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			nort Form				CN/E MC TS	ME USA
(990-EZ	Return of Organizatio					77013	7
arna •	,,, L	Under section 501(c), 527, or (except p	4947(a)(1) of the in invate foundations	ternal Revenue)	e Code	٠.	(201	14
		► Do not enter social security nur	•		ade pub	lior OU		
partme	ent of the Treasury	► Information about Form 990-EZ	and its Instructions	is at www.i <i>r</i> s.	gov/form	1990.	Open to Inspec	
For	the 2014 calen	dar year, or tax year beginning 10/01	, 2014	, and ending	9/30		, 2015	
Che	ck if applicable C					D Employe	r identification nur	mber
	⊾dana ISo	ciety of Saint Vincent de P	aul Saint				499597	
_	100	seph Conference, Wenatchee, 5 South Elliott Avenue	WA 98801			E Telephor		
≂ −	return/terminated We	natchee, WA 98801				(509) 662 - 109) 0
╡	inded return lication pending					F Group	Exemption	•
	counting Method	X Cash Accrual Other (specify)	-		H Chec		he organization	n is not
	bsite: N/A	<u></u>			requi	red to attac	ch Schedule B	
Tax	exempt status (chec	k anty one) = $X = 501(c)(3) = 501(c)(3)$	(insert no) 4947(a	1)(1) or 527	(Forn	n 99 0, 990-	EZ, or 990-PF))
For	m of organization	Corporation Trust Asso	ciation X Other					
Δd	d lines 5h &c a	nd 7h to line 9 to determine gross receipts	If gross receipts ar	e \$200,000 or i	nore, or	ıf total		
ass	ets (Part II, coli	ımn (B) below) a <u>re \$500,000 or more, file F</u>	orm 990 instead of	Form 990-EZ		► :	, ,	16,631
art	Revenue,	Expenses, and Changes in Net As organization used Schedule O to respond to	sets or Fund Ba	llances (see	the ins	structions	for Part I)	7
٠.		organization used Schedule O to respond to , gifts, grants, and similar amounts received		is Part I		<u>-</u>		12,174
		vice revenue including government fees and				2		2,1/4
		dues and assessments.				3	·	
1						4		
5	a Gross amour	it from sale of assets other than inventory		5 a				
	b Less cost or	other basis and sales expenses		5 b			_	
١.		om sale of assets other than inventory (Subtract line 5b	from line 5a)			50		
- 1		fundraising events e from gaming (attach Schedule G if greate	r than \$15 000)	6 a	4	457.		
		e from fundraising events (not including \$	(14417 \$15,000)	of contribu		457.		
	from fundrais	sing events reported on line 1) (attach Sche	dule G if the sum				1	
	of such gross	s income and contributions exceeds \$15,000	D)	6 b			1	
		expenses from gaming and fundraising ever		6 c	1,	748.		
	d Net income of	or (loss) from gaming and fundraising event	s (add lines 6a and			. 60	ā	2,709
Ι.		of inventory, less returns and allowances		7 a		· •	+	2,103
'	b Less cost of	•		7 b				
		or (loss) from sales of inventory (Subtract li	ne 7b from line 7a)			70	ē]	
	B Other revenu	ie (describe in Schedule O)				8	Ţ	
1:		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		Car Cabada	1 ÷ 0	▶ 9		14,883
11		imilar amounts paid (list in Schedule O)		See Schedi	ile 0	10	4	16,304
1		I to or for members				11	 	
1:		er compensation, and employee benefits fees and other payments to independent co	ontractors			12	+	
		rent, utilities, and maintenance				14		
1		lications, postage, and shipping .				15		
1		ses (describe in Schedule O)		See Schedi	ıle O	. 16		5,994
1		ses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·			► 17	5	2,298
, 1		eficit) for the year (Subtract line 17 from lin				18		·7,415
§ 1	9 Net assets o	r fund balances at beginning of year (from I	ine 27, column (A))	(must agree w	ith end-c	f-year 10		
S 1		ed on prior year's return) es in net assets or fund balances (explain ii	Schedule (1)			19	 2	29,769
5 2	Uther change	r fund balances at end of year. Combine lin	es 18 through 20 E	2=0=11/5		7 - 21	1 2	2,354
2		Reduction Act Notice, see the separate inst			ك ,,	}	Form 990-E	
ΔΔ 1			B043		I U			





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	Vincent de Paul	Saint	80	-04 <u>9</u>	9597 Page
art II Balance Sheets (see the instruction used Scher	ructions for Part II) dule 0 to respond to any que	estion in this Part II	·	<u>.</u>	
) Beginning of year	_	(B) End of year
2 Cash, savings, and investments .			29,769		22, 354
3 Land and buildings				23	
4 Other assets (describe in Schedule O)		_		24	
5 Total assets	-	<u></u>	29,769	. 25	22,354
5 Total liabilities (describe in Schedule O)			0	. 26	0
Net assets or fund balances (line 27 of c			29,769	. 27	22,354 Expenses
Statement of Program Service Acc Check if the organization used Sch	nedule O to respond to any q	uestion in this Part III)	X	(Rea	uired for section 501
at is the organization's primary exempt purpose? See	Schedule 0			(c)(3)	and 501(c)(4)
scribe the organization's program service ac assured by expenses. In a clear and concise nefited, and other relevant information for ea	ccomplishments for each of i manner, describe the service ach program title	ts three largest program es provided, the number	n services, as er of persons		nizations, optional thers)
Food Pantry - Provide foo families in need of assis	d_and_other_staple	s to individua	ls and		
(Grants 8) If the	s amount includes foreign gr	rants check here		28 a	30,505
9 Financial Aid - Provide a			avment of		30,303
utilities, rent, lodging, services.					
(Grants \$) If the	s amount includes foreign gi	rants, check here		29 a	7,349
Subsidies to other 501(c)	(3) organization f	or their servi	ces to		
individuals in need]		
					
	s amount includes foreign gi			30 a	6,950
Other program services (describe in Scho					
(s amount includes foreign gr	rants, check here		31 a	1,500
2 Total program service expenses (add lin		T		32	46,304
art IV List of Officers, Directors, 1 Check if the organization used Sch			ir not compensated — s	ee me	Instructions for Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and def compensation	oyes	(e) Estimated amount of other compensation
oug Head					
	2			^	0
	3	0.		0.	0
arian Montoya	<u></u>				
arian Montoya ice President	3	0.		0.	
arian_Montoya ice_President onnie_Oliver	1	0.		0.	0
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arian_Montoya ice President onnie Oliver ecretary ary Ann McNair reasurer ister Maria Elena ood Pantry Mgr atrick Lyman ood Pantry Ast imothy Rafter reasurer lan Smith	1 2 4 6	0. 0. 0. 0.		0. 0. 0. 0.	0 0 0 0
arian Montoya ice President connie Oliver ecretary ary Ann McNair reasurer ister Maria Elena cod Pantry Mgr atrick Lyman cod Pantry Ast imothy Rafter reasurer lan Smith	1 2 4 6	0. 0. 0. 0.		0. 0. 0. 0.	0
resident arian Montoya ice President connie Oliver ecretary ary Ann McNair reasurer ister Maria Flena cod Pantry Mgr atrick Lyman cod Pantry Ast imothy Rafter reasurer lan Smith ssistant Treas	1 2 4 6	0. 0. 0. 0.		0. 0. 0. 0.	0 0 0 0 0

The information (Note the Schedule A and personal benefit contract statement requirements in See Schedule 0 The instructions for Part V O Check if the organization used Schedule 0 to respond to any question in this Part V The instructions for Part V O Check if the organization used Schedule 0 to respond to any question in this Part V The particular of the particular	Form 990-EZ (20)	14) Society of Saint Vincent de Paul Saint	80-049959	7	Р	age 3
3 Dut the organization engage in any spondcart activity not previously reported to the IRS? If Yes, provide a detailed discription of each activity in Schedulo II. If Yes, any spondard changes made to the organization of previously in Schedulo II. If Yes, any spondard changes made to the organization of previously in Schedulo II. If the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? If Yes, to line 35s, has the organization filled a Form 990-17 for the year? If Yos, provide an explanation in Schedulo O II. If Yes, to line 35s, has the organization filled a Form 990-17 for the year? If Yos, complete Schedulo C, Part III. Schel mount of policial expenditures, direct on indirect, as described on significant disposition of net assets during the year? If Yes, complete spondard in the institutions. If Schel amount of policial expenditures, direct on indirect, as described in the institutions. If Schel amount of policial expenditures, direct on indirect, as described in the institutions. If Schel amount of policial expenditures, direct on indirect, as described in the institutions. If Yes, complete Schedule I, Part III and enter the total amount introble in make in a proper and add in ordination gain the end of the tax year covered by this return? If Yes, complete Schedule I, Part III and enter the total amount introble on the part of the properties of t	Part V Other	Information (Note the Schedule A and personal benefit contract statement req	uirements inSee Sched			-
If Yes, provide a detailed description of each activity in Schedule O Wes any suppristed charges and by the organizing organizing of the strength of the organization charges of the organization of the organization charges of the organization charges of the organization of the organization of the organization of the organization as eschore 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6035(c) notice, esporting, and proxy law requirements during the year? If Yes, complete Schedule C, Part III organization as eschore 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6035(c) notice, esporting, and proxy law requirements during the year? If Yes, complete Schedule L, Part III organization of the organization of policial expenditures, direct or indirect, as described in the instructions. * 35			question in this Part V	<u>. </u>	IV	X
4 Were any significant changes made to the organizing coverning documents? If Yes, attach a conformed caye of the amended documents of they reflect a change to the organization have currelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.6 as, and 7.a. among others)? bit Yes, to line 35a, has the organization filed a Form 990-1 for the year? If Yo.; provide an explanation in Schedule O 35b bit Yes, to line 35a, has the organization filed a Form 990-1 for the year? If Yo.; provide an explanation in Schedule O 35b bit Yes, to line 35a, has the organization filed a Form 990-1 for the year? If Yo.; provide an explanation in Schedule O 35b bit Provided in the Provided of the Yes of the Yes of Yes	33 Did the orga	anization engage in any significant activity not previously reported to the IRS?		77	res	No X
55 Dot the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others?) bit Yes, to line 35s, has the organization filed a Form 990-1 for the year? If Yo, 'provide an explanation in Schedule O CWS the organization section 501(c)(4), 501(c)(6), or 501(c)(mended documents if they reflect	-		
(such as those reported on lines 2, 6a, and 7a, among others?) bit 1'Yes, to line 35b, has the organization field a form 990-17 for the year? If No, 'provide an explanation in Schedule O bit 1'Yes, to line 35b, has the organization field a form 990-17 for the year? If No, 'provide an explanation in Schedule O c Was the organization a section 501(c)(6), 501(c)(6), 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy lax requirements during the year? If Yes, 'complete Schedule C, Part III and office of the organization of the form 1012-POL for this year? 5				34		X
bit Yes, to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule O 28s the organization as section 5015(c)4), 5015(c)6), or 5015(c)			usiness activities	25 -		v
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule (), Part III and deposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 36 Did the organization if Part in 120-POL to this year? 8a Did the organization for form 1120-POL to this year? 8a Did the organization for form 1120-POL to this year? 8a Did the organization form or make any loans to, any officer, director, trustee, or key employee or were any such basin made in a prior year and still foul toststanding at the end of the tax year covered by this return? 8b If Yes, complete Schedule L, Part II and enter the total amount involved on line 9, for public use of club facilities 9 Section 501(c)(7) organizations. Enter an intention of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 = 0, section 4915 = 0, section 4915 excess benefit transaction during the year, or did it engage in an excess benefit transaction and yor time the forms 990 or 990 capanizations. Did the organization or apiner year that has not been reported on any of its prior forms 990 or 990 capanizations. Did the organization and prior year that has not been reported on any of its prior forms 990 or 990 capanizations. Path and the prior of the prior that the prior		· · · · · · · · · · · · · · · · · · ·	xolanation in Schedule O	⊢		<u>X</u>
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 36 75 Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 37 37 37 37 37 37 38 37 38 38	c Was the org	janization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section	on 6033(e) notice,			х
b Did the organization file Form 1126-POL for this year? 8 a Did the organization for form of more are vary loans to, any officer, director, trustee, or key employed or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? 8 a Different and the properties of the properties			-	36		х
8a Dut the organization borrow from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and still oil oilstanding at the end of the tax year covered by this return? 8b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(7) organizations. Enter all intention fees and capital contributions included on line 9 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit fransaction during the year, or did it engage in an excess benefit fransaction during the year, or did it engage in an excess benefit fransaction organization sent per reported on any of its prior Forms 990-E2? If 'Yes,' complete Schedule L, Part I 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0. 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0. 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembused by the organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller fransaction? If 'Yes,' complete Form 8886-T 1 List the state with which a copy of this return is filed * None 2a The organizations? 2b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial accountly? 1 Yes,' enter the name of the foreign country * 1 Yes,' enter the name of the foreign country * 1 Yes,' enter the name of the foreign country * 1 Yes,' enter the			37a 0.			
any such foans made in a prior year and still outstanding at the end of the tax year covered by this return? bit Y'es; complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 9 Section 501(c)(3) organizations. Enter a Initiation fees and capital contributions included on line 9 9 Social S	_	<u>-</u>		37 b		<u>X</u>
amount involved Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 O	any such lo	ans made in a prior year and still outstanding at the end of the tax year covered b		38 a		×
9 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 0a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4911 0. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit fransaction during the year or did to engage in an excess benefit transaction at a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I cannot of tax imposed on organization managers or disqualified persons during the year or under sections 4912, 4955, and 4958 0. december 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amound of tax imposed on organization by the organization of under sections 4912, 4955, and 4958 0. december 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amound that on line 40c reimbursed by the organization of the year or under sections 4912, 4955, and 4958 0. december 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amound that on line 40c reimbursed by the organization of the organization and of the organization maintain and office outside the U.S.? If Yes, enter the name of the foreign country > 2 If Yes, enter the name of the foreign country > 3 Section 4947(a)(1) nonexempt charitable trusts filting form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax exempt interest received or accrued during the tax year. 4 Did the organization marker accordin			38b N/A			
b Gross receipts, included on line 9, for public use of club facilities 39b N/A 0 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 + 0, section 4912 - 0, section 4955 - 0, b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit fransaction during the year, or did it engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I	39 Section 501	(c)(7) organizations. Enter		[
Da Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 • 0 . section 4912 • 0 . section 4915 • 0 . Section 4915 • 0 . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ! If "Yes," complete Schedule L, Part 1. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations. At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8885-T List the states with which a copy of this return is filed • None 2a The granizations's books are in care of • Marry Ann McNall List the states with which a copy of this return is filed • None 3b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country to which as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) c At any time during the calendar year, did the organization maintain any office or account or account or account or account or account or acco		· · · · · · • • • • • • • • • • • • • •				
Section 4911 * 0 , section 4912 * 0 , section 4915 * 0 , Section 4915 * 0 , Section 501(c)(2), 301(c)(2), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes; complete Schedule L, Part I		• •				
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on time 40c reimbursed by the organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8385-1. It is the states with which a copy of this return is filed ** None* 2a. The organization's books are in care of ** Mary Ann McNair** List the states with which a copy of this return is filed ** None* 2a. The organization's books are in care of ** Mary Ann McNair** Losted at ** 4.49 Lowe Street Wenatchee WA* 2b. 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 authority over a financial account in a foreign country securities account, or other financial accounts (FBAR) 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax exempt interest received or accrued during the tax year 4 a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 5 Did the organization ceceive any payments for indoor lanning services during the year? 4 Did the organization oreceive any payments for indoor lanning services during the year? 4 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 Did the organization ha						
c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers of disqualited persons during the year under sections 4912, 4955, and 4958. d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. o . d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. o . d Section 40c reimbursed by the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T. List the states with which a copy of this return is filed by None. 2a The organization's books are in care of blank Mary Ann McNall None. 2a The organization's books are in care of blank Mary Ann McNall None. 2a The organization's books are in care of blank McNall None. 2b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes, enter the name of the foreign country because the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S.? If Yes, enter the name of the foreign country because the foreign state of Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax exempt interest received or accrued during the tax year 4a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. C Did the organization foreceive any payments for indoor tanning services during the year? 44d C Did Hospanization foreceive any payments from or engage in any transaction with a con	b Section 501 benefit trans	(c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any saction during the year, or did it engage in an excess benefit transaction in a prior	section 4958 excess			
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2a The organization's books are in care of Mary Ann McNair Telephone no. * (50.9) 663-2325 Located at * 449 Lowe Street Wenatchee WA ZIP+4 * 98801 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country * See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country * 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax exempt interest received or accrued during the tax year * 43	e Ali organiza	itions. At any time during the tax year, was the organization a party to a prohibited	l tax	40-		×
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TEEA0812L 05/28/14 Form 990-EZ (2)	If 'No,' prov 15 a Did the organiz b Did the organiz	ne 44c, has the organization filed a Form 720 to report these payments? ide an explanation in Schedule O. anization have a controlled entity within the meaning of section 512(b)(13)? tation receive any payment from or engage in any transaction with a controlled entity within the meaning of	of section 512(b)(13)? If 'Yes,'	44 d 45 a		
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6 'Did th	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ectly, in political campa e Schedule C, Part I	ign activities on behalf o	of or in opposition to	46	s No
Part VI	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.	s only	uestions 47-49b and	d 52, and complete	the tables	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI			Γ
	ne organization engage in lobbying activities	or have a section 501(h) election in effect during (the tax year? If 'Yes,'	47 Ye	s No
48 Isthe	olete Schedule C, Part II e organization a school as described in s			dule E ,	48	X
	he organization make any transfers to ar es,' was the related organization a section		e related organization?		49 a	 x
50 Comp	plete this table for the organization's five higo oyees) who each received more than \$100,0	hest compensated emplo	oyees (other than officers, in the organization of there	directors, trustees and ki	1 1	Т.
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deterred compensation	(e) Estimated am other compens	ount of
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51 Comp	I number of other employees paid over \$ plete this table for the organization's five highensation from the organization. If there	hest compensated indep	endent contractors who ea	ach received more than \$	100,000 of	
51 Comp	plete this table for the organization's five hig	hest compensated indep is none, enter 'None'	endent contractors who ea		100,000 of	tion
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TEEA0812L 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2014

Attach to Form 990 or Form 990-EZ. Open to Public Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Inspection Society of Saint Vincent de Paul Saint Joseph Conference, Wenatchee, WA 98801 Name of the organization Employer identification in 80-0499597 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.) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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 is a Type I, 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) (v) Amount of monetary support (see instructions) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Amount of other (i) Name of supported organization (lv) is the in your governing Yes (A) (B) (C) (D) Œ)

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

TEEA0401L 07/16/14

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	(Complete only if you checked to organization fails to qualify u					der Part III	if the	,
ect	tion A. Public Support		·	·		,		
egir	ndar year (or fiscal year nning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
_	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		······	, 		
Cale: Degi:	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activi	ties, etc (see in	structions)				12	
13	First five years. If the Form 990 is forganization, check this box and		on's first, second, th	nird, fourth, or fifth t	tax year as a section	on 501(c)(3)		- [
	tion C. Computation of Pub							
	Public support percentage for 20	-		ne 11, column (f))	ı		14	- %
	Public support percentage from 2					•	15	***
16 a	33-1/3% support test - 2014. If and stop here. The organization	the organization qualifies as a pi	did not check the iblicly supported o	box on line 13, a organization	nd the line 14 is 3	33-1/3% or r	nore, che	ck this box
b	33-1/3% support test — 2013. If the and stop here. The organization	ne organization qualifies as a pi	did not check a boublicly supported o	ox on line 13 or 16 organization	sa, and line 15 is	33-1/3% or	more, che	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	neets the 'facts-	and-circumstance	s' test, check this	box and stop her	ne. Explain i	n Part VI)% how ► [
b	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	neets the 'facts-	and-circumstance	s' test, check this	box and stop her	re. Explain i	n Part Vi	
	Private foundation. If the organiz					_		ctions -
18								

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Schedule A (Form 990 or 990-EZ) 2014	Society	of Saint Vi	ncent de Pa	ul Saint	80-0499597	Page 3
Part III Support Schedule for	r Organization	s Described in	Section 509(a)(2)		
(Complete only if you check to qualify under the tests	ed the box on line 9 listed below, pleas	e complete Part II	rganization failed t)	o quality under Pa	rt II if the organizati	ion fails
Section A. Public Support						
Calendar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
 Gifts, grants, contributions and membership fees 						
received (Do not include any 'unusual grants ') .	64,716.	59,089.	46,941.	78,218.	78,218.	327,182.
2 Gross receipts from admis-	0 1/1201	33,003.	19, 312.	70,210.	70,210.	327,102.
sions, merchandise sold or services performed, or facilities		ĺ	İ	i	Į	
furnished in any activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade	l					
or business under section 513.				·		0.
4 Tax revenues levied for the organization's benefit and						
either paid to or expended on its behalf						•
5 The value of services or						0.
facilities furnished by a governmental unit to the						
organization without charge	5. 5. 5					0.
6 Total. Add lines 1 through 5 7 a Amounts included on lines 1,	64,716.	59,089.	46,941.	78,218.	78,218.	327,182.
2, and 3 received from disqualified persons	0.	0.	0.	0.		0
b Amounts included on lines 2	0.		v.	0.	0.	0.
and 3 received from other than disqualified persons that			İ			
exceed the greater of \$5,000 or 1% of the amount on line 13	1			1		
for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b .	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6) .			ļ			327,182.
Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 10 a Gross income from interest, dividends,	64,716.	59,089.	46,941.	78,218.	78,218.	327,182.
payments received on securities loans, rents, royalties and income from						
						n
similar sources b Unrelated business taxable						0
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses						.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business	0.	0.	0.	0.	0.	.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is	0.	0.	0.	0.	0.	<u>0,</u> 0.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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	0.	0.	0.	0.	0.	<u>0,</u> 0.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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	0.	0.	0.	0.	0.	<u>0,</u> 0.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in	64,716.	59,089.	46,941.	78,218.	78,218.	0. 0.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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). 13 Total support. (Add lines 9,	64,716.	59,089.	46,941.	78,218.	78,218.	0. 0. 327,182.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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) 13 Total support. (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990	64,716. Is for the organizal stop here	59, 089.	46,941.	78,218.	78,218.	0. 0. 327,182.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 organization, check this box and Section C. Computation of Pu 15 Public support percentage for 26	64,716. Is for the organizal stop here blic Support P 014 (line 8, column	59, 089. Ition's first, second ercentage (f) divided by line	46, 941. J. third. fourth. or	78,218.	78, 218. a section 501(c)(3)	0. 0. 327,182.
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 organization, check this box and Section C. Computation of Pu 15 Public support percentage from	64,716. Is for the organizal stop here blic Support P 014 (line 8, column 2013 Schedule A,	59, 089. Ition's first, second ercentage I (f) divided by line Part III, line 15	46, 941. J. third. fourth. or	78,218.	78, 218.) a section 501(c)(3)	0. 0. 327,182.
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similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 organization, check this box and Section C. Computation of Pu 15 Public support percentage for 2! 16 Public support percentage from Section D. Computation of Inv 17 Investment income percentage! 18 Investment income percentage! 19 a33-1/3% support tests — 2014. I is not more than 33-1/3%, checl b 33-1/3% support tests — 2013. I line 18 is not more than 33-1/39	64,716. Is for the organizate stop here blic Support P D14 (line 8, column 2013 Schedule A, restment Incon for 2014 (line 10c, from 2013 Schedule A, this box and stop if the organization of the organization of check this box a	59, 089. Ition's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 16 did not check the letter of the condition of the conditi	46, 941. I, third, fourth, or 13, column (f)) by line 13, column box on line 14, ar zation qualifies as x on line 14 or lin organization qual	78,218. fifth tax year as a fifth tax year as a fifth tax year as a publicly support in 19a, and line 1 sliftes as a publicly	78, 218. a section 501(c)(3) 15 16 17 18 than 33-1/3%, aninted organization 6 is more than 33-y supported organiz	0. 0. 327,182. 100.00 % 0.00 % 0.00 % d line 17 X 1/3%, and
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Schedule A (Form 990 or 990-EZ) 2014 Society of Saint Vincent de Paul Saint 80-0499597

Page 4

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Part IV Supporting Organizations			
(Complete only if you checked a box on line 11 of Part I. 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 Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete	rt I. c	amol	ete
Section A. All Supporting Organizations			
		Yes	No
1 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	1		
2 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).	2	<u> </u>	
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b 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	3b		
c 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	3c		
4 a 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	4a		
b 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	4b		
c 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	4c		
5 a 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)	5a		
b 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?	5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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	6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
B 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)	8		نـــــ
9a 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	9a		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
c Did a disqualified person (as defined in line 9(a)) 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	9c		
10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
b 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.)	10ь		
BAA TEEA0404L 07/17/14 Schedule A (Form 990	or 990	·EZ) 2	014

art IV Supporting Organizations (continued)			
Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
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?	11a		
b A family member of a person described in (a) above?	11b		
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	11c		
ection 5. Type I Supporting Organizations		Yes	No
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		103	
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		
ection C. Type II Supporting Organizations			
		Yes	No
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		
ection D. All Type III Supporting Organizations			
		Yes	N
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)	2		
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		
ction E. Type III Functionally-Integrated Supporting Organizations	···		
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 government entity (see instruction	ns)		
2 Activities Test Answer (a) and (b) below.	ſ	Yes	N
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	2a		
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 engaged in these activities but for the	2ь		
organization's involvement	20		
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.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	1 1		

Check here if the organization satisfied the Integral Part Test as a qualifying trust or other Type III non-functionally integrated supporting organizations must complete to A — Adjusted Net Income	1		
	l	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions) .	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	В		I
ection 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 shotax year or assets held for part of year)	ort		
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C — Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		1
2 Enter 85% of line 1	2		<u></u>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year.	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally- (see instructions).	ıntegrated	Type III supporting or	ganization

TEEA0406L 07/18/14

Schedule A (Form 990 or 990-EZ) 2014 Society of Saint Vin			9597 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Section D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt pur	<u> </u>		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.	of supported organization	s,····	
3 Administrative expenses paid to accomplish exempt purposes of su	pported 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		<u> </u>	
8 Distributions to attentive supported organizations to which the organization in Part VI) See instructions	on is responsive (provide	details	
9 Distributable amount for 2014 from Section C, line 6		.,	
10 Line 8 amount divided by Line 9 amount .			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6		<u></u>	
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) .			
3 Excess distributions carryover, if any, to 2014			
a			
b			
С		<u></u>	
d			•
e From 2013 .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	
Distributions for 2014 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3 _j and 4c			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			
BAA	•	Schedule A (Form	n 990 or 990-EZ) 2014

TEEA0407L 10/31/14

CIS Image

Case #: CIS18CG3YW

Emp #: 0437959736

Schedule A (Form 990 or 990-EZ) 2014 Society of Saint Vincent de Paul Saint 80-0499597 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2014

TEEA0408L 08/18/14

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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.

2014 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Society of Saint Vincent de Paul Saint Joseph Conference, Wenatchee, WA 98801

80-0499597

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity: Donee's Name:

General Contribution

Financial aid to individuals in need

Donee's Address:

Various Various, WA

Relationship of Donee: Cash Amount Given:

None

7,349.

OMB No 1545-0047

Inspection

Class of Activity:

General Contribution

Various Community Charities

Donee's Address:

Donee's Name:

Various Various, WA

Relationship of Donee: Cash Amount Given:

None

6,950.

Class of Activity: Donee's Name: Donee's Address:

General Contribution

Food and Staples to indiduals

Various Various, WA

Relationship of Donee:

None

Description of Property: Book Value:

Method Used to Determine FMV:

Food and Staples 30,505.

Method Used to Determine BV: Fair Market Value:

Cost Cost

30,505.

5,994.

Form 990-EZ, Part I, Line 16 Other Expenses

Administrative Equipment purchase 1,204. 4,580. 210.

Insurance . Form 990-EZ, Part III - Organization's Primary Exempt Purpose

A Catholic lay organization offers person-to-person service to those who are needy and suffering.

Form 990-EZ, Part III, Line 31 **Statement of Program Service Accomplishments**

Description Scholarships - Provide for the partial payment of college

Service Grants

Total \$

Expenses

Program

expenses ti individuals demonstrating both a financial need and a desire to continue their education Includes Foreign Grants: No

1,500.

0. \$ Total \$

1,500.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TEEA4901L 08/18/14

Schedule O (Form 990 or 990-EZ) 2014

48,0000016

Emp #: 0437959736

Schedule 0 (Form 990 or 990-EZ) 2014	Page 2
Name of the organization Society of Saint Vincent de Paul Saint Joseph Conference, Wenatchee, WA 98801	Employer Identification number 80-0499597
Form 990-EZ, Part V - Regarding Transfers Associated with Pers	sonal Benefit Contracts
(a) Did the organization, during the year, received	e any funds, directly or
indirectly, to pay premiums on a personal benefit	contract? No
(b) Did the organization, during the year, pay pr	emiums, directly or
indirectly, on a personal benefit contract?.	. No

BAA

Schedule O (Form 990 or 990-EZ) 2014

TEEA4902L 08/18/14

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