

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Vincent Senior Citizen Nutrition Program, Inc. Doing business as St. Vincent Meals on Wheels Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2303 Miramar Street City or town, state or province, country, and ZIP or foreign postal code Los Angeles, CA 90057	D Employer identification number 95-3696693 E Telephone number (213) 484-7778
F Name and address of principal officer: Veronica Dover same as C above		G Gross receipts \$ 7,569,914. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.stvincentmow.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1980 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The mission of St. Vincent Senior Citizen Nutrition Program DBA Meals on Wheels is to prepare		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	146
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	7,572,315.
9	Program service revenue (Part VIII, line 2g)	9	1,058,748.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	3,080,902.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-25,480.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	11,686,485.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,507,104.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	4,382,131.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	556,848.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	1,322,910.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	1,883,967.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	8,330,050.
19	Revenue less expenses. Subtract line 18 from line 12	19	3,356,435.
20	Total assets (Part X, line 16)	20	36,390,213.
21	Total liabilities (Part X, line 26)	21	3,596,677.
22	Net assets or fund balances. Subtract line 21 from line 20	22	32,793,536.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Veronica Dover, CEO/Executive Director	Date	
Paid Preparer Use Only	Print/Type preparer's name Carlos A. Davis, CPA	Preparer's signature	Date
	Firm's name Harrington Group, CPAs, LLP	Firm's EIN 95-4557617	Check if self-employed <input type="checkbox"/> PTIN P02037008
	Firm's address 2698 Mataro Street Pasadena, CA 91107	Phone no. (626) 403-6801	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

St. Vincent Senior Citizen Nutrition Program, Inc.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: The mission of St. Vincent Senior Citizen Nutrition Program DBA Meals on Wheels is to prepare and deliver nutritious meals to homebound seniors and other vulnerable residents across Los Angeles. We serve anyone in need within our service area regardless of age, illness,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,122,081. including grants of \$ 1,749,396.) (Revenue \$ 1,362,510.) St. Vincent Senior Citizen Nutrition Program DBA St. Vincent Meals on Wheels is the largest privately funded Meals on Wheels program in the United States. With a staff of 80 and a volunteer workforce of 138, Meals on Wheels utilizes its 16,000 square foot commercial kitchen and 24 vehicles to deliver approximately 3,230 meals per day to homebound seniors and other vulnerable residents. Total meals served to the community for June 2023 fiscal year end is 878,965.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,122,081.

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 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 employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	87
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	N/A	13a
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	N/A	17

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	8		
b Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b			X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
The organization - (213) 233-0275
2303 Miramar Street, Los Angeles, CA 90057

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Veronica Dover CEO/Executive Director	40.00 20.00			X			220,204.	0.	19,001.	
(2) Christine Calderon Director of Development	40.00				X		134,063.	0.	1,352.	
(3) Katherine Gomez Director of Operations	40.00				X		105,691.	0.	18,535.	
(4) Sister Joyce Weller, D.C. Chairperson	2.00	X		X			0.	0.	0.	
(5) Mr. Michael F. Giron Vice Chair	2.00	X		X			0.	0.	0.	
(6) Gaynor B. Rabin Secretary/Treasurer	2.00	X		X			0.	0.	0.	
(7) Ms. Barbara Barrett Board Member	2.00	X					0.	0.	0.	
(8) Sister Linda Ann Cahill, D.C. Board Member	2.00	X					0.	0.	0.	
(9) Sister Pacita Calica, D.C. Board Member	2.00	X					0.	0.	0.	
(10) Sister Marie Rachelle Cruz, D.C. Board Member	2.00	X					0.	0.	0.	
(11) Sister Margaret McDonnell, D.C. Board Member	2.00	X					0.	0.	0.	

St. Vincent Senior Citizen Nutrition Program, Inc.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	32,862.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	5,225,373.				
	g	Noncash contributions included in lines 1a-1f	\$ 295,998.				
	h	Total. Add lines 1a-1f		5,258,235.			
Program Service Revenue	2 a	Prepared meals	722320	1,362,510.	1,362,510.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,362,510.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		744,372.		744,372.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		1,500.		
	b	Less: cost or other basis and sales expenses			0.		
c	Gain or (loss)			1,500.			
d	Net gain or (loss)		1,500.		1,500.		
8 a	Gross income from fundraising events (not including \$ 32,862. of contributions reported on line 1c). See Part IV, line 18						
		8a	102,873.				
		8b	162,431.				
c	Net income or (loss) from fundraising events		-59,558.		-59,558.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Admin service	561000	100,000.		100,000.	
	b	Miscellaneous	900099	424.		424.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		100,424.			
12	Total revenue. See instructions		7,407,483.	1,362,510.	0.	786,738.	

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,800.	71,800.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,677,596.	1,677,596.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	272,341.	206,580.	30,881.	34,880.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,716,558.	2,805,493.	426,511.	484,554.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,121.	68,149.	15,349.	8,623.
9 Other employee benefits	489,536.	424,168.	16,110.	49,258.
10 Payroll taxes	283,301.	217,717.	28,534.	37,050.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	83,582.		83,582.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	246,444.			246,444.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	360,124.	74,585.	36,476.	249,063.
12 Advertising and promotion				
13 Office expenses	417,222.	340,243.	52,563.	24,416.
14 Information technology				
15 Royalties				
16 Occupancy	306,374.	231,271.	35,159.	39,944.
17 Travel	132,308.	132,308.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	129,591.	99,089.	14,279.	16,223.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	398,311.	300,670.	45,710.	51,931.
23 Insurance	37,142.	36,942.	200.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a In-kind expense	295,998.	295,998.		
b Other expenses	225,634.	109,221.	38,437.	77,976.
c Kitchen expenses	29,972.	29,972.		
d Dues & subscriptions	6,611.	279.	4,924.	1,408.
e All other expenses	1,790.		650.	1,140.
25 Total functional expenses. Add lines 1 through 24e	9,274,356.	7,122,081.	829,365.	1,322,910.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Form 990 (2022)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	232,902.	1	313,133.	
	2 Savings and temporary cash investments	1,148,104.	2	838,722.	
	3 Pledges and grants receivable, net	457,489.	3	551,675.	
	4 Accounts receivable, net	135,683.	4	183,433.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	69,827.	8	80,426.	
	9 Prepaid expenses and deferred charges	147,965.	9	49,507.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,339,454.			
	b Less: accumulated depreciation	10b 5,639,340.	5,674,843.	10c	5,700,114.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	28,460,771.	12	27,310,194.	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	62,629.	15	127,226.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,390,213.	16	35,154,430.		
Liabilities	17 Accounts payable and accrued expenses	683,052.	17	636,161.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	20,949.	21	19,602.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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	2,892,676.	25	2,816,930.	
	26 Total liabilities. Add lines 17 through 25	3,596,677.	26	3,472,693.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	28,982,410.	27	28,261,602.	
	28 Net assets with donor restrictions	3,811,126.	28	3,420,135.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31			
32 Total net assets or fund balances	32,793,536.	32	31,681,737.		
33 Total liabilities and net assets/fund balances	36,390,213.	33	35,154,430.		

Form **990** (2022)

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,407,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,274,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,866,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,793,536.
5	Net unrealized gains (losses) on investments	5	755,074.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,681,737.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,155,783.	8,037,696.	8,070,968.	7,690,545.	5,258,235.	37,213,227.
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	1,920,939.	1,806,994.	1,379,266.	1,058,748.	1,362,510.	7,528,457.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10,076,722.	9,844,690.	9,450,234.	8,749,293.	6,620,745.	44,741,684.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						44,741,684.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	10,076,722.	9,844,690.	9,450,234.	8,749,293.	6,620,745.	44,741,684.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,463,266.	709,062.	1,647,577.	3,059,631.	744,372.	8,623,908.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,463,266.	709,062.	1,647,577.	3,059,631.	744,372.	8,623,908.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,496.	13,889.	550.	667.	100,424.	122,026.
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,546,484.	10,567,641.	11,098,361.	11,809,591.	7,465,541.	53,487,618.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	83.65 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	85.71 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	16.12 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	14.05 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

St. Vincent Senior Citizen Nutrition
Program, Inc.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

St. Vincent Senior Citizen Nutrition
Program, Inc.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Agripina Payuyo 3670 Westwood Blvd #H Los Angeles, CA 90034	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Aileen T. Koskovich 815 W Commonwealth Ave #C Alhambra, CA 91801	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Alfred L. Woodill Trust 502 19th Street Santa Monica, CA 90402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Alice E. Kinsman 258 San Joaquin St Laguna Beach, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Anna Maria Butturini 934 Hammond St West Hollywood, CA 90069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Anne Marston 400 Westminster Ave Los Angeles, CA 90020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Baptist Service Corporation 760 S Westmoreland Ave Los Angeles, CA 90005	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Barbara A. Martin 711 Ocampo Dr Pacific Palisades, CA 90272	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Barbara Ross Charitable Trust 1201 S Olive St, Los Angeles, CA 90015 Los Angeles, CA 90015	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Barbera Thornhill 10801 Ambazac Way Los Angeles, CA 90077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Benjamin Levin 235 Park Ave South 9F1 New York, NY 10003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Carrie Estelle Doheny Foundation 707 Wilshire Blvd Ste 4960 Los Angeles, CA 90017	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Dan Murphy Foundation 800 W 6th St #1240 Los Angeles, CA 90017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Daniel J. Scully 1196 Winthrop Ln Ventura, CA 93001-4048	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Daughters of Charity Foundation 2200 W Third St #300 Los Angeles, CA 90057	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Delphine M. Baptista Living Trust 2021 S Shirk Rd Visalia, CA 93277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Delta Dental Insurance Company 560 Mission Street Ste 1300 San Francisco, CA 94105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Dennis G. Zill 8239 Sunnysea Dr Playa Del Rey, CA 90293-7941	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Dolores A. Cruz 503 38th St Newport Beach, CA 92663	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Donald & Gigi Grant Fund 10380 Wilshire Blvd #1804 Los Angeles, CA 90024	\$ 103,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Donald A. Mullane 3269 Canal Point Rd Hacienda Heights, CA 91745	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Edward Kobayashi 2617 W 168th St Torrance, CA 90504	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Eldridge R. Walker 1566 Sanborn Ave Los Angeles, CA 90027-1539	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Elks of Los Angeles Foundation 2406 Claygate Ct Los Angeles, CA 90077	\$ 9,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Estate of Diana Freericks 320 E Spruce Ave #C Inglewood, CA 90301-4262	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	FBRG Insurance Services, Inc. 733 Orchard Loop Azusa, CA 91702	\$ 5,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Felice A. Miller 4140 Ventura Canyon Ave Sherman Oaks, CA 91423	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Fenton Family Charitable Fund 30745 Pacific Coast Highway #111 Malibu, CA 90265	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Gary Blake 5958 Waterfront Pl Long Beach, CA 90803	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Gary Broad Foundation 300 S Grand Ave Ste 1800 Los Angeles, CA 90071	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	George Petrokowitz P.O. Box 3639 San Dimas, CA 91773	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Gerald M. Kline Family Foundation 5850 Shellmound St Emeryville, CA 94608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Hale Thornhill Foundation 10801 Ambazac Way Los Angeles, CA 90077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Helene Yosko 11831 Wagner St Culver City, CA 90230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Howard J. Drollinger 7431 Westlawn Ave Los Angeles, CA 90045	\$ 6,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Ian McShane 578 Washington Blvd #826 Marina Del Rey, CA 90292	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Ilene Clow Foundation 37 Marguerite Dr Rancho Palos Verdes, CA 90275	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Ilona U. Stadtfeld 3451 Garden Ave Los Angeles, CA 90039	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Isaias Pena 401 S Detroit St Los Angeles, CA 90036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Ivana Wong 885 S Orange Brove Bl #5 Pasadena, CA 91105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Jewish Community Foundation 6505 Wilshire Blvd Ste 1200 Los Angeles, CA 90048	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Joan H. Jones 1900 Avenue of the Stars Ste 400 Los Angeles, CA 90067	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Joanne Marie & Marcel George Foundation 630 N Tigertail Rd Los Angeles, CA 90049	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	John B. & Nelly Llanos Kilroy Foundation 25919 Chalmette Lane Rolling Hills Estates, CA 90274	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Kate Farms, Inc. 101 Innovation Place Santa Barbara, CA 93108	\$ 21,360.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	KLM Foundation 10100 Santa Monica Blvd #610 Los Angeles, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Laderach 537 Fifth Avenue Mezzanine Level New York, NY 10017	\$ 41,077.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	Lewis A. Kingsley Foundation 4508 Gainsborough Ave Los Angeles, CA 90027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Liquid I.V. 127 Nevada St. El Segundo, CA 90245	\$ 103,392.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	Lon V. Smith Foundation 9440 Santa Monica Blvd Ste 300 Beverly Hills, CA 90210	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Longo Toyota 3534 North Peck Rd El Monte, CA 91731-3526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	Lorraine G. Gay 2105 Poinsettia Ave Manhattan Beach, CA 90266-2657	\$ 10,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Los Angeles Reginal Food Bank 1734 E 41st Street Los Angeles, CA 90058	\$ 56,870.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54	Margaret R. Graves Estate 4430 W 4th St #2 Los Angeles, CA 90020	\$ 306,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Maria Socorro Siordia Warren Living Trust 7545 Genesta Ave Van Nuys, CA 91406	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Marti Noxon 3263 Oakdell Road Studio City, CA 91604	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Mary L. Baur 306 S Westmoreland Ave Los Angeles, CA 90020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Maureen G. Burbach 12829 Glynn Ave Downey, CA 90242	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Nancy Babka 1528 Schuyler Rd Beverly Hills, CA 90210	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	Nancy R. Dolci 1991 Heather Dr Monterey Park, CA 91755	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	Nelly Llanos Kilroy 316 N Rossmore Boulevard #600 Los Angeles, CA 90004	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Patricia A. Gomez 1424 Cuesta Way Montebello, CA 90640	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	Patricia M. Swallow Trust 2635 N Beachwood Dr Los Angeles, CA 90068	\$ 470,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	Pfaffinger Foundation 420 E Third St Suite 1010 Los Angeles, CA 90013	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	Professional Environmental Marketing Association 2321 E 4th St Ste C Santa Ana, CA 92705	\$ 25,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	Reissa Foundation 501 Silverside Road Ste 123 Wilmington, DE 19809	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Ricardo A. Llanos 3467 La Sombra Dr Hollywood, CA 90068	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	Robert C. Edwards 600 N Rosemead Blvd Ste 203 Pasadena, CA 91107	\$ 204,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	Robert G. Lascoe Revocable Trust 1213 Limestone Creek Dr Keller, TX 76248	\$ 13,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	Robert Nelson Foundation 1055 Wilshire Blvd Suite 1710 Los Angeles, CA 90017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	Roberta A. Miller 4791 W Camino De La Amapola Tucson, AZ 85745	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	Roberta L. Furrey 551 Meadow Grove St La Canada, CA 91011	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	RSD Charitable and Educational Foundation 136 Northam Ave San Carlos, CA 94070	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	Sandra L. Saeger 4800 Indianola Way La Canada, CA 91011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	Sikand Foundation, Inc. 15230 Burbank Blvd #100 Van Nuys, CA 91411	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	SMR Rental Collection Services PO Box 2727 Capistrano Beach, CA 92624	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	Specialty Family Foundation 2109 Stoner Ave., # 1 Los Angeles, CA 90025	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	Stuart Christenfeld 755 N Sweetzer Ave #204 Los Angeles, CA 90069	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	The Albertsons Companies Foundation 20427 N 27th Ave Phoenix, AZ 85027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	The Carol Moss Foundation 501 Silverside Road Ste 123 Wilmington, DE 19809	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	The David E. & Mary C. Gallo Foundation 865 Claus Rd Modesto, CA 95357	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	The Harold Edelstein Foundation 4100 W Alameda Ave Ste 350 Burbank, CA 91505	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	The Marcia Israel Foundation, Inc. 1925 Century Park East, 16th Floor Los Angeles, CA 90067	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	The Oasis Institute 11780 Borman Dr Ste 400 Saint Louis, MO 63146	\$ 68,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	The Ralph M. Parsons Foundation 888 W 6th St 7th Fl Los Angeles, CA 90017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	The Ronald Newburg Foundation 9171 Wilshire Blvd Ste 650 Beverly Hills, CA 90210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	The Rose Hills Foundation 225 S Lake Ave Ste 1250 Pasadena, CA 91101	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	The Thaler Family Trust 10880 Wilshire Blvd Ste 2200 Los Angeles, CA 90024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	The Von Der Ahe Foundation 4605 Lankershim Blvd #707 North Hollywood, CA 91602	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	Timothy F. Guth 2 Hidden Creek Irvine, CA 92620	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	United Way 701 North Fairfax St Alexandria, VA 22314	\$ 454,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	Vincent F. Guinan 2212 El Molino Ave #M302 Altadena, CA 91001	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	Vincent G. Maher 4213 Camellia Ave Studio City, CA 91604	\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	W. M. Keck Foundation 515 S Flower St Ste 800 Los Angeles, CA 90071	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	Wallis Annenberg GenSpace 12005 Bluff Creek Dr Playa Vista, CA 90094	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	William Leonard Zachary Trust 2527 Washington Ave Santa Monica, CA 90403	\$ 15,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	William M. Keck Jr. Foundation P.O. Box 661157 Los Angeles, CA 90066	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45	Nutrition drinks <hr/> <hr/> <hr/>	\$ 21,360.	06/30/23
47	Assorted chocolates, truffles, and tartufi <hr/> <hr/> <hr/>	\$ 41,077.	06/30/23
49	Hydration packs <hr/> <hr/> <hr/>	\$ 103,392.	06/30/23
53	Food items <hr/> <hr/> <hr/>	\$ 56,870.	06/30/23
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc. Employer identification number 95-3696693

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for held at end of tax year (2a-2d), and various monitoring and expense questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and required amounts for revenue and assets.

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Pooled investment fund	27,310,194.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	27,310,194.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Note payable to related entity	2,754,293.
(3) Leases liabilities - financing	
(4) leases	29,842.
(5) Leases liabilities - operating	
(6) leases	32,795.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,816,930.

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

St. Vincent Senior Citizen Nutrition
Program, Inc.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,324,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	755,074.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	162,431.	
e	Add lines 2a through 2d	2e		917,505.
3	Subtract line 2e from line 1		3	7,407,483.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,407,483.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,436,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	162,431.	
e	Add lines 2a through 2d	2e		162,431.
3	Subtract line 2e from line 1		3	9,274,356.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,274,356.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 2b:

There are two Charitable Gift Annuities under the trust of Meals on Wheels. Under the trust agreements, St. Vincent Meals on Wheels will manage the gifts and will make the required payments to donors in accordance with the respective agreement.

Part V, line 4:

Meals on Wheels' Endowment Fund is held in Fund P which is managed through Ascension Investment Management and Wilshire Company and appropriated by the Board for use in current operations.

Part X, Line 2:

Part XIII Supplemental Information (continued)

Meals on Wheels is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Meals on Wheels in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Meals on Wheels' returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

Part XI, Line 2d - Other Adjustments:

Special event expenses 162,431.

Part XII, Line 2d - Other Adjustments:

Special event expenses 162,431.

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

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))
		Hollywood Under Stars (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	135,735.			135,735.
	2 Less: Contributions	32,862.			32,862.
	3 Gross income (line 1 minus line 2)	102,873.			102,873.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	106,209.			106,209.
	7 Food and beverages				
	8 Entertainment	8,500.			8,500.
	9 Other direct expenses	47,722.			47,722.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				162,431.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-59,558.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

St. Vincent Senior Citizen Nutrition Program, Inc.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

- 16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part I, Line 2b, Column (v):

Hired to solicit funds to further the organization's charitable purpose.

Services are not related to Special Event revenue.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Culver Palms Meals on Wheels 4427 Overland Ave. Culver City, CA 90230	95-2891003	501(c)(3)	0.	6,042.	FMV	Meals subsidy	1,887 meals delivered for program participants in need.
St Barnabas Senior Center 675 S. Carondelet St. Los Angeles, CA 90057	95-1641435	501(c)(3)	0.	65,758.	FMV	Meals subsidy	7,700 meals delivered for program participants in need.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Food	869378	0.	1,677,596.	At cost	Nutritious meals provided to individuals.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The organization maintains records to substantiate the amount of assistance and the selection criteria used to award the assistance.

Part III, Column (b):

Number of recipients is based on meals served.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **X**
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **X**
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

St. Vincent Senior Citizen Nutrition
Program, Inc.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Veronica Dover CEO/Executive Director	(i)	220,204.	0.	0.	8,846.	10,155.	239,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

Part 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	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	10	295,998.	Retail price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

St. Vincent Senior Citizen Nutrition
Program, Inc.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The number of contribtions is based on the number of donors.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

St. Vincent Senior Citizen Nutrition
Program, Inc.

Employer identification number
95-3696693

Form 990, Part I, Line 1, Description of Organization Mission:

and deliver nutritious meals to homebound seniors and other vulnerable residents across Los Angeles. We serve anyone in need within our service area regardless of age, illness, disability, race, religion or ability to pay.

Form 990, Part III, Line 1, Description of Organization Mission:

disability, race, religion or ability to pay.

Form 990, Part VI, Section A, line 8b:

There are no committees with authority to act on behalf of the governing body.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by the Executive Director and Gilmore and Associates, CPA. It will be provided to all board members before submission to the IRS.

Form 990, Part VI, Section B, Line 12c:

The Organization regularly and consistently monitors and enforces compliance with the conflict of interest policy.

Form 990, Part VI, Section B, Line 15a:

The Executive Director's salary is reviewed by the Daughters of Charity Councilor.

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
--	---

Part VI, question 15(b) was answered "no" as there were no other officers or key employees compensated during the year.

The Executive Director of St. Vincent's Senior Citizen Nutrition Program negotiates the salaries of other officers and key employees.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial statements are available upon request. The Form 990 is also available on Guidestar.org.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.** Employer identification number **95-3696693**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Ministry Services of the Daughters of Charity Corp. - 47-1489373, 26000 Altamont Road, Los Altos Hills, CA 94022	Supports the Ministry of the DOC of Province of the West	California	501(c)(3)	Line 11	Daughters of Charity, Province of the West		X
Daughters of Charity Foundation - 77-0047181 2200 W. Third St., Suite 300 Los Angeles, CA 90057	To engage in solicitation for the benefit of the Daughters of Charity	California	501(c)(3)	Line 11	Daughters of Charity, Province of the West		X
Hote Dieu, Inc. - 95-4751561 265 S Lake St. Los Angeles, CA 90057	Provides housing to low income seniors	California	501(c)(3)	Line 10	Daughters of Charity, Province of the West		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC. California corporation number 0991560

Additional information. See instructions. FEIN 95-3696693

Street address (suite or room) 2303 MIRAMAR STREET PMB no.

City LOS ANGELES State CA ZIP code 90057

Foreign country name Foreign province/state/country Foreign postal code

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-16).

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's signature HARRINGTON GROUP, CPAS, LLP 2698 MATARO STREET PASADENA, CA 91107 Title CEO/EXECUTIVE Date Telephone P02037008 Firm's FEIN 95-4557617 Telephone (626) 403-6801

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.

95-3696693

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	102,873	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	744,372	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	1,500	00	
	7	Other income SEE STATEMENT 4	•	7	1,462,934	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,311,679	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,749,396	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	272,341	00	
	12	Other salaries and wages	•	12	3,716,558	00	
	Expenses and Disbursements	13	Interest	•	13	129,591	00
		14	Taxes	•	14	283,301	00
		15	Rents	•	15	306,374	00
		16	Depreciation and depletion (See instructions)	•	16	398,311	00
		17	Other expenses and disbursements SEE STATEMENT 6	•	17	2,580,915	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	9,436,787	00

	Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)		
Assets						
1 Cash		1,381,006		•	1,151,855	
2 Net accounts receivable		135,683		•	183,433	
3 Net notes receivable				•		
4 Inventories		69,827		•	80,426	
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments STMT 7		28,460,771		•	27,310,194	
10 a Depreciable assets	10,980,803		11,339,454			
b Less accumulated depreciation	(5,305,960)	5,674,843	(5,639,340)		5,700,114	
11 Land				•		
12 Other assets STMT 8		668,083		•	728,408	
13 Total assets		36,390,213			35,154,430	
Liabilities and net worth						
14 Accounts payable		683,052		•	636,161	
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable STMT 9		20,949		•	19,602	
17 Mortgages payable				•		
18 Other liabilities STMT 10		2,892,676			2,816,930	
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		32,793,536		•	31,681,737	
22 Total liabilities and net worth		36,390,213			35,154,430	

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	-1,111,799	7	Income recorded on books this year not included in this return. Attach schedule *	•	755,074
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		755,074
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-1,866,873
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		-1,111,799				

* SEE STATEMENT

CA 199 Cash Contributions Statement 1
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Agripina Payuyo	3670 Westwood Blvd #H Los Angeles, CA 90034	06/30/23	9,000.
Aileen T. Koskovich	815 W Commonwealth Ave #C Alhambra, CA 91801	06/30/23	10,000.
Alfred L. Woodill Trust	502 19th Street Santa Monica, CA 90402	06/30/23	10,000.
Alice E. Kinsman	258 San Joaquin St Laguna Beach, CA 92651	06/30/23	5,000.
Anna Maria Butturini	934 Hammond St West Hollywood, CA 90069	06/30/23	5,000.
Anne Marston	400 Westminster Ave Los Angeles, CA 90020	06/30/23	5,000.
Baptist Service Corporation	760 S Westmoreland Ave Los Angeles, CA 90005	06/30/23	50,000.
Barbara A. Martin	711 Ocampo Dr Pacific Palisades, CA 90272	06/30/23	15,000.
Barbara Ross Charitable Trust	1201 S Olive St, Los Angeles, CA 90015 Los Angeles, CA 90015	06/30/23	50,000.
Barbera Thornhill	10801 Ambazac Way Los Angeles, CA 90077	06/30/23	5,000.
Benjamin Levin	235 Park Ave South 9Fl New York, NY 10003	06/30/23	10,000.
Carrie Estelle Doheny Foundation	707 Wilshire Blvd Ste 4960 Los Angeles, CA 90017	06/30/23	35,000.
Dan Murphy Foundation	800 W 6th St #1240 Los Angeles, CA 90017	06/30/23	25,000.
Daniel J. Scully	1196 Winthrop Ln Ventura, CA 93001-4048	06/30/23	9,000.
Daughters of Charity Foundation	2200 W Third St #300 Los Angeles, CA 90057	06/30/23	10,000.

St. Vincent Senior Citizen Nutrition Pro

95-3696693

Delphine M. Baptista Living Trust	2021 S Shirk Rd Visalia, CA 93277	06/30/23	5,000.
Delta Dental Insurance Company	560 Mission Street Ste 1300 San Francisco, CA 94105	06/30/23	15,000.
Dennis G. Zill	8239 Sunnyside Dr Playa Del Rey, CA 90293-7941	06/30/23	27,000.
Dolores A. Cruz	503 38th St Newport Beach, CA 92663	06/30/23	6,000.
Donald & Gigi Grant Fund	10380 Wilshire Blvd #1804 Los Angeles, CA 90024	06/30/23	103,300.
Donald A. Mullane	3269 Canal Point Rd Hacienda Heights, CA 91745	06/30/23	5,000.
Edward Kobayashi	2617 W 168th St Torrance, CA 90504	06/30/23	5,000.
Eldridge R. Walker	1566 Sanborn Ave Los Angeles, CA 90027-1539	06/30/23	20,000.
Elks of Los Angeles Foundation	2406 Claygate Ct Los Angeles, CA 90077	06/30/23	9,966.
Estate of Diana Freericks	320 E Spruce Ave #C Inglewood, CA 90301-4262	06/30/23	100,000.
FBRG Insurance Services, Inc.	733 Orchard Loop Azusa, CA 91702	06/30/23	5,643.
Felice A. Miller	4140 Ventura Canyon Ave Sherman Oaks, CA 91423	06/30/23	5,000.
Fenton Family Charitable Fund	30745 Pacific Coast Highway #111 Malibu, CA 90265	06/30/23	7,500.
Gary Blake	5958 Waterfront Pl Long Beach, CA 90803	06/30/23	5,000.
Gary Broad Foundation	300 S Grand Ave Ste 1800 Los Angeles, CA 90071	06/30/23	25,000.
George Petrokowitz	P.O. Box 3639 San Dimas, CA 91773	06/30/23	5,000.
Gerald M. Kline Family Foundation	5850 Shellmound St Emeryville, CA 94608	06/30/23	5,000.
Hale Thornhill Foundation	10801 Ambazac Way Los Angeles, CA 90077	06/30/23	5,000.

St. Vincent Senior Citizen Nutrition Pro

95-3696693

Helene Yosko	11831 Wagner St Culver City, CA 90230	06/30/23	5,000.
Howard J. Drollinger	7431 Westlawn Ave Los Angeles, CA 90045	06/30/23	6,192.
Ian McShane	578 Washington Blvd #826 Marina Del Rey, CA 90292	06/30/23	11,000.
Ilene Clow Foundation	37 Marguerite Dr Rancho Palos Verdes, CA 90275	06/30/23	5,000.
Ilona U. Stadtfeld	3451 Garden Ave Los Angeles, CA 90039	06/30/23	8,000.
Isaias Pena	401 S Detroit St Los Angeles, CA 90036	06/30/23	5,000.
Ivana Wong	885 S Orange Brove Bl #5 Pasadena, CA 91105	06/30/23	5,000.
Jewish Community Foundation	6505 Wilshire Blvd Ste 1200 Los Angeles, CA 90048	06/30/23	35,000.
Joan H. Jones	1900 Avenue of the Stars Ste 400 Los Angeles, CA 90067	06/30/23	25,000.
Joanne Marie & Marcel George Foundation	630 N Tigertail Rd Los Angeles, CA 90049	06/30/23	7,000.
John B. & Nelly Llanos Kilroy Foundation	25919 Chalmette Lane Rolling Hills Estates, CA 90274	06/30/23	20,000.
KLM Foundation	10100 Santa Monica Blvd #610 Los Angeles, CA 90067	06/30/23	5,000.
Lewis A. Kingsley Foundation	4508 Gainsborough Ave Los Angeles, CA 90027	06/30/23	5,000.
Lon V. Smith Foundation	9440 Santa Monica Blvd Ste 300 Beverly Hills, CA 90210	06/30/23	30,000.
Longo Toyota	3534 North Peck Rd El Monte, CA 91731-3526	06/30/23	5,000.
Lorraine G. Gay	2105 Poinsettia Ave Manhattan Beach, CA 90266-2657	06/30/23	10,221.
Margaret R. Graves Estate	4430 W 4th St #2 Los Angeles, CA 90020	06/30/23	306,340.
Maria Socorro Siordia Warren Living Trust	7545 Genesta Ave Van Nuys, CA 91406	06/30/23	5,000.

St. Vincent Senior Citizen Nutrition Pro95-3696693

Marti Noxon	3263 Oakdell Road Studio City, CA 91604	06/30/23	15,000.
Mary L. Baur	306 S Westmoreland Ave Los Angeles, CA 90020	06/30/23	5,000.
Maureen G. Burbach	12829 Glynn Ave Downey, CA 90242	06/30/23	25,000.
Nancy Babka	1528 Schuyler Rd Beverly Hills, CA 90210	06/30/23	35,000.
Nancy R. Dolci	1991 Heather Dr Monterey Park, CA 91755	06/30/23	10,000.
Nelly Llanos Kilroy	316 N Rossmore Boulevard #600 Los Angeles, CA 90004	06/30/23	7,500.
Patricia A. Gomez	1424 Cuesta Way Montebello, CA 90640	06/30/23	5,500.
Patricia M. Swallow Trust	2635 N Beachwood Dr Los Angeles, CA 90068	06/30/23	470,447.
Pfaffinger Foundation	420 E Third St Suite 1010 Los Angeles, CA 90013	06/30/23	25,000.
Professional Environmental Marketing Association	2321 E 4th St Ste C Santa Ana, CA 92705	06/30/23	25,600.
Reissa Foundation	501 Silverside Road Ste 123 Wilmington, DE 19809	06/30/23	20,000.
Ricardo A. Llanos	3467 La Sombra Dr Hollywood, CA 90068	06/30/23	7,500.
Robert C. Edwards	600 N Rosemead Blvd Ste 203 Pasadena, CA 91107	06/30/23	204,502.
Robert G. Lascoe Revocable Trust	1213 Limestone Creek Dr Keller, TX 76248	06/30/23	13,479.
Robert Nelson Foundation	1055 Wilshire Blvd Suite 1710 Los Angeles, CA 90017	06/30/23	10,000.
Roberta A. Miller	4791 W Camino De La Amapola Tucson, AZ 85745	06/30/23	5,000.
Roberta L. Furrey	551 Meadow Grove St La Canada, CA 91011	06/30/23	15,000.
RSD Charitable and Educational Foundation	136 Northam Ave San Carlos, CA 94070	06/30/23	40,000.

<u>St. Vincent Senior Citizen Nutrition Pro</u>			<u>95-3696693</u>
Sandra L. Saeger	4800 Indianola Way La Canada, CA 91011	06/30/23	5,000.
Sikand Foundation, Inc.	15230 Burbank Blvd #100 Van Nuys, CA 91411	06/30/23	10,000.
SMR Rental Collection Services	PO Box 2727 Capistrano Beach, CA 92624	06/30/23	15,000.
Specialty Family Foundation	2109 Stoner Ave., # 1 Los Angeles, CA 90025	06/30/23	20,000.
Stuart Christenfeld	755 N Sweetzer Ave #204 Los Angeles, CA 90069	06/30/23	10,000.
The Albertsons Companies Foundation	20427 N 27th Ave Phoenix, AZ 85027	06/30/23	5,000.
The Carol Moss Foundation	501 Silverside Road Ste 123 Wilmington, DE 19809	06/30/23	150,000.
The David E. & Mary C. Gallo Foundation	865 Claus Rd Modesto, CA 95357	06/30/23	6,500.
The Harold Edelstein Foundation	4100 W Alameda Ave Ste 350 Burbank, CA 91505	06/30/23	27,500.
The Marcia Israel Foundation, Inc.	1925 Century Park East, 16th Floor Los Angeles, CA 90067	06/30/23	25,000.
The Oasis Institute	11780 Borman Dr Ste 400 Saint Louis, MO 63146	06/30/23	68,726.
The Ralph M. Parsons Foundation	888 W 6th St 7th Fl Los Angeles, CA 90017	06/30/23	50,000.
The Ronald Newburg Foundation	9171 Wilshire Blvd Ste 650 Beverly Hills, CA 90210	06/30/23	5,000.
The Rose Hills Foundation	225 S Lake Ave Ste 1250 Pasadena, CA 91101	06/30/23	100,000.
The Thaler Family Trust	10880 Wilshire Blvd Ste 2200 Los Angeles, CA 90024	06/30/23	5,000.
The Von Der Ahe Foundation	4605 Lankershim Blvd #707 North Hollywood, CA 91602	06/30/23	15,000.
Timothy F. Guth	2 Hidden Creek Irvine, CA 92620	06/30/23	10,000.
United Way	701 North Fairfax St Alexandria, VA 22314	06/30/23	454,899.

St. Vincent Senior Citizen Nutrition Pro

95-3696693

Vincent F. Guinan	2212 El Molino Ave #M302 Altadena, CA 91001	06/30/23	7,500.
Vincent G. Maher	4213 Camellia Ave Studio City, CA 91604	06/30/23	5,025.
W. M. Keck Foundation	515 S Flower St Ste 800 Los Angeles, CA 90071	06/30/23	13,000.
Wallis Annenberg GenSpace	12005 Bluff Creek Dr Playa Vista, CA 90094	06/30/23	11,000.
William Leonard Zachary Trust	2527 Washington Ave Santa Monica, CA 90403	06/30/23	15,344.
William M. Keck Jr. Foundation	P.O. Box 661157 Los Angeles, CA 90066	06/30/23	75,000.
Total included on line 3			<u>3,160,184.</u>

CA 199	NonCash Contributions Included on Part I, Line 3	Statement 2
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<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Kate Farms, Inc.	101 Innovation Place Santa Barbara, CA 93108		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Nutrition drinks	06/30/23	21,360.	21,360.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Laderach	537 Fifth Avenue Mezzanine Level New York, NY 10017		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Assorted chocolates, truffles, and tartufi	06/30/23	41,077.	41,077.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Liquid I.V.	127 Nevada St. El Segundo, CA 90245		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Hydration packs	06/30/23	103,392.	103,392.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Los Angeles Reginal Food Bank	1734 E 41st Street Los Angeles, CA 90058		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food items	06/30/23	56,870.	56,870.

Total included on line 3	222,699.	222,699.
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CA 199	Gross Amount from Sale of Assets			Statement	3
Description	Date Acquired	Date Sold	Method Acquired		
Disposal of vehicle	03/01/09	10/14/22	PURCHASED		
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price	
	25,292.	25,292.	0.	1,500.	
Total to Form 199, Page 2, ln 6	25,292.	25,292.	0.	1,500.	

CA 199	Other Income	Statement	4
Description		Amount	
Miscellaneous		424.	
Admin service		100,000.	
Prepared meals		1,362,510.	
Total to Form 199, Part II, line 7		1,462,934.	

CA 199 Compensation of Officers, Directors and Trustees Statement 5

<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Veronica Dover 2303 Miramar Street Los Angeles, CA 90057	CEO/Executive Director 40.00	272,341.
Sister Joyce Weller, D.C. 2303 Miramar Street Los Angeles, CA 90057	Chairperson 2.00	0.
Mr. Michael F. Giron 2303 Miramar Street Los Angeles, CA 90057	Vice Chair 2.00	0.
Gaynor B. Rabin 2303 Miramar Street Los Angeles, CA 90057	Secretary/Treasurer 2.00	0.
Ms. Barbara Barrett 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.
Sister Linda Ann Cahill, D.C. 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.
Sister Pacita Calica, D.C. 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.
Sister Marie Rachelle Cruz, D.C. 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.
Sister Margaret McDonnell, D.C. 2303 Miramar Street Los Angeles, CA 90057	Board Member 2.00	0.
Total to Form 199, Part II, line 11		<hr/> <u>272,341.</u> <hr/>

CA 199	Other Expenses	Statement	6
<u>Description</u>		<u>Amount</u>	
In-kind expense		295,998.	
Other expenses		225,634.	
Kitchen expenses		29,972.	
Dues & subscriptions		6,611.	
Direct expenses of fundraising events		162,431.	
Pension plan contributions		92,121.	
Other employee benefits		489,536.	
Accounting fees		83,582.	
Professional fundraising fees		246,444.	
Other professional fees		360,124.	
Office expenses		417,222.	
Travel		132,308.	
Insurance		37,142.	
All other expenses		1,790.	
Total to Form 199, Part II, line 17		<u>2,580,915.</u>	

CA 199	Other Investments	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Pooled investment fund		28,460,771.	27,310,194.
Total to Form 199, Schedule L, line 9		<u>28,460,771.</u>	<u>27,310,194.</u>

CA 199	Other Assets	Statement	8
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Pledges and Grants Receivable		457,489.	551,675.
Prepaid Expenses and Deferred Charges		147,965.	49,507.
Charitable gift annuities		53,063.	49,225.
Deposits		9,566.	11,771.
Right-of-use assets - operating leases		0.	41,295.
Right-of-use assets - financing leases		0.	24,935.
Total to Form 199, Schedule L, line 12		<u>668,083.</u>	<u>728,408.</u>

CA 199	Bonds and Notes Payable	Statement	9
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Escrow Account Liabilities		20,949.	19,602.
Total to Form 199, Schedule L, line 16		20,949.	19,602.

CA 199	Other Liabilities	Statement	10
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Note payable to related entity		2,853,851.	2,754,293.
Leases liabilities - financing leases		38,825.	29,842.
Leases liabilities - operating leases		0.	32,795.
Total to Form 199, Schedule L, line 18		2,892,676.	2,816,930.

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement	11
<u>Description</u>		<u>Amount</u>	
Unrealized gain on investments		755,074.	
Total to Form 199, Schedule M-1, line 7		755,074.	

CA 199	Fund Balances	Statement	12
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Net assets without donor restrictions		28,982,410.	28,261,602.
Net assets with donor restrictions		3,811,126.	3,420,135.
Total to Form 199, Schedule L, line 21		32,793,536.	31,681,737.

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.	Identifying number 95-3696693
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	7,569,914
2 Total gross income (Form 199, line 8)	2	7,569,914
3 Total expenses and disbursements (Form 199, line 9)	3	9,436,787

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	_____	_____	CEO/EXECUTIVE DIRECTOR
	Signature of officer	Date	Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P02037008
	Firm's name (or yours if self-employed) and address	HARRINGTON GROUP, CPAS, LLP 2698 MATARO STREET PASADENA, CA			Firm's FEIN 95-4557617 ZIP code 91107

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	Firm's FEIN ZIP code		

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>ST. VINCENT SENIOR CITIZEN NUTRITION PROGRAM, INC.</u> Name of Organization</p> <p><u>ST. VINCENT MEALS ON WHEELS</u> List all DBAs and names the organization uses or has used</p> <p><u>2303 MIRAMAR STREET</u> Address (Number and Street)</p> <p><u>LOS ANGELES, CA 90057</u> City or Town, State, and ZIP Code</p> <p><u>(213) 484-7778</u> <u>VDOVER@STVINCENTMOW.ORG</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT41750</u></p> <p>Corporation or Organization No. <u>0991560</u></p> <p>Federal Employer ID No. <u>95-3696693</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 7,407,483 Noncash Contributions \$ 295,998 Total Assets \$ 35,154,430
 Program Expenses \$ 7,122,081 Total Expenses \$ 9,274,356

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 13	X	
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

VERONICA DOVER	CEO/EXECUTIVE DIRECTOR		
Signature of Authorized Agent	Printed Name	Title	Date

CA RRF-1

Information Regarding Commercial
Fundraising Services
Part B, Line 4

Statement 13

RMH Media
548 S. Spring St.#910
Los Angeles, CA 90013