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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including A (calendar year), B (check if applicable), C (name of organization), D (employer ID number), E (telephone number), F (group exemption number), G (accounting method), H (check if required to attach Schedule B), I (website), J (tax-exempt status), K (form of organization), L (add lines 5b, 6c, and 7b).

Part I 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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total is 10235, Total Expenses is 12979, and Net Assets at end of year is 4966.

04232 86414 JAN 14 2015

SCANNED JAN 27 2015

#006 JAN 06 2015 Rec'd Entity

Handwritten initials 'JS' and number '4'

RECEIVED JAN 05 2015 OGDEN, UT IRS-OSC

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,114	1,017
23 Land and buildings		
24 Other assets (describe in Schedule O)	14,294	15,001
25 Total assets	15,408	16,018
26 Total liabilities (describe in Schedule O)	17,629	20,984
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(2,222)	(4,966)

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TRAINING OF DISABLED IN WORK ENVIRONMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>EMPLOYED TRAINER TO TRAIN WORKERS</u>		28a <u>3,414</u>
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29 <u>FACILITIES UTILIZED FOR TRAINING</u>		29a <u>4,028</u>
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		31a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)		32 <u>7,442</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>PAUL CABLER</u> <u>PRESIDENT - DIR</u>	<u>24</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>RANDY G. FRED</u> <u>TREASURER - DIR</u>	<u>5</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>DAN HOMAN</u> - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>TINA JOLER</u> - SEC - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>JOHN MITCHELL</u> - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>JAMES PRATT</u> - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>DOYLE PEARL</u> - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>KEN MOATS</u> - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>RALPH FRYZELKA</u> - DIR	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>MATTHEW EAKES</u> - TRAINER <u>ASST TRAINER</u>	<u>24</u>	<u>3,361</u>	<u>0</u>	<u>0</u>

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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>-0-</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <u>20774</u>	
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b <u>0</u>	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0</u> , section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3) and 501(c)(4) 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		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>PAUL CABLEK</u> Telephone no ▶ <u>785 224-0124</u> Located at ▶ <u>612 N. 8th ST, ST MARYS, KS</u> ZIP + 4 ▶ <u>66536</u>		
b	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)? If "Yes," enter the name of the foreign country. ▶		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

50 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 (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 0

51 Complete this table for 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	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

<i>Paul S. Cabler</i>	12-31-14
Signature of officer	Date

PAUL S. CABLER - PRESIDENT
Type or print name and title

Paid Preparer Use Only

	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Pnnt/Type preparer's name				

	Firm's EIN
Firm's name	

	Phone no
Firm's address	

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

ST JOSEPHS WORKSHOP CORP

Employer identification number

27-2007832

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) PAUL CABLER	PRESIDENT			START-UP	3/10/10		1,000	20,773	
(2)		+ OPERATING										
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. **N/A**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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.

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▶ 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.

Name of the organization

ST JOSEPHS WORKSHOP CORP

Employer identification number

27-2007832

LINE 16 OTHER EXPENSES

SUPPLIES 1691

TELEPHONE 875

TOOLS 939

CONTRACTED WORK 2.7

OFFICE EXPENSE 6.5

MATERIAL 450

TRAVEL + MEETINGS 365

SALES TAX 29

MISCELLANEOUS 139

← SCHED O TO LINE 16 **5320**

LINE 24 OTHER ASSETS **BEG OF YEAR** **LINE 24** **END OF YR**

OFFICE MACH + EQUIP 14,142 OFFICE MACH 14,633

PETTY CASH 152 PETTY CASH 110

TOTAL ASSETS - OTHER 14,294 ACCTS REC 42

MISC 216

15,001

LINE 26 TOTAL LIABILITIES **BEG OF YEAR** **LINE 26 TOTAL LIAB.** **END OF YEAR**

CREDIT CARDS 246 CREDIT CARDS 52

PAYROLL TAXES 172 PAYROLL TAXES 102

LT LIABILITIES 17,211 SALES TAX PAYABLE 56

TOTAL LIABILITIES 17,629 LT LIABILITIES 20,774

TOTAL LIABILITIES 20,984