

COPY

Extended to February 15, 2017

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2015

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.

Department of the Treasury Internal Revenue Service

Form 990

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

Part I Summary: C Name of organization: St. Vincent Senior Citizen Nutrition Program, Inc. D Employer identification number: 95-3696693 E Telephone number: (213) 484-7226 G Gross receipts: 7,574,415 H(a) Is this a group return: Yes H(b) Are all subordinates included: Yes I Tax-exempt status: 501(c)(3) J Website: www.stvincentsenior.org

Part II Governance: 1 Briefly describe the organization's mission or most significant activities: St. Vincent Senior Citizen Nutrition Program, Inc. provides home delivered hot meals seven days a week. 2-6 Governance questions regarding board members, volunteers, and net assets.

Table with 3 columns: Line number, Description, Current Year, Prior Year. Rows 8-19 covering Revenue and Expenses.

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: Signature of officer: Sister Alice Marie Quinn, D.C., Executive Director. Preparer: Sean E. Cain, CPA. Harrington Group, CPAs, LLP.

4e Total program service expenses 5,887,785.

(Expenses \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

Blank lines for describing other program services.

4c (Code:) (Expenses \$) (Revenue \$)

Blank lines for reporting other program services.

4b (Code:) (Expenses \$) (Revenue \$)

Blank lines for reporting other program services.

4a (Code:) (Expenses \$) (Revenue \$)
St. Vincent Senior Citizen Nutrition Program (St. Vincent Meals on Wheels) has grown to become the largest privately funded meals program in the country, delivering meals within a 43 square-mile area of Los Angeles. With its staff and volunteers of more than 300 and a fleet of 34 vehicles, Meals on Wheels now prepares and delivers more than an average of 2,051 meals daily to individuals who are too frail to shop or cook for themselves. Total meals served for the June 2016 fiscal year end is 642,006.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 No

1 Briefly describe the organization's mission:
St. Vincent Senior Citizen Nutrition Program, Inc. provides home delivered hot meals and light snacks six days a week, including holidays to seniors and persons with disabilities and chronic, debilitating conditions regardless of age, illness, race, religion, or

Check if Schedule O contains a response or note to any line in this Part III

Part III Statement of Program Service Accomplishments

Yes	No	
	<input checked="" type="checkbox"/>	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>complete Schedule A</i>
	<input checked="" type="checkbox"/>	2 Is the organization required to complete Schedule B, Schedule of Contributors?
	<input checked="" type="checkbox"/>	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>complete Schedule C, Part I</i>
	<input checked="" type="checkbox"/>	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>complete Schedule C, Part II</i>
	<input checked="" type="checkbox"/>	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>complete Schedule C, Part III</i>
	<input checked="" type="checkbox"/>	6 Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>complete Schedule D, Part I</i>
	<input checked="" type="checkbox"/>	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>complete Schedule D, Part II</i>
	<input checked="" type="checkbox"/>	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>complete Schedule D, Part III</i>
	<input checked="" type="checkbox"/>	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>complete Schedule D, Part IV</i>
	<input checked="" type="checkbox"/>	10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>complete Schedule D, Part V</i>
	<input checked="" type="checkbox"/>	11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>complete Schedule D, Part X</i>
	<input checked="" type="checkbox"/>	12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>complete Schedule D, Parts XI and XII</i>
	<input checked="" type="checkbox"/>	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>complete Schedule D, Parts XI and XII</i> If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII as optional
	<input checked="" type="checkbox"/>	13 Is the organization a school described in section 170(b)(1)(A)(iii)? <i>complete Schedule E</i>
	<input checked="" type="checkbox"/>	14a Did the organization maintain an office, employees, or agents outside of the United States?
	<input checked="" type="checkbox"/>	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>complete Schedule F, Parts I and IV</i>
	<input checked="" type="checkbox"/>	15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>complete Schedule F, Parts II and IV</i>
	<input checked="" type="checkbox"/>	16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>complete Schedule F, Parts III and IV</i>
	<input checked="" type="checkbox"/>	17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 1e? <i>complete Schedule G, Part I</i>
	<input checked="" type="checkbox"/>	18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>complete Schedule G, Part II</i>
	<input checked="" type="checkbox"/>	19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>complete Schedule G, Part III</i>

Part IV Checklist of Required Schedules (continued)

Form 990	Part IV	Checklist of Required Schedules	Yes	No
20a		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b		20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22		Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23		Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a		Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b		24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c		24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d		24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	
b		25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26		Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27		Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	
28		Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29		Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31		Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X	
32		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X	
33		Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b		35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
37		Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X	
38		Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	12	
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0	
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners?		1c	X	
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	86	
		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
		b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
		4a 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)?		4a	X	
		b If "Yes," enter the name of the foreign country: <input type="text"/>				
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X	
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X	
		c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
		6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X	
		b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
		7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. a Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 12a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		12a		
		11a		N/A		
		11b				
		11c				
		12a				
		12b		N/A		
		13				
		13a		N/A		
		13b				
		13c				
		14a			X	
		14b				

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	7		
b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1b	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?			<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?			<input checked="" type="checkbox"/>
8a				<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?			<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?			<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			<input checked="" type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?			<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?			<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official			<input checked="" type="checkbox"/>
15a				<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization			<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			<input checked="" type="checkbox"/>

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Alfonso Cervera - (213) 484-7226 2303 Miramar Street, Los Angeles, CA 90057

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sister Jo-Anne Laviolette, D.C. Chairperson	2.00	X		X			0.	0.	0.	
(2) Michael F. Giron Vice Chair	2.00	X		X			0.	0.	0.	
(3) Sister Lois Lapeyre, D.C. Secretary/Treasurer	2.00	X		X			0.	0.	0.	
(4) Sister Margaret McDonnell, DC Board Member	2.00	X					0.	0.	0.	
(5) Sister Judith Lynn Gardenhire, D Board Member	2.00	X					0.	0.	0.	
(6) Riggo J. Saborio Board Member	2.00	X					0.	0.	0.	
(7) Gina Riberi Board Member	2.00	X					0.	0.	0.	
(8) Sister Alice Marie Quinn, D.C., Executive Director/Founder	40.00			X			131,649.	0.	32,912.	

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check if Schedule O contains a response or note to any line in this Part VII

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
Shultz and Williams, 325 Chestnut Street, Philadelphia, PA 19106	Fundraising consultant	607,594.

Section B. Independent Contractors

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input checked="" type="checkbox"/>	No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
1b	Sub-total	131,649.
c	Total from continuation sheets to Part VII, Section A	0.
d	Total (add lines 1b and 1c)	131,649.
32,912.		0.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations	Position													
						Highest compensated employee	Former	Key employee	Officer	Institutional trustee	Individual trustee or director	Officer and a director/trustee	Other						

Part VIII		Statement of Revenue	
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>			
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue
	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts			
1a	Federated campaigns		
1b	Membership dues		
1c	Fundraising events		
1d	Related organizations		
1e	Government grants (contributions)		
1f	All other contributions, gifts, grants, and similar amounts not included above		
1g	Noncash contributions included in lines 1a-1f		
1h	Total. Add lines 1a-1f	5,370,569.	
Program Service Revenue			
2a	Prepared Meals	722320	1,712,735.
2b			
2c			
2d			
2e			
2f	All other program service revenue		
2g	Total. Add lines 2a-2f	1,712,735.	
Other Revenue			
3	Investment income (including dividends, interest, and other similar amounts)	367,776.	
4	Income from investment of tax-exempt bond proceeds		
5	Royalties		
6a	Gross rents		
6b	Less: rental expenses		
6c	Rental income or (loss)		
6d	Net rental income or (loss)		
7a	Gross amount from sales of		
7b	assets other than inventory	800.	
7c	Less: cost or other basis	0.	
7d	Gain or (loss)	800.	
8a	Gross income from fundraising events (not including \$187,348. of contributions reported on line 1c). See Part IV, line 18	107,010.	
8b	Less: direct expenses	107,010.	
8c	Net income or (loss) from fundraising events	0.	
9a	Gross income from gaming activities. See Part IV, line 19		
9b	Less: direct expenses		
9c	Net income or (loss) from gaming activities		
10a	Gross sales of inventory, less returns and allowances		
10b	Less: cost of goods sold		
10c	Net income or (loss) from sales of inventory		
11a	Miscellaneous Revenue	900099	15,525.
11b			
11c			
11d	All other revenue		
11e	Total. Add lines 11a-11d	15,525.	
12	Total revenue. See instructions.	7,467,405.	1,712,735.

St. Vincent Senior Citizen Nutrition

Program, Inc.

Part IX Statement of Functional Expenses

Form 990 (2015)

95-3696693

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	25,404.	25,404.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,489,557.	1,489,557.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	164,561.	74,052.	74,052.	16,457.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,608,071.	2,132,509.	153,928.	321,634.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,844.	72,759.	3,234.	4,851.
9 Other employee benefits	954,816.	876,187.	24,460.	54,169.
10 Payroll taxes	193,092.	153,328.	14,872.	24,892.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	68,154.		68,154.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	623,467.			623,467.
f Investment management fees				
g Other: (if line 1g amount exceeds 10% of line 25, column (A) amount, list line 1g expenses on Sch O.)	1,422.	1,422.		
12 Advertising and promotion	219,607.	196,239.	6,357.	17,011.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	190,278.	153,454.	14,325.	22,499.
17 Travel	125,749.	125,749.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	150,138.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	287,460.	229,967.	22,365.	35,128.
23 Insurance	28,286.	22,628.	2,201.	3,457.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Direct mail, events and	137,760.			137,760.
b Kitchen expenses	81,617.	81,617.		
c Repair & maintenance	70,047.	67,663.	2,384.	
d Other expenses	58,773.	1,302.	35,216.	22,255.
e All other expenses	88,374.	33,810.	43,821.	10,743.
25 Total functional expenses. Add lines 1 through 24e	7,647,477.	5,887,785.	465,369.	1,294,323.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	309,709.	119,692.
2	Savings and temporary cash investments	726,496.	1,077,005.
3	Pledges and grants receivable, net	1,033,524.	1,162,632.
4	Accounts receivable, net	299,824.	205,546.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	2,390.	84,962.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,382,753.	
b	Less: accumulated depreciation	3,740,856.	
10c		6,724,767.	6,641,897.
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11	12,729,602.	11,800,240.
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	64,300.	41,359.
16	Total assets. Add lines 1 through 15 (must equal line 34)	21,890,612.	21,133,333.
17	Accounts payable and accrued expenses	474,242.	469,000.
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D	23,778.	22,744.
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26	Total liabilities. Add lines 17 through 25	3,443,530.	3,369,683.
27	Unrestricted net assets	12,653,709.	12,197,570.
28	Temporarily restricted net assets	3,461,596.	3,240,579.
29	Permanently restricted net assets	1,833,757.	1,833,757.
Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
30	Capital stock or trust principal, or current funds and complete lines 30 through 34.		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	17,949,062.	17,271,906.
34	Total liabilities and net assets/fund balances	21,890,612.	21,133,333.

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Check if Schedule O contains a response or note to any line in this Part XII

Part XIII Financial Statements and Reporting

1	Total revenue (must equal Part VIII, column (A), line 12)	7,467,405.
2	Total expenses (must equal Part IX, column (A), line 25)	7,647,477.
3	Revenue less expenses. Subtract line 2 from line 1	-180,072.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	17,949,062.
5	Net unrealized gains (losses) on investments	-497,084.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	17,271,906.

Check if Schedule O contains a response or note to any line in this Part XI

Part XI Reconciliation of Net Assets

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.

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc.

Employer identification number 95-3696693

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 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).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 1a through 1d that describes the type of supporting organization and complete lines 1e, 1f, and 1g.

a 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.

e 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.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization(s) (described on lines 1-9 above (see instructions)), (iv) Is the organization listed in your governing document?, (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions)

Schedule A (Form 990 or 990-EZ) 2015

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

b 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 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 stop here. The organization qualifies as a publicly supported organization

b 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

stop here. The organization qualifies as a publicly supported organization

16a 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

15 Public support percentage from 2014 Schedule A, Part II, line 14

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

organization, check this box and stop here

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)

12 Gross receipts from related activities, etc. (see instructions)

11 Total support. Add lines 7 through 10

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7						
8						
9						
10						
11						
12						
13						
14						
15						

Section B. Total Support

6 Public support. Subtract line 5 from line 4.

amount shown on line 11,

column (f)

on line 1 that exceeds 2% of the

supported organization) included

governmental unit or publicly

by each person (other than a

The portion of total contributions

4 Total. Add lines 1 through 3

the organization without charge

3 The value of services or facilities

provided by a governmental unit to

or expended on its behalf

2 Tax revenues levied for the organ-

ization's benefit and either paid to

include any "unusual grants."

memberships, contributions, and

1 Gifts, grants, contributions, and

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1						
2						
3						
4						
5						
6						

Section A. Public Support

fails to qualify under the tests listed below, please complete Part III.)

(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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,888,583.	5,130,576.	4,903,360.	5,111,614.	5,370,569.	28,404,702.
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	2,320,720.	2,350,113.	1,827,551.	1,842,215.	1,712,735.	10,053,334.
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	10,209,303.	7,480,689.	6,730,911.	6,953,829.	7,083,304.	38,458,036.
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						38,458,036.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	10,209,303.	7,480,689.	6,730,911.	6,953,829.	7,083,304.	38,458,036.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	599,876.	1,078,826.	1,630,899.	1,55,663.	367,776.	3,833,040.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	599,876.	1,078,826.	1,630,899.	1,55,663.	367,776.	3,833,040.
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.)	3,469.	9,283.	5,372.	713.	15,525.	34,362.
13 Total support. (Add lines 9, 10c, 11, and 12.)	10,812,648.	8,568,798.	8,367,182.	7,110,205.	7,466,605.	42,325,438.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	90.86%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	89.08%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).	17	9.06%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	10.70%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only 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 Organizations

	1	2	3a	3b	3c	4a	4b	4c	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b
	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.	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).	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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.	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.	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.	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.	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.	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).	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?	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.	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).	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).	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.	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.	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.	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.	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.)

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

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.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a 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 that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b	
3a	
2b	
2a	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?

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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

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 Part VI the role the organization's supported organizations played in this regard.

3	
2	
1	

Section D. All Type III Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

1	
---	--

Section C. Type II Supporting Organizations

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 Part VI how the supported organization(s) effectively operated, supervised, or 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.

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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

2	
1	

Section B. Type I Supporting Organizations

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11a	
11b	
11c	

Part IV Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	
<input type="checkbox"/> 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 complete Sections A through E.	
Section A - Adjusted Net Income	
1	Net short-term capital gain
2	Recoveries of prior-year distributions
3	Other gross income (see instructions)
4	Add lines 1 through 3
5	Depreciation and depletion
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
7	Other expenses (see instructions)
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)
Section B - Minimum Asset Amount	
(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
1a	Average monthly value of securities
1b	Average monthly cash balances
1c	Fair market value of other non-exempt-use assets
1d	Total (add lines 1a, 1b, and 1c)
e Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt-use assets
3	Subtract line 2 from line 1d
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).
5	Net value of non-exempt-use assets (subtract line 4 from line 3)
6	Multiply line 5 by .035
7	Recoveries of prior-year distributions
8	Minimum Asset Amount (add line 7 to line 6)
Section C - Distributable Amount	
1	Adjusted net income for prior year (from Section A, line 8, Column A)
2	Enter 85% of line 1
3	Minimum asset amount for prior year (from Section B, line 8, Column A)
4	Enter greater of line 2 or line 3
5	Income tax imposed in prior year
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
6	
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).	

St. Vincent Senior Citizen Nutrition

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Section E - Distribution Allocations (see instructions)	
Current Year	Amounts paid to supported organizations to accomplish exempt purposes	(i) Excess Distributions	(iii) Underdistributions Pre-2015
	1 Amounts paid to supported organizations to accomplish exempt purposes		
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
	3 Administrative expenses paid to accomplish exempt purposes of supported organizations		
	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 the organization is responsive (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		
	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:		
	a		
	b		
	c		
	d From 2013		
	e From 2014		
	f Total of lines 3a through e		
	g Applied to underdistributions of prior years		
	h Applied to 2015 distributable amount		
	i Carryover from 2010 not applied (see instructions)		
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
	4 Distributions for 2015 from Section D, line 7: \$		
	a Applied to underdistributions of prior years		
	b Applied to 2015 distributable amount		
	c Remainder. Subtract lines 4a and 4b from 4.		
	5 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.		
	8 Breakdown of line 7:		
	a		
	b		
	c Excess from 2013		
	d Excess from 2014		
	e Excess from 2015		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

General Rule

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. Check if your organization is covered by the **General Rule** or a **Special Rule**.

- Filers of:**
- Form 990 or 990-EZ 501(c) 3 (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
 - Form 990-PF 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Organization type (check one):

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc.	Employer identification number 95-3696693
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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of organization
 St. Vincent Senior Citizen Nutrition
 Program, Inc.

Employer identification number
 95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Aileen T. Koskovich 125 E. Hermosa Dr San Gabriel, CA 91775	\$ 5,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	Alice E. Kinsman 736 S. Ynez Ave. Monterey Park, CA 91754	\$ 12,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
3	Barbara Ross Charitable Trust 265 E. Claiborne Pl. Long Beach, CA 90807	\$ 10,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
4	Carrie Estelle Doheny Foundation 707 Wilshire Blvd., Ste. 4960 Los Angeles, CA 90017	\$ 28,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
5	Community Justice Foundation 40780 Treasure City Lane Indio, CA 92203	\$ 10,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
6	Dan Murphy Foundation 800 W. 6th Street, #1240 Los Angeles, CA 90017	\$ 25,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization
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Employer identification number
 95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Daughters of Charity Foundation 2131 W. Third Street Los Angeles, CA 90057	\$ 1,000,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
8	Dennis G. Zill 8239 Sunysea Drive Playa Del Rey, CA 90293	\$ 27,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
9	Donald A. Mullan 3269 Canal Point Rd. Hacienda Heights, CA 91745	\$ 5,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
10	Douglas P. Savant 10061 Riverside Dr. Toluca Lake, CA 91602	\$ 5,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
11	Elks of Los Angeles Foundation 2406 Claygate Court Los Angeles, CA 90077	\$ 10,937.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
12	Estate of Jimmy M. Mitchell 600 Erskine Drive Pacific Palisades, CA 90272	\$ 97,432.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization
 St. Vincent Senior Citizen Nutrition
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Employer identification number
 95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Estate of William K. Rosefelt 8712 Gregory Way, Ste. 405 Los Angeles, CA 90035	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Florence Ann Esposito Trust 350 S. Figueroa Street, Ste. 437 Los Angeles, CA 90071	\$ 212,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Gale P. Runnells P.O. Box 2477 Bay City, TX 77404	\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Gary Broad Foundation 10900 Wilshire Blvd., 12th Floor Los Angeles, CA 90024	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Grace Kadoya 326 S. State Street Los Angeles, CA 90033	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Hormel Foods Corporation 1 Hormel Place Austin, MN 55912	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 St. Vincent Senior Citizen Nutrition Program, Inc.
 Employer identification number
 95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Janet W. Fourticq 344 S. Hudson Ave. Los Angeles, CA 90020	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Uisun Ryoo 3155 Stone Oak Dr. Los Angeles, CA 90049	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	John B. & Nelly Llanos Kilty Foundation 12200 W. Olympic Blvd., Ste. 200 Los Angeles, CA 90064	\$ 133,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Ladies of Charity 2131 W Third Street Los Angeles, CA 90057	\$ 4,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Lewis A. Kingsley Foundation 4508 Gainsborough Ave. Los Angeles, CA 90027	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Lisabeth Collins P.O. Box 3310 Santa Monica, CA 90408	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
St. Vincent Senior Citizen Nutrition Program, Inc.

Employer identification number
95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Lon V. Smith Foundation 9440 Santa Monica Blvd., Ste. 300 Beverly Hills, CA 90210	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Marcia Israel Foundation, Inc. 9454 Wilshire Blvd., 4th Floor Beverly Hills, CA 90212	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Mary Ann Ricard 10219 Andasol Ave. Northridge, CA 91325	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Mary L. Baur 306 S. Westmoreland Ave. Los Angeles, CA 90020	\$ 10,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Medina Media Inc. 853 Park View Terrace Glendora, CA 91741	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Nancy R. Dolci 1991 Heather Dr. Monterey Park, CA 91755	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization: St. Vincent Senior Citizen Nutrition Program, Inc.
 Employer identification number: 95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Pfaffinger Foundation 316 W. 2nd Street, Ste. Ph-C Los Angeles, CA 90012	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
32	Professional Environmental Marketing Association 1431 La Colina Tustin, CA 92780	\$ 18,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
33	Robert F. Bergeron 573 S. Boyle Ave. Los Angeles, CA 90033	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
34	Roberta L. Furrey 551 Meadow Grove Street La Canada, CA 91011	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
35	Ronus Foundation of CA Community Foundation 221 S. Figueroa Street, Ste. 400 Los Angeles, CA 90012	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
36	Shirley P. Desrochers 1055 N. Kingsley Dr. #LH312 Los Angeles, CA 90029	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization
 St. Vincent Senior Citizen Nutrition Program, Inc.
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 95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	The Aldin Foundation 5143 Sunset Blvd. Los Angeles, CA 90027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	The Cain Foundation 4131 Spicewood Springs Road, Suite A-1 Austin, TX 79759	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	SMR Rental Collection Services P.O. Box 2727 Capistrano Beach, CA 92624	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Specialty Family Foundation 501 Santa Monica Blvd., Ste. 703 Santa Monica, CA 90401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Southern CA Gas Company 555 W. 5th Street Los Angeles, CA 90013	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
37	Soares Family Foundation 1795 E. Morada Place Altadena, CA 91001	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
St. Vincent Senior Citizen Nutrition Program, Inc.

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95-3696693

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	The Edelstein Family Charitable Foundation 100 W. Broadway, #600 Glendale, CA 91210	\$ 55,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
44	The Meredith and Rosemary Wilson Fund 40 E. Main Street, Ste. 834 Neward, DE 19711	\$ 25,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
45	The Ronald Newburg Foundation 9171 Wilshire Blvd., Ste. 650 Beverly Hills, CA 90210	\$ 5,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
46	The Rose Hills Foundation 225 S Lake Ave Ste 1250 Pasadena, CA 91101	\$ 30,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
47	William M. Keck, Jr. Foundation P.O. Box 661157 Los Angeles, CA 90066	\$ 50,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
48	William S. Martin 711 Ocampo Drive Pacific Palisades, CA 90272	\$ 10,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution

Name of organization
 St. Vincent Senior Citizen Nutrition
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Wilma Johanson P.O. Box 361003 Los Angeles, CA 90036	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
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		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization
St. Vincent Senior Citizen Nutrition
Program, Inc.

Employer identification number
95-3696693

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

St. Vincent Senior Citizen Nutrition

Employer identification number

95-3696693

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift (Relationship of transferor to transferee, Transferee's name, address, and ZIP + 4)

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift (Relationship of transferor to transferee, Transferee's name, address, and ZIP + 4)

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift (Relationship of transferor to transferee, Transferee's name, address, and ZIP + 4)

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift (Relationship of transferor to transferee, Transferee's name, address, and ZIP + 4)

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.**
Employer identification number **95-3696693**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education)
 Preservation of a historically important land area
 Protection of natural habitat
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	2a	2b	2c	2d
a Total number of conservation easements				
b Total acreage restricted by conservation easements				
c Number of conservation easements on a certified historic structure included in (a)				
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling or violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

(iii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			
1a Land			6,315,804.
b Buildings			2,870,841.
c Leasehold improvements			
d Equipment			32,592.
e Other			293,501.
			6,641,897.

Complete if the organization answered "Yes" on Form 990, Part IV, line 1a. See Form 990, Part X, line 10.

Part VI Land, Buildings, and Equipment

4 Describe in Part XIII the intended uses of the organization's endowment funds.

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

(i) unrelated organizations

(ii) related organizations

(iii) related organizations

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

3a (i) unrelated organizations

3a (ii) related organizations

3a (iii) related organizations

Yes	No	3a(i)	3a(ii)	3b
X		X	X	X

3a The percentages on lines 2a, 2b, and 2c should equal 100%.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

1a	1b	1c	1d	1e	1f	1g
Beginning of year balance	1,833,757.	1,833,757.	1,833,757.	1,833,757.	1,833,757.	1,833,757.
Contributions						
Net investment earnings, gains, and losses	23,764.	24,361.	260,974.	202,209.	14,603.	
Grants or scholarships						
Other expenditures for facilities						
and programs	23,764.	24,361.	260,974.	202,209.	14,603.	
Administrative expenses						
End of year balance	1,833,757.	1,833,757.	1,833,757.	1,833,757.	1,833,757.	1,833,757.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition

b Scholarly research

c Preservation for future generations

d Loan or exchange programs

e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition

b Scholarly research

c Preservation for future generations

d Loan or exchange programs

e Other

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Note payable to related entity	3,369,683.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		3,369,683.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Part X Other Liabilities.		
1.	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part IX Other Assets.		
1.	(a) Description of investment	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Part VIII Investments - Program Related.		
1.	(a) Description of security or category (including name of security)	(b) Book value
(1)	Financial derivatives	
(2)	Closely-held equity interests	
(3)	Other	
(A)	Pooled investment fund	11,800,240.
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		11,800,240.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Part VII Investments - Other Securities.		
1.	(a) Description of security or category (including name of security)	(b) Book value
(1)		
(c) Method of valuation: Cost or end-of-year market value		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	7,077,331.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	-497,084.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	107,010.
3	Subtract line 2e from line 1	-390,074.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	7,467,405.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	7,754,487.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	107,010.
3	Subtract line 2e from line 1	107,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	7,647,477.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 2b:

A charitable gift annuity was placed under the trust of Meals on Wheels in November 2014. Under the trust agreement, MOW will manage the gifts and will make the required payments to donors in accordance with the respective agreement.

Part V, line 4:

Meals on Wheels' Endowment Fund is held in Fund F which is managed through Ascension Investment Management and Wiltshire Company and appropriated by the Board for use in current operations.

Part X, Line 2:

Special events expense
107,010.

Part XII, Line 2d - Other Adjustments:

Special events expense
107,010.

Part XI, Line 2d - Other Adjustments:

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Meals on Wheels in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Meals on Wheels' returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

Meals on Wheels is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Meals on Wheels is exempt from taxation under Internal Revenue Code

SCHEDULE G (Form 990 or 990-EZ)
Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.**

Employer identification number **95-3696693**

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations **b** Internet and email solicitations **c** Phone solicitations **d** In-person solicitations

e Solicitation of non-government grants **f** Solicitation of government grants

g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		
Schultz & Williams - 325 Chestnut Street, Suite 700, Direct Mailing/Consulting		X		1,967,422.	607,594.	1,359,828.
Total				1,967,422.	607,594.	1,359,828.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

St. Vincent Senior Citizen Nutrition

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	Part II Fundraising Events				
	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
1	Gross receipts	66,312.	197,121.	30,925.	294,358.
2	Less: Contributions	58,768.	101,603.	26,977.	187,348.
3	Gross income (line 1 minus line 2)	7,544.	95,518.	3,948.	107,010.
4	Cash prizes				
5	Noncash prizes	543.			543.
6	Rent/facility costs		46,565.		46,565.
7	Food and beverages				
8	Entertainment				
9	Other direct expenses		48,953.	3,948.	59,902.
10	Direct expense summary. Add lines 4 through 9 in column (d)				107,010.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	Part III Gaming			
	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue			
2	Cash prizes			
3	Noncash prizes			
4	Rent/facility costs			
5	Other direct expenses			
6	Volunteer labor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

16 Gaming manager information:

Name

Address

Gaming manager compensation \$

Description of services provided

17 Mandatory distributions:

Director/officer Employee Independent contractor

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Schultz & Williams

(i) Address of Fundraiser:

325 Chestnut Street, Suite 700, Philadelphia, PA 19106

Part I, Line 2b, Column (v):

Hired to solicit funds to further the organization's charitable purpose. Services are not related to Special Event revenue.

Horizontal ruling lines for supplemental information.

Part IV Supplemental Information (continued)

St. Vincent Senior Citizen Nutrition Program, Inc.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2015
Open to Public
Inspection

Name of the organization **St. Vincent Senior Citizen Nutrition Program, Inc.**

Employer identification number
95-3696693

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Culver Palms Meals on Wheels 4427 Overland Ave. Culver City, CA 90230	95-2891003	501(c)(3)	0.	8,015. FMV		Meals subsidy	1,781 meals delivered for program participants in need
St. Barnabas Center 675 S. Carondelet Street Los Angeles, CA 90057	95-1641435	501(c)(3)	0.	17,389. FMV		Meals subsidy	3,003 meals delivered for program participants in need

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**

3 Enter total number of other organizations listed in the line 1 table **LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

**St. Vincent Senior Citizen Nutrition
Program, Inc.**

95-3696693

Page 2

Schedule I (Form 990) (2015) **Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Food	642006	0.	1,514,961. FMV		Meals provided

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

The organization maintains records to substantiate the amount of assistance and the selection criteria used to award the assistance.

Schedule I, Page 2

The number of recipients stated above of 642,006 represents the number of meals served.

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc. Employer identification number 95-3696693

Part I Questions Regarding Compensation

Table with 2 main columns: Question (1a-9) and Answer (Yes/No). Questions cover compensation reporting, related organizations, and specific compensation details. Answers are marked with 'X' in the 'Yes' column.

St. Vincent Senior Citizen Nutrition Program, Inc.

95-3696693

Schedule J (Form 990) 2015 **Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
(1) Sister Alice Marie Quinn, D.C., Executive Director/Founder	131,649. 0.	0. 0.	0. 0.	0. 0.	32,912. 0.	164,561. 0.	0. 0.
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

compliance with the conflict of interest policy.

The Organization regularly and consistently monitors and enforces

Form 990, Part VI, Section B, Line 12c:

CPA and all board members before submission to the IRS.

The Form 990 is reviewed by the Executive Director, Gilmore and Associates,

Form 990, Part VI, Section B, Line 11:

body.

There are no committees with authority to act on behalf of the governing

Form 990, Part VI, Section A, Line 8b:

ease the pain, loneliness and isolation for those who are homebound.

homes, restore strength to those seniors who are ill or malnourished

home-delivered meals to keep seniors independent and out of nursing

ability to pay. The mission of the program is to provide healthy

Form 990, Part III, Line 1, Description of Organization Mission:

are homebound.

malnourished, and ease the pain, loneliness and isolation for those who

nursing homes, restore strength to those seniors who are ill or

healthy home-delivered meals to keep seniors independent and out of

religion, or ability to pay. The mission of the program is to provide

chronic, debilitating conditions regardless of age, illness, race

a week, including holidays to seniors and persons with disabilities and

Form 990, Part I, Line 1, Description of Organization Mission:

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc. Employer identification number 95-3696693

<p>SCHEDULE O (Form 990 or 990-EZ)</p> <p>Department of the Treasury Internal Revenue Service</p>	<p>Supplemental Information to Form 990 or 990-EZ</p> <p>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</p> <p>▶ 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.</p> <p>OMB No. 1545-0047 2015 Open to Public Inspection</p>
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Guidestar.org.

statements are available upon request. The Form 990 is also available on

The governing documents, conflict of interest policy and financial

Form 990, Part VI, Section C, Line 19:

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negotiates the salaries of other officers and key employees.

The Executive Director of St. Vincent's Senior Citizen Nutrition Program

Councilor.

The Executive Director's salary is reviewed by the Daughters of Charity

Form 990, Part VI, Section B, Line 15:

Lined area for text entry.

Name of the organization St. Vincent Senior Citizen Nutrition Program, Inc.

Employer identification number 95-3696693

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Vincent Senior Citizen Nutrition Program, Inc.

OMB No. 1545-0047
2015
Open to Public Inspection

Employer identification number
95-3696693

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Ministry Services of the Daughters of Charity Corp. - 47-1489373, 26000 Altamont Road, Los Altos Hills, CA 94022	Supports the Ministry of the DOC of Provence of the West	California	501(c)(3)	501(c)(3)	Daughters of Charity of the Province of the		X
Daughter of Charity Foundation - 77-0047181 2303 Miramar Street Los Angeles, CA 90057	No engage in solicitation for the benefit of the Daughters of Charity	California	501(c)(3)	501(c)(3)	Daughters of Charity of the Province of the		X

St. Vincent Senior Citizen Nutrition Program, Inc.

95-3696693

Page 2

Schedule R (Form 990) 2015 **Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Daughters of Charity Foundation	E	5,599,625.FMV	
(2)	Daughters of Charity Foundation	C	1,000,000.FMV	
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Series of horizontal lines for text entry.

West

Direct Controlling Entity: Daughters of Charity of the Province of the

Daughter of Charity Foundation

Name of Related Organization:

Series of horizontal lines for text entry.

West

Direct Controlling Entity: Daughters of Charity of the Province of the

Ministry Services of the Daughters of Charity Corp.

Name of Related Organization:

Series of horizontal lines for text entry.

Part II, Identification of Related Tax-Exempt Organizations:

Provide additional information for responses to questions on Schedule R (see instructions).

Part VII Supplemental Information