

**Return of Organization Exempt From Income Tax**

**2013**

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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

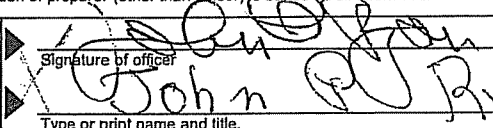
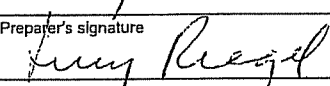
**A** For the 2013 calendar year, or tax year beginning Oct 1, 2013, and ending Sep 30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Society of St Vincent de Paul</u> Doing Business As <u>(Archdiocesan Council of Indianapolis)</u>		<b>D</b> Employer Identification Number <u>37-1507632</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3001 E 30th Street</u>		<b>E</b> Telephone number <u>(317) 924-5769</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Indianapolis IN 46218</u>		<b>G</b> Gross receipts \$ <u>2,415,124.</u>
	<b>F</b> Name and address of principal officer: <u>John P Ryan 5716 Washington Blvd Indianapolis IN 46220</u>		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> 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	<b>H(c)</b> Group exemption number ▶ <u>5496</u>	
<b>J</b> Website: ▶ <u>N/A</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1946</u> <b>M</b> State of legal domicile: <u>IN</u>

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Society of St Vincent de Paul (Archdiocesan Council of Indianapolis) provides support services and supplies to individuals and families in need, without discrimination. It is operated by volunteers only, and donations come from individuals, businesses, other organizations.</u>		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	10,325
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,107,009.	2,349,815.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,336.	65,309.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,202,345.	2,415,124.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>39,482.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,277,815.	2,336,301.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,277,815.	2,336,301.	
19 Revenue less expenses. Subtract line 18 from line 12	-75,470.	78,823.	
Net Assets of Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,313,645.	End of Year 4,392,468.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	4,313,645.	4,392,468.

**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.

<b>Sign Here</b>	Signature of officer 	Date <u>7/24/15</u>				
	Type or print name and title. <u>John P Ryan President</u>					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Lucy Riegel</u>	Preparer's signature 	Date <u>7-21-15</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00035235</u>	
	Firm's name ▶ <u>LUCY RIEGEL CPA, P.C.</u>	Firm's EIN ▶ <u>35-1871812</u>		Phone no. <u>(317) 283-6755</u>		
	Firm's address ▶ <u>4631 BOULEVARD PLACE</u> <u>INDIANAPOLIS IN 46208</u>					
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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 Society of St Vincent de Paul (Archdiocesan Council of Indianapolis) provides support services and supplies to individuals and See Form 990, Page 2, Part III, Line 1 (continued)

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 472,175. including grants of \$ 0.) (Revenue \$ 0.)

Pratt Quigley Food Pantry provides free food to the needy regardless of race, religions. Food stuffs are procured from Gleaners Food Bank, private donors and bulk purchases from vendors (special works division)

Persons served: 75,630
Number of volunteer hours: 64,741

4 b (Code: ) (Expenses \$ 284,402. including grants of \$ 0.) (Revenue \$ 0.)

Distribution Center provides free distribution of furniture, appliances, beds, household goods & clothing to the needy. (special works division)

Persons served: 4,557
Number of volunteer hours: 28,558

4 c (Code: ) (Expenses \$ 838,352. including grants of \$ 0.) (Revenue \$ 0.)

Fifty conferences covering central and southern Indiana provide food, clothing, household goods and financial aid to the needy regardless of race, religion or gender. (local conferences division)

Number of people helped: 47,956
Number of volunteer hours: 26,705

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ 543,948. including grants of \$ 0.) (Revenue \$ 287,296.)

4 e Total program service expenses 2,138,877.