2949223614017 _\DOM_ OMB No 1545-11

990-FZ

Department of the Treasury

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

2017

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

Information about Form 990-F7 and its instructions is at www.im.gov/form990

Open to Public

		ue Service	► Information about F	orm 990-EZ and its in	structions is	at www.irs.g	gov/tormyyu.		<u> </u>	
<u> A F</u>	For the	2017 calenda	r year, or tax year beginning	10-01	, 2017, an	d ending	09	-30 ,	2018	U
В	Check if ap	pplicable	C Name of organization				D Employe	identifi	cation number	_<
	Address ct	hange	NATIONAL ST VINCENT DEP	AUL SEAVIEW			43-1	999783	3	Č
□,	Name char	nge	Number and street (or PO box, if mail is not deli-	vered to street address)		Room/suite	E Telephone	number	r	J
	nitial retur	m		~ .	- 0		1			40
F	inal return	n/terminated	PO BOX 648	&	3CI	ļ	(360	642-8	8401	4
	Amended r	retum	City or town, state or province, country, and ZIP of	r foreign postal code		r:2	F Group Ex	emption		_
	Application	n pending	Seaview, WA 98644				Number	-	5496	
G A	Account	ting Method	X Cash Accrual Other (spec	cify) ►		1			rganization is not	_
i V	<i>N</i> ebsite	e: >					required to att			
) J 7	rax-exe	empt status (c	heck only one) - 🗶 501(c)(3) 🗌 501	(c)() ◀ (insert no)	4947(a)(1)	or 527	(Form 990, 99			
. —				Association	Other		<u></u>	, -:-		_
₂ L /	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts	If gross receipts are \$		ore, or if total	assets			—
			are \$500,000 or more, file Form 990					▶ \$	50,99	an
	irtil -		e, Expenses, and Changes i						1 1)	
ر			he organization used Schedule C							1
<i>-</i>	1		, gifts, grants, and similar amounts rec					1		
いてつの	2		rice revenue including government fee					2	50,99	<u>,,,</u>
,	3		dues and assessments · · · · ·					3		—
=	A	Investment in	· · · · · · · · · · · · · · · · · · ·				- · · · · · · -	4		—
5	5a		it from sale of assets other than invent	tory			<u> </u>			
ń				ory	· · · · 5a			•		
			other basis and sales expenses .	no. (Cubtract less Eb fro.		<u> </u>				_
	آ ۽		from sale of assets other than invento	ary (Subtract line 50 from	n ime sa)	• • • • • •		ic R	ECEIVED	上
	١٠	_	fundraising events				-			
ø	•		e from gaming (attach Schedule G if gi	eater than	. م ا	. 1		AL	JG 1 9 2019	- 1
Ĕ		\$15,000) ·			6			٦ آث	301 1 9 2013	Į
Revenue	"		e from fundraising events (not including			of contribution	ons II.			
~			ing events reported on line 1) (attach S		. ا	1		-10	GD <u>EN. U</u> T	٢
			gross income and contributions exceed		· · · · 61					
			xpenses from gaming and fundraising		بــــــــــ			:		
	d		r (loss) from gaming and fundraising e	•	6b and subt	ract				
	_	/						6d		
	1		of inventory, less returns and allowance		<u> </u>					
		Less: cost of	•		· · · · 71	<u> </u>		3.72		
	С		r (loss) from sales of inventory (Subtra			• • • • • • •		'c		
	8		e (describe in Schedule O) · · · ·	• • • • • • • • • • •	• • • • • •			В		_
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	8			••••	9	50,99	<u> 10</u>
i	10	Grants and si	milar amounts paid (list in Schedule O)	• • • • • •		1	0	46,39	} 4
	11	Benefits paid	to or for members				· · · · · · · · · · · · · · · · · · ·	1		
ģ)	12	Salaries, other	r compensation, and employee benefi	its · · · · · · · ·	• • • • • •		1	2		
186	13	Professional f	ees and other payments to independe	nt contractors			[1	3		
Expenses	14	Occupancy, re	ent, utilities, and maintenance				[1	4	5,40	0
Ä	15	Printing, publi	cations, postage, and shipping					5		_
	16	Other expens	es (describe in Schedule O)					6	3,37	13
	17	Total expens	es. Add lines 10 through 16 · · ·				▶ 1	7	55,16	
	18		ficit) for the year (Subtract line 17 from	n line 9)			1	8	(4,17	
Sta	19		fund balances at beginning of year (fro		(must agree	with	<u> </u>	7		_'
SSI			gure reported on prior year's return)		-		1	9	18,11	8
Net Assets	20		s in net assets or fund balances (expli	ain in Schedule O)			<u> </u>	0		· -
ž	21	-	fund balances at end of year. Combin	· ·			<u> </u>	1	13,94	_
			Dailing of the or your combin				-		13,94	4.4

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-	m 990-EZ (2017) NATIONAL ST VINCENT DEPA	AUL SEAVIEW		43~1	9997	783 Page 2
₽.	Balance Sheets (see the instructions for Part II)		_			_
	Check if the organization used Schedule O to res	pond to any question	n in this Part II	· · · · · · · ·	• • •	<u></u>
				inning of year	 	(B) End of year
22	Cash, savings, and investments		<u> </u>	18,118	22	13,941
	Land and buildings · · · · · · · · · · · · · · · · · · ·			0_	23	0_
	Other assets (describe in Schedule O)			0	24	0_
	Total assets	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	18,118	25	13,941
	Total liabilities (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •	0_	26	0
	Net assets or fund balances (line 27 of column (B) must agree w			18,118	27	13,941
£ (5	Statement of Program Service Accomplishme	•	•			Expenses
	Check if the organization used Schedule O to re-		on in this Part III	· · · · · · <u> </u>	(Rea	uired for section
Wh	at is the organization's primary exempt purpose? Assistance	to the Poor			l''	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for each				1	nizations, optional for
	measured by expenses in a clear and concise manner, describe the		number of		other	3)
_	sons benefited, and other relevant information for each program title					
20	Housing, foor, medical and transporation s		<u>ed</u>			,
	for poor and needy individuals and familie	<u>s</u>				
	(Control C	nludan famura arasis si	hook horo		20-	
29	(Grants \$ 50,990) If this amount inc	cludes foreign grants, cl	neck nere · · · ·	· · · · · · · ·	28a	8,773
23)	
]	
	(Grants \$) If this amount inc	cludes foreign grants, cl	hack hara		29a	
30	(Clarks 4) It this amount int	addes foreign grants, co	HECK HEIE	····	230	
•					1	i
						}
	(Grants \$) If this amount inc	cludes foreign grants, cl	heck here	▶ 🗍	30a	
31					1	
•		cludes foreign grants, cl	heck here · · · ·	▶ □	31a	}
32	Total program service expenses (add lines 28a through 31a)				32	8,773
	art IV List of Officers, Directors, Trustees, and Key Employ					
	Check if the organization used Schedule O to respond to					_
		(b) Average	(c) Reportable	(d) Health benefits		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to empl benefit plans, and		(e) Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-)	deferred compensa		Outer compensation
EL	IZABETH FLANDERS					
PR	ESIDENT	4.00	0		0	0
RA	CHEL GANA	}		}	- }	
TR	EASURER	4.00	0		0	0
BE'	TTY CHAMBERS)	1		1	
SE	CRETARY	2.00	0		0	0
MI	TZI POTHIER		}]	}	
VI	CE_PRESIDENT	3.00	0		0	0
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Form 990-EZ (2017)

,Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	<u></u>	Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			İ
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	ļ	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			١.,
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	 	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		7.
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	ا معد		_V
	Did the organization file Form 1120-POL for this year?	37b	 	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		X
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes." complete Schedule L. Part II and enter the total amount involved	30a	 	10
		┪ ⁻ -		٠, -
39	Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9			. '
a	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
40 u	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		-	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		1	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			1
	on organization managers or disqualified persons during the year under sections 4912,	•	,	1
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		- ,	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		-	
	40c reimbursed by the organization	_		١.
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed WA			
42 a	The organization's books are in care of ► RACHEL GANA Telephone no. ► 360-6	42-8	401	
	Located at ▶ 4700 PACIFIC HWY, Seaview, WA ZIP+4 ▶ 98644	<u> </u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, secuntles account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	425		v
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:			Г
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			L
	and enter the amount of tax-exempt interest received or accrued during the tax year	_L	Yes	No
	D. I. II		163	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		X
	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	-	 	1.4
D.		44b		X
_	Completed Molecula of Form Cook Ex	44c		X
C	Did the diganization receive any payments for integer turning to receive a re-	440	+	A
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d	.	'
AE ~	explanation in Schedule O	45a	+	+
	Did the digamization have a contability within the meaning of section of 1-1-7.	754	+	+~;
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			-
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		$\frac{1}{x}$
				(2017

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43-1999783

NATIONAL ST VINCENT DEPAUL SEAVIEW

Form 990-EZ (2017)

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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

NAT	ION	AL ST VINCENT DEPAUL SEAV					43-199978	
Pa	rt.l;	Reason for Public Charity	Status (All or	ganizations must c	omplete	this part	t.) See instruction	าร
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box)		~ 1	
1		A church, convention of churches, or a	association of churc	ches described in <mark>sectio</mark> i	n 170(b)(1))(A)(i).	~ 0	
2		A school described in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	990-EZ))			
3	$\overline{\Box}$	A hospital or a cooperative hospital se	rvice organization (described in section 170	(b)(1)(A)(i	ii).		
4	ñ	A medical research organization opera	-			•	(A)(iii). Enter the	
·	لسا	hospital's name, city, and state.	aroa iii oonganonon	mar a moopikar accombod			(ri)(iii)r Cilior iiio	
5	\Box	An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a no	vemmenta	Lunit described in	
•	u	section 170(b)(1)(A)(iv). (Complete F		iversity owned or operat	eu by a go	vermienta	i griit described in	
•	П	, , , , , , , ,	•		70/L\/4\/A\	4.4		
6	H	A federal, state, or local government of	-					
7	Ц	An organization that normally receives			ernmentai i	unit or mom	the general public	
	\Box	described in section 170(b)(1)(A)(vi).	•					
8	H	A community trust described in section						
9	П	An agricultural research organization						
		or university or a non-land-grant collection	ge of agriculture (se	e instructions) Enter the	name, city	, and state	of the college or	
		university						
10	X	An organization that normally receives					· · · · · · · · · · · · · · · · · · ·	
		receipts from activities related to its ex	cempt functions - sc	ubject to certain exception	ns, and (2)	no more ti	han 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section	511 tax) fro	om businesses	
	_	acquired by the organization after Jun	e 30, 1975 See se	ction 509(a)(2). (Comple	ete Part III)		
11		An organization organized and operate	ed exclusively to te	st for public safety. See s	section 50	9(a)(4).		
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform t	he function	is of, or to	carry out the purposes	S
		of one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	section 5	09(a)(2) . S	ee section 509(a)(3).	•
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and 1	2g
	а	Type I. A supporting organization	operated, supervis-	ed, or controlled by its su	ipported or	ganization	(s), typically by giving	
		the supported organization(s) the	power to regularly a	appoint or elect a majorit	y of the din	ectors or tr	ustees of the	
		supporting organization You mus	st complete Part I\	/, Sections A and B.				
	b	Type II. A supporting organization			its suppor	ted organiz	ation(s), by having	
		control or management of the sup					,	
		organization(s). You must comp						
	C	Type III functionally integrated.			ection with	and funct	onally integrated with	_
		its supported organization(s) (see		•				•
	ď	Type III non-functionally integra		·				s)
	•	that is not functionally integrated		_				
		requirement (see instructions) You					and an attentiveness	•
	е	Check this box if the organization	•	-			Type II Type III	
	•	functionally integrated, or Type III	_			a type i, i	ype ii, type iii	
	f	Enter the number of supported organi	•					
	g	Provide the following information about						L
) Name of supported organization	(iı) EIN	(lii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(name of supported organization	(11) 2114	(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	l Na	{	
					Yes	No		
(A)							1	
						 		
(B)						ĺ		
					 	 		
(C)			Í		-	{	[
<u> </u>					 	 	 	
(D)							j	
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(E)]			-		
			The sales of the s		12-4	De ur President		
Tota	1		The first them the	2 To Story 1' 97 9	LIFE DY	T. 2	j l	

Schedule A (Form 990 or 990-EZ) 2017

NATIONAL ST VINCENT DEPAUL SEAVIEW

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)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•		
3	The value of services or facilities furnished by a governmental unit to the organization without charge			,	'		,
4	Total. Add lines 1 through 3 · · · · · ·			\			
5	The portion of total contributions by						-
	each person (other than a		TAKE BEEN				,
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	表现的研究					
6	Public support. Subtract line 5 from line 4 · ·	在中国实验上的影响	《公司》	THE WASHINGTON	MATTER SERVICE	15、145111111111111111111111111111111111	L
	tion B. Total Support	4-1 2012	(1) 2044	(2) 2045/	(4) 2046	, (-) 2047	(D. Total
7	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources)	<i>[</i>			
9	Net income from unrelated business activities, whether or not the business is regularly carned on			•	,	•	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	,		• '			,
11	Total support. Add lines 7 through 10	1		建學的學科		三国教 (1995年	
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su	/		, or fifth tax year as	a section 501(c)(3	3) 	▶ 🗌
<u>3ec</u> 14	Public support percentage for 2017 (line 6,			······································		14	%
15	Public support percentage for 2017 (line 6, 9)					15	
16a							
	box and stop here. The organization qualific						▶ □
b	33 1/3% support test - 2016. If the organization	•			33 1/3% or more.	check /	
_	this box and stop here. The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2017	-			or 16b, and line 14 i	s	,
	10% or more, and if the organization meets	=					1
	Part VI how the organization meets the "fact			•	• •	•	
	organization						▶ 📋
b	10%-facts-and-circumstances test - 2016	. If the organization	did not check a bo	x on line 13, 16a, 1	l6b, or 17a, and line	е	<u> </u>
	15 is 10% or more, and if the organization m	=					
	Explain in Part VI how the organization mee					у	
	supported organization						▶ 📋
18	Private foundation. If the organization did is	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		
	instructions						▶ 🗍

Partille 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				:		
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		44,515	59,200	54,520	50,990	200 225
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		44,313	39,200	34,320	30,390	209,225
3	Gross receipts from activities that are not an unrelated trade or business under section 513		10,726	99			10,825
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 7a	Total. Add lines 1 through 5		55,241	59,299	54,520	50,990	220,050
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b		,	-			
50	ction B. Total Support	[/				<u></u>	220,050
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	(f) Total
9	Amounts from line 6	(a) 2013	55,241	59,299	54,520	(e) 2017 50, 990	220,050
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		55,241	39,299	34,320	30,990	220,030
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·	}					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 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.)	0	55,241	59,299	54,520	50,990	220,050
14	organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·					▶ 🏻
Se	ction C. Computation of Public Su		- 				
15	Public support percentage for 2017 (line 8, co	•			• • • • • • • •	15	<u>%</u>
16	Public support percentage from 2016 Scheduction D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	16	<u>%</u>
				Ima (6)		17	
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc					18	<u>%</u>
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check	the box on line 14,			lline	` . ▶ 🛚
b 20	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this line foundation. If the organization did not seem to be supported to the organization of the organization.	box and stop here.	The organization q	ualifies as a publicl	ly supported organi		▶ []
							

Part IV. Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

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	ule A (Form 990 or 990-EZ) 2017 NATIONAL ST VINCENT DEPAUL SEAVIEW 43-1999	/83	F	age 5
Pa	rtilVi Supporting Organizations (continued)		,	,
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	i		'
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	7	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to] ~~		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ł	ŀ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	ſ	-
	controlled the organization's activities. If the organization had more than one supported organization,	-		ŀ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ł
2	Did the organization operate for the benefit of any supported organization other than the supported	ł		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	}	ł	}
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	J	}	. .
	supervised, or controlled the supporting organization.	2		ļ
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		
	or management of the supporting organization was vested in the same persons that controlled or managed	- 1		İ
	the supported organization(s).	1	1	1
Sec	tion D. All Type III Supporting Organizations		4	٠
	<u></u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.4.4	* 3, 5	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax I		١.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1)	1
			 	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	V	· .]
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	HEARLY.		1
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	
		3	ł	ł
8-4	supported organizations played in this regard			Ь
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (so	e mstru	cuons	<i>5)</i> .
a				
	The organization is the parent of each of its supported organizations. Complete line 3 below.	ntitu (naa	:	ntin n
C		iiny (see		No
2	Activities Test. Answer (a) and (b) below.		162	110
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	-}	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			·
	how the organization was responsive to those supported organizations, and how the organization determined		1 :	,
	that these activities constituted substantially all of its activities.	2a	<u> </u>	1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ	}	
	activities but for the organization's involvement	2b	1	L
3	Parent of Supported Organizations. Answer (a) and (b) below.		T	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	}	1
•	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1-	1
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-	1
	and the same of th			

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Schedule A (Form 990 or 990-EZ) 2017

NATIONAL ST VINCENT DEPAUL SEAVIEW

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ.	trust	on Nov. 20, 1970 (explai	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	200	· · · · · · · · · · · · · · · · · · ·	
instructions for short tax year or assets held for part of year):	海		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):	· 是		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	,	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11	A STATE OF THE STATE OF	
2 Enter 85% of line 1.	2	可证据证明,但是是	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+-	Zerrister in the color of the c	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		grated Type III supporting	organization (see
instructions).	,	arman . The oakkoimid	3
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	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		•
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets	·	ŧ	\
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		,	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respon	sive	
	(provide details in Part VI). See instructions.		,	```
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		•
	,		(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
_	•	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	MANUTAL ALAM TOTAL AND A	了第一点的 是	
2	Underdistributions, if any, for years prior to 2017	第4次2000年4月23	min may a the an analysis of the control of the	计算机的程序设计
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		以发生。1285年至1286年以	
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	Applied to underdistributions of prior years	Contract the Contract of the C	to 1 The Control of the Control of the Control	The think the terms of the
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;: -	Carryover from 2012 not applied (see instructions)	· ELL AND CALLS AND CALLS	POS ANT AND PERSONAL PROPERTY.	THE DESCRIPTIONS
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1-75 - 15 15 15 15 15 15 15 15 15 15 15 15 15		LIKE - NOW HOUSE TO COMPANY OF
4	Distributions for 2017 from	ENTROPIES AND AND THE PERSON	を構してお客では、あいまなどのかにはなっている。 ようだがしてから表してがまれていまれていいだけ	· · · · · · · · · · · · · · · · · · ·
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	Section D, line 7: \$	是一种,在这个一种的是一个人的心理。 第125章 高级的人们们在自己的一个	[10] 五 [10] [10] [10] [10] [10] [10] [10] [10]	
	Applied to underdistributions of prior years	CATALOGUE PARTE AND AND AND AND AND AND AND AND AND AND	y-Franky-resystement a des describes	企业的一个工程的工具工程的工作
	Applied to 2017 distributable amount	1950年1月1日,1950年1月1日,1950年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	· · · · · · · · · · · · · · · · · · ·	288、Yang 1-47、188.37 (1.1874) 2.78d
	Remainder. Subtract lines 4a and 4b from 4.	· 劳力(1,000年) · 强 (1,475年) · 战(1754)	自由的文献。如下数据程度	STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE
5	Remaining underdistributions for years prior to 2017, if		,	
	any. Subtract lines 3g and 4a from line 2. For result	Principal Control of the Control of		
	greater than zero, explain in Part VI. See instructions.	PERSONAL PROPERTY OF	M. to a homeoffice of the second of the	完成要為這點將7的法的資源
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	CARLET THE VEHICLE STREET		CONTRACTOR SALE LENGTH
7	Excess distributions carryover to 2018. Add lines 3j		性	
	and 4c (water manager - Sandy or more	(A) 2000年	THE STATE OF THE S
8	Breakdown of line 7.	为是我们会们为"SATES"的	公司的公司是主席	THE TAX DESIGNATION OF THE PARTY OF THE PART
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
•	3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
 	
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Schedule A (Form 980 or 990-EZ) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public

Employer Identification number

43-1999783 NATIONAL ST VINCENT DEPAUL SEAVIEW 01. List of grants and similar amounts paid (Part I, line 10) GRANTS LESS STHAN \$5,000 <u>Activity</u> NASTIONAL ST VINCENT DEPAUL SEAVIEW <u>Grantee</u> PO BOX 648 Street Seaview, WA 98644 City, State, Zip 46,394 Amount 02. Description of other expenses (Part I, line 16) Description Amount INSURANCE 613 2,647 SUPPLIES & OTHER EXPENSES 113 DUES ١