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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

2015
Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **10/01/15**, and ending **12/31/15****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**ST. VINCENT DE PAUL SOCIETY**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

308 W. MAIN

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WALLA WALLA**WA 99362****F** Name and address of principal officer**JERRY ANHORH****308 W. MAIN****WALLA WALLA****WA 99362****D** Employer identification number**91 061******-***7537****E** Telephone number**509-525-3093****G** Gross receipts\$**134,166****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

Tax-exempt status

☒

501(c)(3)

☐

501(c)

()

(insert no)

☐

4947(a)(1) or

☐

527

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 ASSITANCE TO THE NEEDY**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 2% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

29,960**6,353****0****76,867****28,733****331,643****91,889****438,470****126,975****107,742****24,494****0****343,939****97,964****0****102,152****24,992****553,833****147,450****-115,363****-20,475**

Beginning of Current Year

End of Year

1,457,318**1,437,105****11,432****11,694****1,445,886****1,425,411****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

Date

JOE LANDONI**TREASURER**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DANIEL J. TOMPKINS**01/17/17***********Firm's name ▶ **TOMPKINS, VARGAS & ASSOCIATES PS**Firm's EIN ▶ ****-***4776****212 S THIRD AVE**Firm's address ▶ **WALLA WALLA, WA 99362-3003**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.

DAA

Form 990 (2015)

EXHIBIT 10