ĺ		}	and related organizations
		sels	Institutional trustee		8	red i				
		ا ا	69	i		Highest compensated employee				
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(1) DENNIS OTOOLE										
GAINESVILLE DIST PRESIDENT		X		X					0	0
(2) BARTHOLOMEW OLEARY	10.00						ĺ			
PRESIDENT				X				C	0	0
(3) LINDA KUEPPER	15.00			. 1						
SANTA MARIA CONFERENCE PRESIDENT				X			_	O	0	0
(4) RON COLMAN	15.00						- 1		ļ	
ST JOHN EV CONF PRESIDENT				X				<u> </u>	0	0
(5) JUDITH SURRATT	15.00									
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(6) ROBERT FOLEY	15.00			ı						
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(7) DEBBIE COOK	5.00								[	
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(8) CANDYCE P BREIDERT	60.00					]				
ST PAUL CONF PRESIDENT				X				C C	0	0
(9) KATHLEEN EVANS	15.00									
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Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig (C		t Con	nper	sated Employee	s (continued)	T	
•	(A)	(B)		_4 _4_	Post	tion			(D)	(E)	ł	(F)
•	Name and title	Average	bux, unless person is obtain							Reportable		stimated
		week (list any					trustee)	1 ~	compensation from	compensation from related	1	mount of other
		hours for related	or director	nslitutional frustae	Officer	сеу етріоуее	employee	orme	the organization	organizations (W-2/1099-MISC)	00	npensation from the
		organizations	ictor to	tiona	_ ]	mploj	yee 51 CO	ĭ	(W-2/1099-MISC)	(**************************************		ganization
		below dotted line)	Pelsh	LES .		66	, pe				1	nd related ganizations
			"	8			88180					
(15)		<del> </del>	-	$ \cdot $				Н			+	
7.5/		<b> </b>		1								
(16)												
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(17)												
(18)							_		<del>-</del>			
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<u>(19)</u> _												
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(20)												
(21)		+			+			Н			+-	
7-1/			]									
(22)												
		<del>                                     </del>			_						—	
<u>(23)                                    </u>		<b></b>	}		l						}	
(24)		<del> </del>	-	Н	$\dashv$					<u> </u>	1.	
7-3/		<b> </b>			- 1							
(25)									<del></del> :			
					i			Щ			<u> </u>	
1b	Sub-total						• • •	<b>&gt;</b>			-	
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)		• • •			-		•	0	0	╁	0
2	Total number of individuals (including but not limite								<del></del>	<u>_</u>	<u> </u>	
	reportable compensation from the organization									0		
												Yes No
3	Did the organization list any former officer, director				-		_		=			
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of rep									• • • • • • • •	3	X
•	organization and related organizations greater that						-					
	Individual										4	. X
5	Did any person listed on line 1a receive or accrue of				nrela	ited	organ	nzati	on or individual			
	for services rendered to the organization? If "Yes,"	" complete Sc	chedul	e J fo	or su	ıch	persoi	າ .		<u> </u>	5	X
	on B. Independent Contractors											
1	Complete this table for your five highest compensate	=							•			
	compensation from the organization. Report compensation from the organization.	isauon ioi uie	e Caleii	iuai j	year	en	mig w	iu i Oi	within the organiz	auons tax		
	(A)								(B)			(C)
	Name and business address								Description of s	services	Com	pensation
									<del> </del>			
							-					<del></del>
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>						•		<del></del>		
2	Total number of independent contractors (including	but not limite	d to th	ose l	isted	lab	ove) v	vho	1			
	received more than \$100,000 of compensation from			<b>•</b>			-, •					

ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST Form 990 (2018) 35-2596006 Page 9 Part Vill Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or Unrelated Revenue excluded from tax exempt function revenue husiness under sections 512-514 1a Federated campaigns . . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts c Fundraising events ..... 1c Related organizations . . . . . . . . . ١d e Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 747,972 Noncash contributions included in lines 1a-1f: \$ 341,708 Total. Add lines 1a-1f ...... <u>...</u>..▶ 747,972 **Business Code** Program Service Revenue f All other program service revenue . . . . . . g Total. Add lines 2a-2f ...... 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . ▶ 3,017 3,017 Income from investment of tax-exempt bond proceeds ... > (i) Real (II) Personat 6a Gross rents . . . . . . . . . b Less: rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) . . . . . . . . . . . . . . . ▶ (i) Secunties 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . 8a Gross income from fundraising O:her Revenue events (not including of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . a 44,798 11,242 b Less: direct expenses . . . . . . . . b c Net income or (loss) from fundraising events . . . . . . . ▶ 33,556 33,556 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . a b Less: direct expenses ..... b c Net income or (loss) from garning activities . . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances ..... a 371,451 b Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory . . . 328,474 328,474 Miscellaneous Revenue **Business Code** 

365,047

11a b

e Total. Add lines 11a-11d

35-2596006

ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

Part IX **Statement of Functional Expenses** 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Gheck if Schedule O contains a response or note to any line in this Part IX (B) (D) (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . Compensation not included above, to disqualified ĸ persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages 20,060 20,060 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . . 10 Payroll taxes . . . . . . . . . . . . 1.918 1,918 11 Fees for services (non-employees): 2.025 Accounting . . . . . . . . . 2,025 C 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 46,779 Office expenses . . . . . . . . 15,322 31,457 Information technology . . . 764 14 764 15 Royalties . . . . . . . . . . . . . . . . 85,213 49,150 36,063 16 Occupancy . . . . . . . . . . . . 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 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 DUES AND SUBSCRIPTIONS 116 116 SUPPLIES 39,290 9,035 30,255 C d All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,031,001 912,240 118,761 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here > | if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

Cash - non-interest-bearing	,:		Check if Schedule O contains a response or note to any line in this Part X	• • • • • • • • • • • • • • • • • • • •		
Cash - non-interest-bearing				<del></del>		
Pleadges and grants receivable, net  Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4558(f(X))), persons described in section 4558(f(X))) and contributing employers and appoints organizations as describ 05(f(S))) and contributing employers and appoints organizations of section 4558(f(X))) persons described in section 4558(f(X)) persons described in persons descri	`			Beginning of year		End of year
3   Pledges and grants receivable, net   3   4	ļ	1	Cash - non-interest-bearing	157,284	1	150,659
A Accounts reconscible, net   S   Local State   Local State   S   Local State   Loc	}	2	Savings and temporary cash investments	608,788	2	714,100
Second part receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Competer Part II of Schedule L   S	İ	3	Pledges and grants receivable, net		3	
trustees, key emptyyees, and highest compensated emptoyees.  Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4858(f(1))), persons described in section 4858(f(2)), and contributing emptyyers and sponsorago organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepad expenses and defirred charges  9 Prepad expenses and defirred charges  10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule D  1 Investments - publicly traded securities  1 Interpalments other securities. See Part IIV, line 11  1 Interpalments other securities. See Part IIV, line 11  1 Interpalments - publicly traded securities  2 Interpalments - publicly trade	Í	4	Accounts receivable, net		4	
Complete Part II of Schedule   5		5	Loans and other receivables from current and former officers, directors,			
6   Loans and other receivables from other disqualified persons (as defined under section 4558(f)(1)), persons described in section 4558(f)(2)(8), and combibilities and sponsoring organizations of section 501(c)(3) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L			trustees, key employees, and highest compensated employees.			ŀ
4958(N(1)), persons described in saction 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers' beneficiary organizations (see instructions). Complete Part I of Schedule L	i		Complete Part II of Schedule L		5	-
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	1	6	Loans and other receivables from other disqualified persons (as defined under section			<del></del> <del></del>
99	ł		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	I		i •
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less: accumulated depreciation 11b Investments - publicly traded securities 11c Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Integrable assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tar-exempt bord liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loars and other payables to current and former officers, directors, trustesse, key employees, highest compensated employees, and disquelified persons. Complete Part II of Schedule D 22 Loars and other payables to unrelated third parties 22 Loars and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal moome tax, payables to related third parties, and other liabilities on tituded on files 17-24). Complete Part X of Schedule D 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total lia	1		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary		i	
8 Inventories for sale or use			organizations (see instructions). Complete Part II of Schedule L	. •	6	-
10a		7	Notes and loans receivable, net		7	
10a	St	8	Inventories for sale or use		8	
10a	As	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation		10a	_ · · · · .			
b Less: accumulated depreciation						
11   Investments - publicly traded securities   11   12   10   12   10   12   10   13   13   13   13   13   13   14   11   13   13	- !	ь		354,122	10c	336,779
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   14   Intargible assets   14   15   15   740   15   740   16   16   740   740   16   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740   740	1	11	•		11	
13   Investments - program-related. See Part IV, line 11   14   Intargible assets   14   14   15   Other assets. See Part IV, line 11   15   740   15   Total assets. Add lines 1 through 15 (must equal line 34)   1,120,194   16   1,202,278   17   Accounts payable and accrued expenses   17   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to cument and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D   21   22   Secured mortgages and notes payable to unrelated third parties   139,276   23   123,521   24   Unsecured notes and loans payable to unrelated third parties   139,276   24   15,000   25   Other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   Complete Part IV of Schedule D   26   Total liabilities. Add lines 17 through 25   139,276   26   139,342   27   Total liabilities. Add lines 17 through 25   139,276   26   139,342   27   Total liabilities. Add lines 17 through 25   28   29   Permanently restricted net assets   28   29   Permanently restricted net assets   28   29   Permanently restricted net assets   29   Permanen			· · ·	······································	12	
14		13			13	
15 Other assets. See Part IV, line 11   16 Total assets. Add lines 1 through 15 (must equal line 34)   1,120,194   16   1,202,278	ĺ		· -		14	<del></del>
16 Total assets. Add lines 1 through 15 (must equal line 34)	İ		ŗ		15	740
17			· • • • • • • • • • • • • • • • • • • •	1,120,194	16	
18   Grants payable   18   19   Deferred revenue   19   19   20   Tax-exempt bord liabilities   20   20   21   20   21   20   21   21					<del></del>	
Deferred revenue  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Permanently restricted net assets  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets or fund balances  Total liabilities and net assets or fund balances  1,120,194  199  Permanently restricted net assets or fund balances  1,120,194  1,062,936	l		· •		18	<del></del>
Tax-exempt bond liabilities	l		• •		19	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total net assets or fund balances 36 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total net assets or fund balances 38 Total net assets or fund balances 39 Total liabilities and net assets/fund balances 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Total net assets or fund balances 31 Total liabilities and net assets/fund balances	- 1			<del></del>	20	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here Armony and lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Corganizations that do not follow SFAS 117 (ASC 958), check here Armony and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  34 Total liabilities and net assets/fund balances  35 Total liabilities and net assets/fund balances  36 Total liabilities and net assets/fund balances  37 Total liabilities and net assets/fund balances  38 Total liabilities and net assets/fund balances  39 Total liabilities and net assets/fund balances  30 Total liabilities and net assets/fund balances  30 Total liabilities and net assets/fund balances  30 Total liabilities and net assets/fund balances  30 Total liabilities and net assets/fund balances	ì		, ·		21	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  26 Organizations that follow SFAS 117 (ASC 958), check here	I					<del></del>
Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.  Gapital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  139,276 23  123,521  124  139,276 25  821  139,276 26  139,276 26  139,342  25  821  139,276 26  139,276 26  139,342  25  821  139,276 26  139,276 26  139,342  25  821  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26	E					
Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.  Gapital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  139,276 23  123,521  124  139,276 25  821  139,276 26  139,276 26  139,342  25  821  139,276 26  139,276 26  139,342  25  821  139,276 26  139,276 26  139,342  25  821  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26  139,276 26	ig			•	22	•
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 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 ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 980,918 27 1,062,936  28 Temporarily restricted net assets 29  Permanently restricted net assets 29  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31  Paid-in or capital surplus, or land, building, or equipment fund 31  Retained earnings, endowment, accumulated income, or other funds 32  Total net assets or fund balances 980,918 33 1,062,936  34 Total liabilities and net assets/fund balances 1,120,194 34 1,202,278	<b>≒</b> }	23		139.276		123.521
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			= -			
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			, ,			
25   821	i	2.3				
Total liabilities. Add lines 17 through 25			•		25	821
Organizations that follow SFAS 117 (ASC 958), check here		26		139 276	<del>} +</del>	
Complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets				135,12.0	-	
Temporarily restricted net assets	_					,
33 Total net assets or fund balances	803	27	· · · · · · · · · · · · · · · · · · ·	980 918	27	1 062 936
33 Total net assets or fund balances	lan			300,310	+ -+	1,002,550_
33 Total net assets or fund balances	Ва			<u> </u>	<del> </del> -+	·
33 Total net assets or fund balances	בין	29		· <u> </u>		
33 Total net assets or fund balances	Ŧ.				1 1	
33 Total net assets or fund balances	8	20	·	•	30	•
33 Total net assets or fund balances	989		•	<del></del>		
33 Total net assets or fund balances	t As		·	····	<del>                                     </del>	
34 Total liabilities and net assets/fund balances	8		-	990 919	<del> </del>	1 062 036
F 000 (2019)					-	
	EEA	_ 54	rotal nationales and net assets/fund datances	1,120,194		Form <b>990</b> (2018)

rom	n 990 (2018) ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST 35	5-25	<u>96006</u>	,	. P	age 12
Pa	rt XI' Reconciliation of Net Assets	-				
٠.	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	13,	019
2 .	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	)31,	001
3	Revenue less expenses. Subtract line 2 from line 1	3			82,	018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	980,	918
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		1,0	62,	936
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		
			_	[	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		l	ļ		
	Schedule O.				,	
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		1	2		1
	reviewed on a separate basis, consolidated basis, or both:		1	I	•	1
	Separate basis Consolidated basis Both consolidated and separate basis		İ	, ,		
b	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		Ì	,,		
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		ľ		-	}
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		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	1		ĺ
	Schedule O.		j			~~
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		1	3b	+	1

EEA

Form 990 (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

ST	AUG	USTINE DIOCESAN COUNCIL	SOC OF ST				35-25960	06						
Pa	art I	Reason for Public Charity	/ Status (All or	ganizations must c	omplete	this part	t.) See instruction	ıs.						
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check on	ly one box.	)								
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		1,						
2		A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 d	or 990-EZ)	.)		KX						
3		A hospital or a cooperative hospital s			-		1	/ )` '						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b	)(1)(A)(iii). Enter the							
	_	hospital's name, city, and state:	•	r		ν	X-XX							
5	П	An organization operated for the bene	aft of a college or u	iniversity owned or oper	ated by a c	ovemmen	ital unit described in							
	-	section 170(b)(1)(A)(iv). (Complete	-		by 6 g	,01011111111111111111111111111111111111	and different described in							
6		A federal, state, or local government	•	nit described in section	170/b)(1)	Διωι								
7	X	An organization that normally receives					m the general public							
•	IZ3	described in section 170(b)(1)(A)(vi	-		ACT HITCH IN	dille of 110	m die general public							
8				•										
9	$\overline{}$	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
•														
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university													
10	П	An organization that normally receives	s: (1) more than 33	1/3% of its support from		one memb	pership fees and gros	· e	-					
		receipts from activities related to its e												
		support from gross investment income			•									
		acquired by the organization after Jul		·		•	nom ousinesses							
11	П	An organization organized and opera	-			•								
12	H	An organization organized and operat		•				<b>AC</b>						
12	ш	of one or more publicly supported org	•	· · · · ·										
		Check the box in lines 12a through 12		,			•							
	а	Type I. A supporting organization				-		•						
	a	the supported organization(s) the	•	•		_		viiig						
		supporting organization. You mu	-		inty of the c	in ectors of	dusices of the							
	b	Type II. A supporting organizatio	•		ith its suor	orted oraș	anization(s) by havin	0						
		control or management of the sup												
		organization(s). You must comp				3011201011	norego dio oupporto	•						
	С	Type III functionally integrated	•		nnection w	th and fu	nctionally integrated	with						
	•	its supported organization(s) (see						,						
	d	Type III non-functionally integr	•	•				ion(s)						
	_	that is not functionally integrated.	• • •				•							
		requirement (see instructions). Y		-		•		•						
	e	Check this box if the organization	· ·		-		Type II Type III							
	•	functionally integrated, or Type III					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	f	Enter the number of supported organi	-	•										
	9	Provide the following information about												
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amoun	nt of					
	•	,	, ,	(described on lines 1-10	listed in you		support (see	other suppor	rt (see					
				above (see instructions))	фосил	епt?	instructions)	instructio	ns)					
				•	Yes	No								
(A)					}	ļ	ļ		•					
								-						
(B)					ļ		)							
<del></del>														
(C)														
(D)							]							
(D) 				<u> </u>										
(E)						}								
					ļ									
Tot	al	i	i		i	i	(							

35-2596006 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	non A. Public Support						
Calen	dar 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	- 1	,			}	
	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)						45,400
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	3,662,542
<u>Sec</u>	tion B. Total Support				ſ	,	- <del></del> -
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	689,543	864,980	634,476	770,971	747,972	3,707,942
	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		i				
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. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su				••		
14	Public support percentage for 2018 (line 6, o	column (f) divided b	y line 11, column (i	n))		14	94.60 %
15	Public support percentage from 2017 Sched	lule A, Part II, line 1	4			15	96.71 %
16a	33 1/3% support test - 2018. If the organiz	zation did not chec	k the box on line 1	3, and line 14 is 3	3 1/3% or more, ct	neck this	
	box and stop here. The organization qualif	fies as a publicly si	apported organizat	ion			▶ 🛛
b	33 1/3% support test - 2017. If the organize	zation did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check	_
	this box and stop here. The organization q	ualifies as a public	ly supported organ	nization			▶ 🔲
17a	10%-facts-and-circumstances test - 201	B. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-cire	cumstances" test,	check this box and	<b>stop here.</b> Expla	in in	
	Part VI how the organization meets the "fac	ts-and-circumstand	es" test. The organ	rization qualifies as	s a publicly support	ted	_
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 201	_				l line	
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this bo	x and stop here.		
	Explain in Part VI how the organization mea			-		-	
	supported organization						▶ 🛚
18	Private foundation. If the organization did						
	instructions			<u></u> .	· · · · · · · · · ·		<u>▶ ∐</u>

Pa	rt III Support Schedule for Org						/						
	(Complete only if you check						er Part II.						
_	If the organization fails to qualify under the tests listed below, please complete Part II.)  Section A. Public Support												
	alendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total												
Can	<b>\</b>	(a) 2014	( <b>a</b> ) 2015	(c) 2016	(a) 2017	(e) 2018	(1) I otal						
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")												
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the					/							
	organization's tax-exempt burpose												
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .												
4	Tax revenues levied for the organization's benefit and either paid to or experided 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												
c	Add lines 7a and 7b												
8	Public support. (Subtract line 7c from line 6)		1.				•						
Se	ction B. Total Support				····	•							
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015\	(c) 2016	(d) 2017	(e) 2018	(f) Total						
9	Amounts from line 6		X										
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					ļ							
11	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carned on												
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			_									
13	Total support. (Add lines 9, 10c, 11, and 12.)												
14	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<del> </del>				▶ □						
Se	ction C. Computation of ∕Public Su	pport Percent	tage										
15	Public support percentage for 2018 (line 8, co					15	%						
<u>16</u>	Public support percentage from 2017 Schedu			<del></del>		16	%						
Se	ction D. Computation of Investme						<b>\</b>						
17	Investment income percentage for 2018 (line Investment income percentage from 2017 S					17	%						
18	/						70						
	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicly	supported organ	ization							
b	33 1/3% support tests - 2017. If the organic line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pul	blicly supported or	rganization							
20	Private foundation. If the organization did r	not check a box or	ine 14, 19a, or 19	b, check this box	and see instructio	ns	<u>▶∐`</u>						

#### **SCHEDULE D** (Form 990)

# **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.

Internal Revenue Service

Department of the Treasury

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

OMB No 1545-0047

2018

Open to Public Inspection

	·			
	f the organization			Employer identification number
ST	AUGUSTINE DIOCESAN COUNCIL	SOC OF ST		35-2596006
Pai	Organizations Maintaining Donor Adv	ised Funds or Oth	er Similar Funds or Ac	counts.
	Complete if the organization answered ")	es" on Form 990,	Part IV, line 6.	
		(a) Don	or advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (dunng 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 advis	ors in writing that the	assets held in donor advised	d
	funds are the organization's property, subject to the or	ganization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, donors, and d	onor advisors in writin	g that grant funds can be us	sed
	only for chantable purposes and not for the benefit of t	he donor or donor adv	visor, or for any other purpos	se
	conferring impermissible private benefit?			Yes 🗌 No
Pai				
	Complete if the organization answered *	Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the org	anization (check all th	at apply).	
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of a histo	nically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a	qualified conservatio	n contribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified histo	oric structure included	in (a)	2c
d	Number of conservation easements included in (c) acc			
				2d
3	Number of conservation easements modified, transfer	red, released, extingu	ished, or terminated by the	organization during the
	tax year ▶		,	
4	Number of states where property subject to conservat	ion easement is locate	ed ▶	
5	Does the organization have a written policy regarding		<del></del>	
	violations, and enforcement of the conservation easem	•		
6	Staff and volunteer hours devoted to monitoring, inspec			
	<b>▶</b>		<b>,</b>	
7	Amount of expenses incurred in monitoring, inspecting	, handling of violation	s, and enforcing conservation	on easements during the year
	<b>▶</b> \$	. 3	, , , , , , , , , , , , , , , , , , , ,	
8	Does each conservation easement reported on line 2(	d) above satisfy the re	equirements of section 170/	h)(4)(B)(i)
				Yes No
9	In Part XIII, describe how the organization reports con			
	balance sheet, and include, if applicable, the text of the	footnote to the organ	ization's financial statement	s that describes the
	organization's accounting for conservation easements.			
Pai	III Organizations Maintaining Collection	tions of Art, His	torical Treasures, or	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 1			ent and balance sheet
	works of art, historical treasures, or other similar asset	s held for public exhib	rtion, education, or research	in furtherance of
	public service, provide, in Part XIII, the text of the footr	note to its financial sta	tements that describes thes	e items.
b	If the organization elected, as permitted under SFAS 1	16 (ASC 958), to repo	ort in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar asset			
	public service, provide the following amounts relating t	· ·	•	
	(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, histori			
_	following amounts required to be reported under SFAS			O. 15
a	Revenue included on Form 990, Part VIII, line 1		-	▶ \$
h	Assets included in Form 990. Part X			• • • • • • • • • • • • • • • • • • •

42,248

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) ......

d

Equipment

12,167

336,779

30,081

Schedule D (Form		THE DIOCESAN COUNCIL SOC	OF ST 35-259	96006 Page
Part VII	Investments - Other Securitie Complete if the organization an		at IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	<del></del>
	(including name of security)		Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests	• • •		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			-	
_(F)				
(G)				
<u>(H)</u>				· · · · · ·
	must equal Form 990, Part X, col (B) line 12.)			·
Part VIII	Investments - Program Relate Complete if the organization an		rt IV line 11c See Form 990	Part X line 13
				•
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
(1)				
(2)				······
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)		·	<del></del>
Part IX	Other Assets.			
	Complete if the organization an	swered "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, line 15.
		(a) Description		(b) Book value
(1)	··-·			
(2)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B	3) line 15.)		
Part X	Other Liabilities.	<del></del>		
	Complete if the organization and line 25.	swered "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		····
(1) Federal i	ncome taxes			9 - 14
_(2) SALES	TAX PAYABLE	821	A garanter at at a second at the second	
(3)				, , , , , , , , , , , , , , , , , , , ,
(4)			┧ .	
_(5)			_	
<u>(6)</u>			I SHE SHE P. S. D. C. C. S.	• a din o o o o ghat cent hair e
(7)			Jane Bara Bre v	the single statement with the
			4	
(9)			-	
	must equal Form 990, Part X, col (B) line 25)	821		<del></del>
2. Liability for	uncertain tax positions. In Part XIII, provid	e the text of the footnote to the organiza	ation's financial statements that report	s the

Sched	lule D (Form 990) 2018 ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST	35-2596006	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
•	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</li> </ul>		_
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		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		
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		
a b	Other (Describe in Part XIII.)	<del> </del>	
_	Add lines 4a and 4b		
c		· · · · · · · · · · · · · · · · · · ·	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·····	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	7	
c	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	
_	rt XIII Supplemental Information.		
	ride 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, lines	4; Part X, line	
2; P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
_			
		· · · · · · · · · · · · · · · · · · ·	
EEA		Schedule D (I	orm 990) 2018

#### **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

OMB No 1545-0047

Department of the Treasury Internal Revenuè Service

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

Open to Public Inspection

lame of the organization Employer identification number								
T AUGUSTINE DIOCESAN COUNCE		35-2596006						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization rais				rties. Check all that a	pply.			
a Mail solicitations		e 🗌	Solicitation of	of non-government gr	ants			
b Internet and email solicitations		f 🗌	Solicitation of	of government grants				
c Phone solicitations		g 🗌	Special fund	draising events				
d In-person solicitations								
2a Did the organization have a written or	oral agreement w	ith any Indiv	ridual (includ	ing officers, directors,	trustees,			
or key employees listed in Form 990,						□ Ye	es 🗌 No	
b If "Yes," list the 10 highest paid individ			•	_		_		
compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at least \$5,000 by the compensated at l				<b>J</b>				
, and a								
		am Out to	drawner bayes		(v) Amo	ount paid to	full Amount roll to	
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or ret	ained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(, /		outions?	from activity		ser listed in ol (i)	organization	
	-	Yes	No			2 (0		
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Total								
3 List all states in which the organization	is registered or lic	ensed to so	dicit contribu	tions or has been noti	fied it is ex	empt from		
registration or licensing.								
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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 col (c)) LOW CTY BOIL FASHION SHOW (total number) (event type) (event type) Revenue 20,125 Gross receipts . . 14,921 5,945 40,991 1 Less: Contributions . . . . . . Gross income (line 1 minus 20,125 14,921 5,945 40,991 Cash prizes . Noncash pnzes Expenses Rent/facility costs . . . . . . . . 6,661 6,661 Food and beverages . . . . . . 3,836 3,836 Direct Entertainment Other direct expenses 645 645 11,142 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 3 Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) . . . . . Enter the state(s) in which the organization conducts gaming activities: 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 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public OMB No. 1545-0047 Inspection 2018

Employer identification number

**≗** □ (h) Purpose of grant or assistance Yes × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 35-2596006 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST (a) Name and address of organization or government Part Partil  $\Xi$ 3 ල 3 3 9 E <u>@</u> 6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

9

. Page 2 35-2596006 ST AUGUSTINE DIOCESAN COUNCIL SOC OF ST

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)

Part III Grants and

(f) Description of noncash assistance	FOOD, CLOTHING, AND FURNITURE						itional information.			,		
(e) Method of valuation (book, FMV, appraisal, other)	FWV		2				(b); and any other add					
(d) Amount of noncash assistance	341,708						2; Part III, column					
(c) Amount of cash grant	406,264						quired in Part I, line					
(b) Number of recipients	38,940						the information re					
(a) Type of grant or assistance recuired in additional space is needed.	4 ASSISTANCE TO INDIGENTS	2	3	4	\$ 9	2	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Schedule I (Form 990) (2018)

### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990.

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

Employer identification number

ST A	AUGUSTINE DIOCESAN COUN	CIT SOC O	FST		35-259600	0		
Pa	rt 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 contr			
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				J			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests			_				
12	Securities - Miscellaneous				1			
13	Qualified conservation							
	contribution - Historic	1						
	structures				<u> </u>			
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
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 ►()	ļ <u>.</u>						
28	Other ►( )							
29	Number of Forms 8283 received by	y the organiza	tion during the tax year for con	tributions for				
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29			
							Yes	No
30a	During the year, did the organization	n receive by c	ontribution any property report	ted in Part I, lines 1 through				
	28, that it must hold for at least three	e years from th		•				
	to be used for exempt purposes for	the entire hol	ding period?	• • • • • • • • • • • • • • • • • • •		30a		X
b	If "Yes," describe the arrangement i		•				'	
31	Does the organization have a gift a	cceptance poli	icy that requires the review of	any nonstandard				
	contributions?					31	X	
32a	Does the organization hire or use the		_					1
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	mount in colu	mn (c) for a type of property fo	or which column (a) is checked,				1 1
	describe in Part II.					}	1	!

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

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

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

Open to Public . Inspection Employer identification number

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 BEFO	DRE BEING SUBMITTED TO
THE INTERNAL REVENUE SERVICE FOR FILING.	
-	
02. Governing documents, etc, available to public (Part VI, line 19	9)
THE ORGANIZATION DOES NOT PROVIDE PUBLIC INSPECTION OF ITS ORGANIZATION	ING 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 YE	EAR SO THIS GROUP RETURN
FOR AFFILIATES HAS CHANGED ITS NAME TO CORRESPOND WITH THE CENTRAL	ORGANIZATION.