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)

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

Open to Public

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Inspection

A For the 2015 calen	dar year, or tax year beginning	10-01 , 2015, and	ending		9-30 ,20	16
B Check if applicable	C Name of organization			D Employ	er identifica	tion number
Address change	Society of St Vincent de Paul Co	nference of St	Pet	45-	1265348	
Name change	Number and street (or P O box, if mail is not delivered to street add	tress) F	Room/suite	E Telepho	ne number	
Initial return						
Final return/terminated	P O Box 8192			(90	9)367-06	29
Amended return	City or town, state or province, country, and ZIP or foreign postal co	ode		F Group E		
Application pending	Rancho Cucamonga, CA 91701-0192		[	Number	·	5496
G Accounting Method						anization is <b>not</b>
I Website: ▶	Zig Codsii				ıttach Schedu	
111	(check only one) - 🗶 501(c)(3) ☐ 501(c)( ) ◀ (ins	4047(2)(4)		•	990-EZ, or 99	
			527	(FOIII 990, 8	990-EZ, <u>01</u> 99	-PF)
K Form of organization	_ ·					
	d 7b to line 9 to determine gross receipts. If gross recei		re, or ir total a	ssets		44 500
	ow) are \$500,000 or more, file Form 990 instead of Form				<u>▶ \$</u>	44,523
<del></del>	ue, Expenses, and Changes in Net Asse			nstruction	is for Part I	
- NJ	If the organization used Schedule O to respond	to any question in th	nis Part I			<u>x</u>
	ons, gifts, grants, and similar amounts received				1	44,523
2 Program s	ervice revenue including government fees and contract	s	•		2	
3 Membersh	up dues and assessments .				3	
4 Investmen	t income .				4	
5a Gross amo	ount from sale of assets other than inventory	5a	<u> </u>			
<b>b</b> Less cost	or other basis and sales expenses	5b				
g c Gain or (lo	ss) from sale of assets other than inventory (Subtract li	ne 5b from line 5a)			5c	
	nd fundraising events			[		
a Gross inco	ome from gaming (attach Schedule G if greater than					
\$15,000)		6a		]		
E4 14	ome from fundraising events (not including \$		of contribution	s		
from fundr	aising events reported on line 1) (attach Schedule G if t					
Sum of suc	ch gross income and contributions exceeds \$15,000)	6b		ļ		
32 c Less direc	ct expenses from gaming and fundraising events	L				
d Net incom	e or (loss) from gaming and fundraising events and lim	and 6b and subtra	uct			
line 6c)	e or (1033) from gaining and fundralating events pageting	paralla ob ana subtra		Ì	6d	
	es of inventory, less returns and allowanceFEB 1 (	) 20.17   7a	1	-	ou	
- M.		. 7b				
5 to 8 Less cost	of goods sold	· <u>/ / / / / / / / / / / / / / / / / / /</u>	<u> </u>			
C Gross pro	fit or (loss) from sales of inventory (Subacting 75 for	Entity		ŀ	7c	
So Other reve	ende (describe in Scheddie O)			-	8	
	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	·			9	44,523
10 Grants and	d similar amounts paid (list in Schedule O)			<u> </u>	10	45,016
11 Benefits p	aid to or for members	RECEIVE	:U	. ]	11	
12 Salaries, c	ther compensation, and employee benefits		$\sim$	Ļ	12	
13 Profession	al fees and other payments to independent contractors	<b>葵</b> FEB 07 20	17 19	]	13	
13 Profession 14 Occupance	other compensation, and employee benefits hal fees and other payments to independent contractors y, rent, utilities, and maintenance	图   1200112	17 SOS	ļ	14	
15 Printing, p	ublications, postage, and shipping			Ĺ	15	
11 Benefits p. 12 Salaries, c. 13 Profession 14 Occupance 15 Printing, p. 16 Other exp. 17 Total exp. 18 Excess or 19 Net assets	enses (describe in Schedule O)	OGDEN, I	<u> </u>		16	1,448
17 Total export 18 Excess or 19 Net assets end-of-year	enses. Add lines 10 through 16 .				17	46,464
2 18 Excess or	(deficit) for the year (Subtract line 17 from line 9)				18	(1,941
19 Net assets	s or fund balances at beginning of year (from line 27, co	lumn (A)) (must agree v	vith			
end-of-vea	ar figure reported on prior year's return)			Į	19	10,645
20 Other cha	nges in net assets or fund balances (explain in Schedu	le O)	•	Ī	20	
21 Net assets	s or fund balances at end of year Combine lines 18 thro		·	▶	21	8,704
	ction Act Notice can the congrete instructions		<del></del>			m 000 E7 (2015)

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Form 990-EZ (2015)

Part II Balance Sheets (see the instructions for Part II)		II		-	П
Check if the organization used Schedule O to respond	to any question in this Pa		nning of year	T-	(B) End of year
22 Cash, savings, and investments		(A) De	10,645	22	8,704
23 Land and buildings	•		0	23	0,,01
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			10,645	25	8,704
26 Total liabilities (describe in Schedule O)		<del></del>	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		10,645	27	8,704
Part III Statement of Program Service Accomp		structions for Part III)		1-1	
Check if the organization used Schedule O to respond	·	·	П		Expenses
What is the organization's primary exempt purpose? Assistance			<del>-</del> -	1	quired for section
<del></del>					(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea as measured by expenses In a clear and concise manner, describe				1	anizations, optional for
persons benefited, and other relevant information for each program ti		e namber of		othe	rs)
28 See General Explanation					
(Grants \$ ) If this amount i	includes foreign grants, c	heck here	<b>&gt;</b>	28a	45,01
29					
(Grants \$ ) If this amount i	includes foreign grants, c	heck here	<b>&gt;</b>	29a	, ]
30					
(Grants \$ ) If this amount i	includes foreign grants, c	heck here	<u> </u>	30a	·
31 Other program services (describe in Schedule O)				}	1
(Grants \$ ) If this amount	includes foreign grants, c	heck here	▶ 🗓	31a	<del></del>
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
Part IV List of Officers, Directors, Trustees, and Key Empl	<u>.</u>	•	- see the instru	ctions	for Part IV)
Check if the organization used Schedule O to respond	to any question in this P	art IV	<sub>1</sub>		<u>_</u>
	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, an		other compensation
	devoted to position	(if not paid, enter -0-)	deferred compens.	ation	
Sherry Baer		}		ا	
Secretary	5.00			_ 4	0
Scott Schwartz	5 00	)		ام	
Vice President Renee Wolfram	5.00			- 4	0
Treasurer	5.00	ĺ,	{	٦	0
Mike Parker		<del> </del>	<del> </del>		
Past President	5.00	1	{	d	0
Barbara Marsden	3.00	<del> </del>			<del>_</del>
Assit Treasurer	5.00	1	ļ	d	o
Mark Moynihan			]		
President	5.00	1		d	0
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	· instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			[
	detailed description of each activity in Schedule O	33		X
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	}	ł	
	change on Schedule O (see instructions)	34	Ì	X
35 a	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	[	Х
b	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		
	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	ļ	Х
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	}	х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		ļ ———	
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	10.0		
<b>00 u</b>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	{	Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b	300		1
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9	1	1	
a	Gross receipts, included on line 9, for public use of club facilities	-	Ì	
		-{		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
L	section 4911 ▶ , section 4912 ▶ , section 4955 ▶  Section 501(a)(2) = 501(a)(2)			
D	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			77
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			
	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 .			
е	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	L	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ Renee Wolfram Telephone no ▶ 909-3	67-0	629	
	Located at ▶ P O Box 8192, Rancho Cucamonga, CA ZIP+4 ▶ 91701	-019	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country.		1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		-	
	Financial Accounts (FBAR)		1	
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	$T^-$	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	1
-	explanation in Schedule O .	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	X
b		734	-	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	AEL	1	X
		45b orm 99	)n-E7	<del></del>
		J. 111 J.	, U-E-E	(とひょひ)

0-EZ (2015) Society of St.	Vincent de Paul C	Conference of St	Pet 45-1	L265348 Page 4
		t a bat 16 of		Yes No
Did the organization engage, directly or indirectly,	· ·	ities on behalf of or in opp	osition	10 37
to candidates for public office? If "Yes," complete		<u> </u>	·	46 X
		tions 47 40h and 52	and complete the t	ables for lines
, , , ,	s must answer quest	110115 47 430 and 32,	and complete the t	ables for liftes
	chedule O to respond	to any guestion in t	hie Part \/I	П
Check if the organization used St	nedule O to respond	to any question in	IIIS FAIL VI .	Yes No
Did the arrangement and are in labeling activities	or have a cooken FO1/h) o	lastion in offset distinct the	to	Tes No
	or have a section 50 r(n) e	rection in effect during the	lax	47 V
•	- 470/L\/4\/A\/.\0 If II\/	Nananalata Cabadula E		47 X 48 X
			•	
	•	organization .		<del></del>
	=			49b
		·		
employees) who each received more than \$100,0	00 of compensation from t	he organization If there is	s none, enter "None "	
	(b) Average	(c) Reportable	(d) Health benefits,	(e) Estimated amount of
(a) Name and title of each employee	hours per week	compensation	benefit plans, and deferred	other compensation
	devoted to position	(Forms W-2/1099-MISC)	compensation	ļ
		ļ		
		J	J	
		ļ-		<del> </del>
		<del> </del>		
	<u> </u>	<u> </u>		<u> </u>
				1
Total number of other employees paid over \$100,0	DOO •		_	
	•		n received more than	
\$100,000 of compensation from the organization	If there is none, enter "No	ne "	<del></del>	
(a) Name and business address of each independent cor	ntractor	(b) Type of service	e	(c) Compensation
<del></del>		<del></del>		
				<del></del>
<del></del>		<del> </del>		
Total number of other independent contractors ea	<del>-</del>			
Did the organization complete Schedule A? Note.	<del>-</del>			
Did the organization complete Schedule A? <b>Note</b> completed Schedule A	All section 501(c)(3) orga	nizations must attach a		▶ ဩ Yes ☐ No
Did the organization complete Schedule A? <b>Note</b> completed Schedule A penalties of perjury, I declare that I have examined this in	All section 501(c)(3) orga	nizations must attach a		<del></del>
Did the organization complete Schedule A? <b>Note</b> completed Schedule A penalties of perjury, I declare that I have examined this orrect, and complete Declaration of preparer (other than	All section 501(c)(3) orga	nizations must attach a	any knowledge	ledge and belief, it is
Did the organization complete Schedule A? Note completed Schedule A  penalties of perjury, I declare that I have examined this orrect, and complete Declaration of preparer (other than Mark Moynithm	All section 501(c)(3) orga	nizations must attach a	any knowledge 01-17	<del></del>
penalties of perjury, I declare that I have examined this correct, and complete Declaration of preparer (other than Signature of officer Pasters PA	All section 501(c)(3) orga	nizations must attach a	any knowledge	ledge and belief, it is
penalties of perjury, I declare that I have examined this is correct, and complete Declaration of preparer (other than Signature of officer Pasters Pa	All section 501(c)(3) organication, including accompanying officer) is based on all inform	nizations must attach a	any knowledge 01-17	ledge and belief, it is
penalties of perjury, I declare that I have examined this correct, and complete Declaration of preparer (other than Signature of officer Packets Pakers Type or print name and title	All section 501(c)(3) organication, including accompanying officer) is based on all information.	nizations must attach a g schedules and statements, nation of which preparer has	any knowledge 01-17 Date	ledge and belief, it is
penalties of perjury, I declare that I have examined this is correct, and complete Declaration of preparer (other than Signature of officer Pasters Pa	All section 501(c)(3) organication, including accompanying officer) is based on all inform	nizations must attach a	any knowledge 01-17 Date Check if	ledge and belief, it is
penalties of perjury, I declare that I have examined this correct, and complete Declaration of preparer (other than Signature of officer Packets Pakers Type or print name and title	All section 501(c)(3) orga	nizations must attach a g schedules and statements, nation of which preparer has	any knowledge 01-17 Date Check   If	ledge and belief, it is
penalties of perjury, I declare that I have examined this rorrect, and complete Declaration of preparer (other that Mark Moynihen  Signature of officer Paster Partype or print name and title  Print/Type preparer's name	All section 501(c)(3) orgaleturn, including accompanying officer) is based on all information.  Preparer's signature  Marie A Reichelt	nizations must attach a g schedules and statements, nation of which preparer has	any knowledge 01-17 Date Check   If	ledge and belief, it is
Did the organization complete Schedule A? Note completed Schedule A  penalties of perjury, I declare that I have examined this correct, and complete Declaration of preparer (other that Mark Moynihan Signature of officer Paulin Paulin Type or pint name and title  Print/Type preparer's name  Marie A Reichelt EA	All section 501(c)(3) orgaleturn, including accompanying officer) is based on all information.  Preparer's signature  Marie A Reichelt  Inc	nizations must attach a g schedules and statements, nation of which preparer has	Date  Check if self-employed	ledge and belief, it is
Did the organization complete Schedule A? Note completed Schedule A  penalties of perjury, I declare that I have examined this is correct, and complete Declaration of preparer (other than Signature of officer PAULER PAMER MOYNIHAM, Presiden Type or pint name and title  Print/Type preparer's name  Marie A Reichelt BA  Firm's name Accredited Tax	All section 501(c)(3) orgaleturn, including accompanying officer) is based on all information.  Preparer's signature  Marie A Reichelt  Inc	nizations must attach a g schedules and statements, nation of which preparer has	Date  Check if self-employed  Firm's EIN	ledge and belief, it is
	All section 501(c)(3) organization: 50 and 51. Check if the organization used So Did the organization engage in lobbying activities or year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section Did the organization make any transfers to an exe If "Yes," was the related organization a section 52 Complete this table for the organization's five high employees) who each received more than \$100,00  (a) Name and title of each employee  Total number of other employees paid over \$100,00 Complete this table for the organization's five high \$100,000 of compensation from the organization	All section 501(c)(3) organizations must answer quest 50 and 51.  Check if the organization used Schedule O to respond the organization engage in lobbying activities or have a section 501(h) engars? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes, Did the organization make any transfers to an exempt non-charitable related If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employeemployees) who each received more than \$100,000 of compensation from the organization of the each employeemployees and little of each employeemployeesmall in the organization of the expectation of	All section 501(c)(3) organizations must answer questions 47-49b and 52, 50 and 51.  Check if the organization used Schedule O to respond to any question in to the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, diremployees) who each received more than \$100,000 of compensation from the organization. If there is the organization of the employee (a) Name and little of each employee (b) Average hours per week devoted to position (Forms W-2/1099-MISC)  Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization. If there is none, enter "None "	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the t 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation.  (d) Health benefits, complete schedule Compensation.  (d) Health benefits, complete the schedule Compensation.  (d) Health benefits, compensation.  (d) Health benefits, complete the programization of the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number Name of the organization Society of St Vincent de Paul Conference of St Pet 45-1265348 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E) Total

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Society of St Vincent de Paul Conference of St Pet Page 2 45-1265348 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2014 (e) 2015 (f) Total (a) 2011 (b) 2012 (c) 2013 Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants") Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2015 (f) Total (d) 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2014 Schedule A, Part II, line 14 33 1/3% support test - 2015. 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 33 1/3% support test - 2014. 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 17a 10%-facts-and-circumstances test - 2015. 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 10%-facts-and-circumstances test - 2014. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

## 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.)

Se	ction A. Public Support				···-		
Cal	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	53,147	61,077	59,270	49,952	44,523	267,969
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				237332	11,020	201,333
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	53,147	61,077	59,270	49,952	44,523	267,969
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						267,969
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	53,147	61,077	59,270	49,952	44,523	267,969
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						· · · · · ·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						·
13	Total support. (Add lines 9, 10c, 11, and 12)	53,147	61,077	59,270	49,952	44,523	267,969
14	First five years. If the Form 990 is for the org	janization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	)	
50	organization, check this box and stop here ction C. Computation of Public Su	Innort Boroon(	1000	-	•		▶ ∐
<u> </u>	Public support percentage for 2015 (line 8, co					15	100.00 %
16	Public support percentage from 2014 Schedu	• • • • • • • • • • • • • • • • • • • •	. , ,			16	100.00 % 100.00 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2015 (line	10c, column (f) divi	ded by line 13, colu	ımn (f))		17	0.00 %
18	Investment income percentage from 2014 Sc	hedule A, Part III, Iır	ne 17		. [	18	0.00 %
19a	33 1/3% support tests - 2015. If the organization of the support tests - 2015, if the organization is not more than 33 1/3%, check this box at	ation did not check t and <b>stop here.</b> The	the box on line 14, a organization qualif	and line 15 is more ies as a publicly su	e than 33 1/3%, and upported organizati	d line on	▶ 🏻
b	33 1/3% support tests - 2014. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not check a	a box on line 14 or	line 19a, and line 1	6 is more than 33	1/3%, and	▶ □
20	Private foundation. If the organization did no					·	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organiz	zations
-----------------------------------	---------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		,
`	3b		
)	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	5b 5c		
	90		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	polow, the determine seal, or a cabbarree and an assessment and a seal and a	11a		
b	training mombor of a person accommon in (a) accommon in (a)	11b		
	11 00 % Contacting of a percent deciment with the transfer of the contact of the	11c		
Sect	ion B. Type I Supporting Organizations	—т	Yes	No
	D. Lilly adversarial trackers are more barehin of one or more supported organizations have the power to		163	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	İ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ĺ	
	organizations and what contained or roothotions, in any, approved to easily powers and any			
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? If "Yes," explain in Part	l		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion 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			ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			İ
	or management of the supporting organization was vested in the same persons that controlled or managed	4		ĺ
Can	the supported organization(s).			
Sec	ion 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		Ĺ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ĺ
_	-			
3	By reason of the relationship described in (2), 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? If "Yes," describe in <b>Part VI</b> the role the organization's	:		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstrı	uction	ns).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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? 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	2a		
<b>L</b>	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<del> </del>	<del>                                     </del>
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		ŧ	
	activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.		!	
a	The state of the s		1	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	1

Sched	ule A (Form 990 or 990-EZ) 2015 Society of St Vincent de Paul Conference	e of	St Pet 45-120	55348 Page (
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970. See	instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	······································	(0000,100)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	· · · · · · · · · · · · · · · · · · ·	
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
	lection of gross income or for management, conservation, or			
	aintenance 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		
Sect	tion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	T		
ins	tructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b	-	
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	<del> </del>	······································	***************************************
	ctors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt-use assets	2	***************************************	
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	***************************************	
2	Enter 85% of line 1	2		
3	Mınımum 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 tay imposed in prior year	5		

ь	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	ł			
en	nergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	-ınte	grated	Type III supporti	ng organization (s	ee
	instructions)					

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A (Form 990 or 990-EZ) 2015 Society of St Vincent de	Paul Conference o	f St Pet 45-126	55348 Page
Par	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sec	tion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	tions		
_4_	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а			***************************************	***************************************
b				······································
С			***************************************	······································
d	From 2013 .			
е	From 2014	<u> </u>	***************************************	······································
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			······································
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)	<u> </u>	***************************************	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section		***************************************	
	D, line 7. \$			
а	Applied to underdistributions of prior years	<u> </u>		······································
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		***************************************	······································
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
- 0	Breakdown of line 7:			· · · · · · · · · · · · · · · · · · ·

а

c Excess from 2013 d Excess from 2014 e Excess from 2015

Pa	aе	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,		
•			
	3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
· · · · · · · · · · · · · · · · · · ·			
-			
<u> </u>			
-			

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Society of St Vincent de Paul Conference of St Pet

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

Employer identification number

45-1265348

01. General explanation a	ttachment
The Organization is a Con	ference member of the Society of St Vincent De Paul. They
continue the service to t	he poor that St Vincent De Paul started. They serve the needy and
poor in their community.	They assist with Food, Clothing and other needs. They assisted
1145 people during the fi	scal year and made 112 vists to homes of the poor, as well as 294
other in-person visits.	
02. List of grants and si	milar amounts paid (Part I, line 10)
Activity	Assistance
Grantee	Assistance to the Poor
Street	P O Box 8192
City, State, Zip	Rancho Cucamonga, CA 91701
Amount	45,016
03. Description of other	expenses (Part I, line 16)
Description	Amount
Tax Preparation	195
Operating Expenses-suppli	es/telepho 1,228
State Filings	25