Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 1 October 2015, and ending 30 September , 20 C Name of organization B Check if applicable D Employer Identification number Society of St Vincent de Paul, St Andrew Conference Address change 26 2969654 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Industriation (513) 831-7837 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Milford, Ohio 45150 Number ▶ 5496 Application pending ✓ Cash ☐ Accrual Other (specify) ▶ H Check ► ☑ if the organization is not G Accounting Method: required to attach Schedule 8 Website: ▶ (Form 990, 990-EZ, or 990-PF). ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 ✓ Other non profit charitable organization K Form of organization: Corporation Trust ☐ Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 42108 05 Revenue, Expenses, and Changes in Net Assets or Fund-Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I \square Contributions, gifts, grants, and similar amounts received. 34754.33 OSC 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments 3 0 4 4 7353 72 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 0 7a Gross sales of inventory, less returns and allowances . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 0 Я 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 42108 05 10 Grants and similar amounts paid (list in Schedule O) 10 33921 21 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . . . 12 0 Expenses 13 Professional fees and other payments to independent contractors 13 3636 15 14 14 6326.53 15 1101 84 15 16 16 ٥ 44985 73 17 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) (2877.68)18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 214126 61 19 12168 26 20 Other changes in net assets or fund balances (explain in Schedule O) 20 223417 19 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2015)



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	990-EZ (2		D W		 _			Page 2	
Pa	rt li	Balance Sheets (see the instructions f			D4 II			<u>—</u>	
		Check if the organization used Schedule	O to respond to ar	y question in this	(A) Beginning of		• •	(B) End of year	
22	Cack	n, savings, and investments		<u> </u>			22		
23		I and buildings		· · · · · · 			=	220417.13	
24		er assets (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·		\rightarrow		
25		l assets					25		
26					-,, 	14126 61 22 223417.19 23 24 25 26 26 27 223417.19 26 27 223417.19 28 28 28 28 28 28 28 2			
27		assets or fund balances (line 27 of column	(B) must agree with	n line 21)	214	126 61	27	223417 19	
ar	t III	Statement of Program Service Accom			Part III)				
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III .	. 🕖	_	•	
Vha	t is the	organization's primary exempt purpose?	non profit chantable o	rganization					
esc	cribe th	e organization's program service accomplis	shments for each of	f its three largest p	rogram servi	ces,	orga	nizations, optional for	
s n	neasure	d by expenses. In a clear and concise m	anner, describe the				othe	uar)	
ers		nefited, and other relevant information for ea							
28		temporary shelter expense. It is estimated that the	nis grant helped 435 pe	eople with rent payme	nts and				
	short to	erm shelter						ļ	
		4000 40						10000 10	
	(Grant					ᆜᅱ	28a	10863 12	
29		expense. It is estimated that this grant helped 500	people pay their natur	rai gas, oii, propane, e	electric and			}	
	water t	onio						ļ	
	(Grant	s \$ 10031 39) If this amount	includes foreign gra	inte chack hara			200	10031 30	
30						<u>.u</u>	258	10031 39	
30		ther relief agency expense It is estimated that this grant helped 220 people avert a variety of personal invival issues by answering calls for help from other relief agencies							
		and the state of t						ł	
	(Grant	s \$ 4409 00) If this amount	includes foreign gra	ints, check here	personal 30a 4409 4409 4409 4409 4409 4409 4409 44	4409.00			
31		program services (describe in Schedule O)							
	(Grant	. •	includes foreign gra	ints, check here			31a	8617 70	
32	Total	program service expenses (add lines 28a t				•	32	33921 21	
ar	t IV	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated-se	e the in	struc	ctions for Part IV)	
		Check if the organization used Schedule	O to respond to ar	ny guestion in this	Part IV .	<u> </u>	<u>.</u> .	<u> </u>	
-			(b) Average	(c) Reportable compensation	(d) Health be		20 (0)	Estimated amount of	
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plan				
			devoted to position	(if not paid, enter -0-)	deferred comp	ensation	`	· · · · · · · · · · · · · · · · · · ·	
Cliff	Apel - P	resident	10						
		ong Way, Milford, Ohio 45150			0		0	0	
		umann - Secretary	6					_	
		one Way, Milford, Ohio 45150			0			0	
		ner - Treasurer	4	ĺ				•	
		Rule Ct , Loveland, Ohio 45140 ger - Assistant Treasurer			9		4		
		ge Ln , Milford, Ohio 45150	3		o		٦	^	
		- Pantry Manager			4		4		
Fode		- Lanuy Manager	6	1			٦	n	
		tills Dr. Milford, Ohio 45150	}		i ii		IN	v	
		fills Dr , Milford, Ohio 45150		-	<u>U</u>		4		
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		Hills Dr , Milford, Ohio 45150							
		filis Dr , Milford, Ohio 45150							
		filis Dr , Milford, Ohio 45150							

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓.
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	304		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		J
41	List the states with which a copy of this return is filed ▶			
42a		513) 7		
b	Located at ► 6242 Seattle Rule Ct , Loveland, Ohio ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	45140	Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		. 53	140
	completed instead of Form 990-EZ	44a		1
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an]		
45	explanation in Schedule O	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
U	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	ļ		
	Form 990-EZ (see instructions)	45b		✓
	· · · · · · · · · · · · · · · · · · ·			

Form 99	90-EZ (2	015)								Р	age 4
46		ne organization engage, directly or in							46	Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	stions 47-49b ar	nd 52, an	nd com			-	or line	es
				4-5				-		Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec	otion in et	ffect du	nng the	tax	47		1
48	-	organization a school as described in		i)? If "Yes," comple	te Schedi	ule E			48		7
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?	٠			49a		√
b		es," was the related organization a se							49b	L	Ĺ
50		plete this table for the organization's									
	empi	oyees) who each received more than	1 \$ 100,000 of compe			Health be		e, en	ter iv	one.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib benefit	outions to plans, an			(e) Estimated arr other compens		
None											
				 							
				 	+						
				1			ł				
				 							
f	Total	number of other employees paid ov	er \$100,000	. ▶	0						
51		plete this table for the organization			ent contra	actors v	vho each	rec	eived	more	than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."							
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	Ì	(c)	Com	pensati	on	
None				 							
			-	1							
											
				1							
				-							
				 							
				†							
d	Total	number of other independent contra	actors each receiving	over \$100.000 .	. ▶			0			
52	Did	the organization complete Scheduleted Schedule A			rganizatio	ns mu	st attach		Yes		No.
l Inder 5		of perfury, I declare that I have examined this i	estum including accompan	nung schadules and stol	emente en	to the h	et of my b				No
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has any	knowledg	e.	OWIGO	ige and	i bollor,	11 13
	$\neg \uparrow$	Robert J. Wa	gner			I 1/	22/1	7			
Sign	[Signature of officer	Jan - 13.	EA 6. 1 1 1 1		Date					
Here		Type or print name and title	SNER TR	EASURER							
	L	Print/Type preparer's name	Preparer's signature		Date				PTIN		
Paid		Time typo proporter o rigino	1]	Check Lself-emplo	. If }			
Prep Use		Firm's name	<u>, l</u>	- , - , - , - , - , - , - , - , - , - ,		Firm's	EIN ▶				
		Firm's address ▶				Phone					
May t	he IRS	discuss this return with the prepared	shown above? See	instructions				▶ 「	Yes	П	No

SCHEDULE A (Porm 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization
Society of St. Vincent de Paul, St. Andrew Conference

Open to Public

OMB No. 1545-0047

2015

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

26 2969654 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iii) Type of organization (I) Name of supported organization (iv) is the organization (v) Amount of monetary (vii) Amount of (described on lines 1~9 listed in your governing support (see other support (see above (see instructions)) document? Instructions) Instructions) Yes (A) (B) (C) (D) (E)

Total

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

(Complete only if you checked the box on line 9 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.)

	if the organization rails to quality	under me res	is listed belo	w, please co	Inhiere Lair II	1	
	on A. Public Support		#1.05:5		10.0011	410000	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees					24754 20	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	43066 81	40231 84	42356.10	40617 90	34754 33	201026 98
2	sold or services performed, or facilities		ŀ	İ	l	Ì	
	fumished in any activity that is related to the	1		ĺ	{	1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	į		j	ļ	}	
	unrelated trade or business under section 513						
4	Tax revenues levied for the		İ	-	ĺ	[
	organization's benefit and either paid		1	Į.	i	ŀ	
	to or expended on its behalf						
5	The value of services or facilities	i			ļ	1	
	furnished by a governmental unit to the	ľ	ĺ	Ī	Í		
	organization without charge						
6	Total. Add lines 1 through 5	43066 81	40231 84	42356 10	40617 90	34754.33	201026.98
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			[1	
ь	Amounts included on lines 2 and 3						
	received from other than disqualified	}	j]	j	1	
	persons that exceed the greater of \$5,000	ļ	1	1	ì	1	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b [
8	Public support. (Subtract line 7c from						
	line 6.)						201026.98
	on B. Total Support		 				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	43066 81	40231.84	42356 10	40617 90	34754 33	201026 98
10a	Gross income from interest, dividends,		İ	1		1	
	payments received on securities loans, rents,	<u>{</u>		ĺ		[
	royalties and income from similar sources .	6952.31	7065 64	10202.93	12038.81	7353.72	43613.41
Ь	Unrelated business taxable income (less)		1		}	
	section 511 taxes) from businesses	i	ĺ			1	
	acquired after June 30, 1975						
C	Add lines 10a and 10b	6952 31	7065 64	10202.93	12038 81	7353.72	43613,41
11	Net income from unrelated business		}		}	}	
	activities not included in line 10b, whether]]		
	or not the business is regularly carried on			l			
12	Other income. Do not include gain or		ł	1	Į	T	_
	loss from the sale of capital assets	ļ	į	ļ]		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		[1	1		
	and 12.)	50019 12	47297 48	52559 03	52656 71	42108 05	244640 39
14	First five years. If the Form 990 is for th	-	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her			· · · · · ·	<u> </u>	<u> </u>	· · 🕨 🗆
	on C. Computation of Public Suppor				· - · · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2015 (line 8	•	•	• • • • • • • • • • • • • • • • • • • •		15	82.2 %
16	Public support percentage from 2014 Sch					16	830 %
	on D. Computation of Investment Inc					1 4 1	
17	Investment income percentage for 2015 (I					17	17.8 %
18	Investment income percentage from 2014					18	170 %
19a	331/a% support tests—2015. If the organi						
	17 is not more than 331/8%, check this box a						_
þ	331/x% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this b	•			-		
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗍

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**15**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

26 2969654 Society of St. Vincent de Paul, St. Andrew Conference Line 20 - This value represents unrealized gains on investments carned at market value Line 31 - Schedule of other program services: 1 Client food needs - 1274 14 2 Client medical needs - 237 82 3 St. Martin District Council - 2500 00 4 Client auto needs - 1562 37 Miscellaneous expenses - 3043 37