

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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)

2013

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	or the	2013 calenda	er year, or tax year beginning October 1 , 2013, and ending	Sep	tember	30 , 20 14	
B Check if applicable:		pplicable:	C Name of organization	D Emp	loyer ide	ntification number	
Address change Name change			St. Richard of Chichester conference of the Society of St. Vincent de Paul	27-1151877			
				Telep	chone nu	mber	
Initial return			1242 Lynwood Drive		601	I-366-7757	
一	Terminate Amended			Gro	up Exen	nption	
_		on pending	Jackson, MS 39206	Nun	nber 🕨	· ·	
G	Accoun	ting Method:	☐ Cash	heck	► ✓ if	the organization is not	
1.1	<b>Nebsite</b>	e: <b>&gt;</b>				ch Schedule B	
JI	ax-exer	mpt status (che	ack only one) —   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or   527 (F	orm 9	90, 990	-EZ, or 990-PF).	
			☑ Corporation ☐ Trust ☐ Association ☐ Other	-			
L	Add line	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	;		
(Pa	rt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$		
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstru	ctions	for Part I)	
		Check if	the organization used Schedule O to respond to any question in this Part I	·			
	1	Contribution	ons, gifts, grants, and similar amounts received		1	50,044.00	
	2	Program se	ervice revenue including government fees and contracts		2	0.00	
	3	Membersh	ip dues and assessments		3	0.00	
	4	Investment	tincome		4	0.00	
	5a	Gross amo	ount from sale of assets other than inventory 5a				
	b	Less: cost					
	6 6	Gain or (los Gaming an	•	5c	0.00		
	a		ome from gaming (attach Schedule G if greater than		1 1		
Revenue		\$15,000) .					
<b>9</b> 6	b		me from fundraising events (not including \$of contributions aising events reported on line 1) (attach Schedule G if the				
ď	]						
			th gross income and contributions exceeds \$15,000)		1 1		
	C		t expenses from gaming and fundraising events 6c		1 1		
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	- <u>_</u>		
				•	6d	0.00	
•	7a		s of inventory, less returns and allowances	<del></del>	<b>i</b>		
)	b		of goods sold		├- <u>-</u>		
	C		•	7c	0.00		
	8		nue (describe in Schedule O)		8		
_	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	50,044.00	
	11		l similar amounts paid (list in Schedule O)	•	10	56,079.00	
Ø	12		ther compensation, and employee benefits	•	11 12	· · · · · · · · · · · · · · · · · · ·	
Expenses	13		al fees and other payments to independent contractors	<u> </u>	13	· · · · · · · · · · · · · · · · · · ·	
ě	14		/, rent, utilities, and maintenance	ľ	14	0.400.00	
五	15		ublications, postage, and shipping	١٤:	15	2,126.00	
4	16		nses (describe in Schedule O)	31	16	·	
	17				17	50 205 00	
	18		deficit) for the year (Subtract line 17 from line 9)	1	18	58,205.00 -8,161.00	
Net Assets	19		vith		-8,101.00		
			or fund balances at beginning of year (from line 27, column (A)) (must agree versions reported on prior year's return)	7	19	10,569.00	
¥⊅	20		ges in net assets or fund balances (explain in Schedule O)	•	20	10,599.00	
ž	21		or fund balances at end of year. Combine lines 18 through 20	•	21	2,408.00	
For			On Act Notice, see the separate instructions. Cat No. 10642			Form <b>990-EZ</b> (2013)	



Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
	•			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			10,569.00		2,408.00
23	Land and buildings			0.00	_	0.00
24	Other assets (describe in Schedule O)			0.00		0.00
25	Total assets			10,569.00		2,408.00
26	Total liabilities (describe in Schedule O)			0.00		0.00
27	Net assets or fund balances (line 27 of column			10,569.00	27	2,408.00
Par		•		,		Expenses
	Check if the organization used Schedule					quired for section
	is the organization's primary exempt purpose?		<u> </u>	*		(c)(3) and 501(c)(4) anizations and section
as m	ribe the organization's program service accompline reasured by expenses. In a clear and concise many ons benefited, and other relevant information for each	nanner, describe the			494	7(a)(1) trusts; optional others.)
28	Paid utilities, rent, medical and miscellaneous expen	ses for for people in	financial need.			
	Helped approximately 565 people					
	A contract of the contract of	······································	ants, check here .	· · · <b>&gt;</b> U	28a	47,900.00
29	Distributed Food, Clothing & Furniture to people in f	inancial need				
	/O	ingledes forsion and			۰۰-	
20	<del></del>	David Oracforda	ints, check here .		29a	7,179.00
30	Distributed start-up money to another St.Vincent de	Paul Conterence				
	(Grants \$ ) If this amount	includes foreign ar	ants, check here .		30a	1 000 00
31	Other program services (describe in Schedule O)		· · · · · · ·		JUA	1,000.00
٠.			ants, check here		31a	, ]
32	Total program service expenses (add lines 28a	through 31a)			32	
Par						
	Check if the organization used Schedule					
	(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 employe benefit plans, and deferred compensation	c	Estimated amount of other compensation
Jona	than B. Fairbank - President				1	
4126	Hawthorn Dr., Jackson, MS 39206	3	o		0	0
Mike	Prince - Vice President				1	
104 F	arkdale Place, Madson, MS 39110	2	o		0	0
Jenn	Neeld - Secretary				T	
1465	Northlake Drive, Jackson, MS 39211	3	0		0	0
Mich	elle Vidrine - Treasurer				$\top$	
<u> 2485</u>	N. Cheryl Dr., Jackson, MS 39211	5	0		0	0
Geor	ge Evans - Director	.]				
<u>321 V</u>	Vater Garden Terrace, Madison, MS 39110	2			0	0
Caro	Evans - Director	.]				
321 V	Vater Garden Terrace, Madison, MS 39110	5	<u> </u>		0	0
	·					
				· · · · · · · · · · · · · · · · · · ·	4	<del></del>
		}			4	<del></del>
		4			1	
					+	
		4				
		<del>                                     </del>			+	····
		4				
				<del></del>	┿	

Part	other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this						
	Instructions for Fart V) Check if the organization used ochedule of to respond to any question in this	1 ait	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		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		1			
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		./			
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	ļ	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		1			
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						
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00	1					
b	Did the organization file Form 1120-POL for this year?	37b	ļ	<b>√</b>			
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			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	30a	-	<b></b>			
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9	[		ĺ			
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) 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	40b		1			
С	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						
đ	Section 501(c)(3) and 501(c)(4) 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		✓			
41	List the states with which a copy of this return is filed ► Mississippi						
42a			6-5600	6			
b	Located at ► 2485 N. Cheryl Dr., Jackson, MS 39211 ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	392	Yes	No			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1			
	If "Yes," enter the name of the foreign country: ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
С	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		120				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No			
	completed instead of Form 990-EZ	44a		1			
	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			
_	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>			
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	44d					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>			
	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)	45b		1			

Page	4

								Yes	NO
46		he organization engage, directly or in							
		ndidates for public office? If "Yes," o	<del></del>	, Рап 1	• • •	· · · · ·	. 46	<u> </u>	<b> </b>
Part	٠,	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b ar	nd 52, and	d complete th	e tables f	or lin	es
		Check if the organization used Sc	hedule O to respond	I to any question i	n this Par	t VI			. 🗆
			· · · · · · · · · · · · · · · · · · ·		<del></del>			Yes	No
47		he organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) elec	tion in eff	fect during the	tax 47		1
48	Is the	le E	. 48		1				
49a		he organization make any transfers t	•	_	ınization?		. 49a	✓	1
b		es," was the related organization a se					. 49b	L	1.
50		plete this table for the organization's oyees) who each received more thar							
	empi	byees, who each received more than	i \$100,000 or comper	T		lealth benefits,	e, enter 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	contribu	ations to employee plans, and deferred pmpensation	(e) Estimate other com		
No Em	ployee	es							
				1					
				<del> </del>			<del></del>		
	~~~~								
			<del></del>						
								*******	
		····		<u> </u>					
		number of other employees paid ov		. >	<del></del>	<del></del>			
51	Comp	plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independe	ent contra	ctors who each	ı received	more	than
	\$100	,000 or compensation from the orga	inization. If there is no	ne, enter None.		<del></del>	<del></del>		
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c)	) Compensation	on	
No Ind	epende	ent Contractors					<del></del>		
				1					
				ļ					
				ļ					
			<del></del>						
		***************************************							
			<del></del>		<del></del>				
*****				1					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52		ne organization complete Schedule A			ns and 49	147(a)(1)			
		xempt charitable trusts must attach					▼ Yes		No
Under po	enalties rect. an	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	return, including accompan	ying schedules and state	ements, and	to the best of my kr	nowledge and	belief,	it is
			/	That of What prepar	or rias arry N	1 2/1/1			
Sign		Signature of officer	Wille			Date 10//	<u> </u>	<b></b>	<del></del>
Here		Michelle Vidrine, Treasurer							
		Type or print name and title	·						
Paid		Print/Type preparer's name	Preparer's signature	T.	Date	Check	if PTIN		
Prepa	arer					self-emplo			
Use (		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no.			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			► 🗌 Yes		No

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

## **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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

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Name	of the organization			<del></del>			1	Employer i	dentification	number		
	St. Richard of Chichester Conference of the Society of St. Vincent de Paul  Part I Reason for Public Charity Status (All organizations must complete this							27-1151877				
Pai									instructio	ons.		
1 2 3 4	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
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.)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									public		
8	A community	trust described i	n section 170(b)(1)(A	)(vi). (Co	mplete Pa	art II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. So	an 331/39 ions—su lated bus	6 of its subject to disiness ta	upport fro certain e xable inc	xceptions come (le:	s, and (2) ss sectio	) no more	than 3	31/3%	of its
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefi describe	t of, to to	perform ion 509(a	the funct a)(1) or so	tions of, ection 50	9(a)(2). S		
e f	<ul> <li>a ☐ Type I</li> <li>b ☐ Type II</li> <li>c ☐ Type III—Functionally integrated</li> <li>d ☐ Type III—Non-functionally integrated</li> <li>e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</li> <li>f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</li></ul>											
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	Э			
			ndirectly controls, eithody of the supported of								Yes	No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in ion about the support	ı (i) or (ii) :	above?.					11g(ii 11g(ii		
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the c in col (i) lis	organization sted in your document?	the organ col. (I)	ou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S.?	(vii) Amou sı	nt of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)		-										
(C)												
(D)												
(E)												

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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 Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 20,746.00 47,526.00 42,764.00 60,246.00 50.044.00 221,326.00 revenues levied organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 4 Total. Add lines 1 through 3. . . . 20,746.00 47,526.00 42,764.00 60,246.00 50,044.00 221,326.00 5 The portion of total contributions by (other each person than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 20,575.00 Public support. Subtract line 5 from line 4. 200,751.00 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 . . . . . . . . 20,746.00 47,526.00 42,764.00 60,246.00 50,044.00 221,326.00 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 0.00 0.00 0.00 0.00 0.00 0.00 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0.00 0.00 0.00 0.00 0.00 0.00 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . 0.00 0.00 0.00 0.00 0.00 0.00 11 Total support. Add lines 7 through 10 221,326.00 12 0.00 13 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) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . . . 14 14 % Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 15 % 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. 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 IV 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

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## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				}		
	furnished in any activity that is related to the	u.	}	ļ	<u> </u>		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		1		]	}	
	organization's benefit and either paid						
-	to or expended on its behalf	<u> </u>					
5	The value of services or facilities furnished by a governmental unit to the				l		
	organization without charge		1				
6	Total. Add lines 1 through 5		<del> </del>		ļ		<del></del>
7a	Amounts included on lines 1, 2, and 3		<del> </del>		<del> </del>		<del></del>
• •	received from disqualified persons .				l		
b	Amounts included on lines 2 and 3				<del> </del>		
	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.)				<u> </u>		
	on B. Total Support		·		<del>,</del>	······································	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
		· · · · · · · · · · · · · · · · · · ·	i				<del></del>
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		[		ļ		
С	Add lines 10a and 10b						<del></del>
11	Net income from unrelated business				<del></del>		
••	activities not included in line 10b, whether			•			
	or not the business is regularly carried on						
12	Other income. Do not include gain or	<del></del>					
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
O = -4	organization, check this box and stop he		· · · · ·	• • • • •	· · · · ·	<del> </del>	· · <b>&gt;</b> □
<u>Secu</u> 15	on C. Computation of Public Suppor Public support percentage for 2013 (line 8			2 00/11-10	······	146	
16	Public support percentage from 2012 Sch		-	• • • • • • • • • • • • • • • • • • • •		15	<u>%</u>
	on D. Computation of Investment Inc			<u> </u>		LU	70
17	Investment income percentage for 2013 (			v line 13 colur	mn (fl)	17	%
18	Investment income percentage from 2012					18	<del></del>
19a	331/3% support tests—2013. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests-2012. If the organiz						
_	line 18 is not more than 331/3%, check this t				•		•
20	Private foundation. If the organization di	-	_	•	· -		_