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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **10/01/13**, and ending **09/30/14**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SOCIETY OF ST. VINCENT DE PAUL OF WALLA WALLA		D Employer identification number 91-0617537
	Doing Business As		E Telephone number 509-525-3093
	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 province, country, and ZIP or foreign postal code WALLA WALLA WA 99362		G Gross receipts \$ 514,972
	F Name and address of principal officer JOE LANDONI 308 W. MAIN WALLA WALLA WA 99362		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: N/A		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1955	M State of legal domicile WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSITANCE TO THE NEEDY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Revenue	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	15
	6 Total number of volunteers (estimate if necessary)		6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrelated business taxable income from Form 990-T, line 34		7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	13,325	26,632	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,782	66,141	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,515	371,044	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	477,622	463,817	
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	67,766	64,766	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	347,087	322,454	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,895	103,875	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	524,748	491,095	
	19 Revenue less expenses. Subtract line 18 from line 12	-47,126	-27,278	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	1,600,455	1,573,667	
	22 Net assets or fund balances. Subtract line 21 from line 20	11,928	12,418	
	1,588,527	1,561,249		

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	Signature of officer JERRY ANHORN		Date	
	Type or print name and title PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name DANIEL J. TOMPKINS		Preparer's signature DANIEL J. TOMPKINS	Date 11/19/14
	Firm's name ▶ TOMPKINS, VARGAS & ASSOCIATES PS		Check <input type="checkbox"/> if self-employed	PTIN P00010856
	Firm's address ▶ 212 S THIRD AVE WALLA WALLA, WA 99362-3003		Firm's EIN ▶ 46-3774776	
	Phone no 509-525-0220			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Exhibit 75D