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## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning 10-01, 2011, and ending 09-30, 2012

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization **THE SOCIETY OF ST VINCENT DE PAUL OF WALLA WALLA**  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**308 W MAIN**  
 City or town, state or country, and ZIP + 4  
**WALLA WALLA, WA 99362**

**D** Employer identification no. **91-0617537**  
**E** Telephone number **(509) 525-3093**  
**G** Gross receipts \$ **545,578**

**F** Name and address of principal officer

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
**H(c)** Group exemption number

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: **N/A**

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation **1955** **M** State of legal domicile **WA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **TO PROVIDE ASSISTANCE TO THE NEEDY**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>7</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>7</b>
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>21</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>40</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>15,215</b>	<b>14,460</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>62,263</b>	<b>47,846</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>354,175</b>	<b>360,687</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>431,653</b>	<b>422,993</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>42,203</b>	<b>45,442</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), line 5)	<b>305,027</b>	<b>314,410</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>104,630</b>	<b>117,659</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 12)	<b>451,860</b>	<b>477,511</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(20,207)</b>	<b>(54,518)</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>1,699,143</b>	<b>1,647,936</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>8,884</b>	<b>12,190</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,690,259</b>	<b>1,635,746</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

**SKIP LANE**  
Signature of officer Date

**SKIP LANE, PRESIDENT**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **Daniel J Tompkins CPA** Pr. *Daniel J Tompkins*  
 Firm's name **Tompkins & Associates PS CPA**  
 Firm's address **300 S Second Walla Walla WA 99362**  
 Firm's EIN **509-529-7022**

Digitally signed by Daniel J Tompkins  
 DN: cn=Daniel J Tompkins, o=Tompkins & Associates, PS, CPA, ou, email=dan@tompkinsassociatescpa.com, c=US  
 Date: 2012.12.03 14:18:56 -0800

Check ☐ If PTIN self-employed **P00010856**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

EEA Form 990 (2011)

Exhibit 3 5C