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CHANGE OF FISCAL YEAR END

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 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/form990.2016
Open to Public
Inspection

Form 990

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01/01/16, and ending 09/30/16

B Check if applicable

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

C Name of organization

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)

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 \$

437,781

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

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

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.

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 2016 (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)

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

6,353 8,799

28,733 33,282

91,889 228,452

126,975 270,533

24,494 99,330

97,964 270,662

24,992 93,934

147,450 463,926

-20,475 -193,393

1,437,105 1,243,726

11,694 11,708

1,425,411 1,232,018

Beginning of Current Year End of Year

1,437,105 1,243,726

11,694 11,708

1,425,411 1,232,018

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

JERRY ANHORH

PRESIDENT

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

self-employed *****

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 509-529-7022

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 (2016)

C25G
Exhibit 11