



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990
2015Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)2015
Open to Public
Inspection

- 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

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

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 OF LANE
COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 2890 CHAD DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EUGENE, OR 97408

D Employer identification number

93-0454786

E Telephone number

(541) 687-5820

G Gross receipts \$ 30,942,794

F Name and address of principal officer

TERRY MCDONALD
2890 CHAD DRIVE
EUGENE, OR 97408

H(a) Is this a group return for
subordinates? Yes No

Yes No

H(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: ► WWW.SVDP.USK Form of organization Corporation Trust Association Other ►

L Year of formation 1953

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	596
6 Total number of volunteers (estimate if necessary)	6	5,648
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	

Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		10,154,430	9,328,380
9 Program service revenue (Part VIII, line 2g)		6,581,882	7,671,179
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		243,821	263,658
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,859,199	12,741,911
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,839,332	30,005,128

Expenses		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,891,770	3,070,010
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,258,828	15,093,970
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ► 220,891			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,275,775	10,847,989
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		27,426,373	29,011,969
19 Revenue less expenses Subtract line 18 from line 12		2,412,959	993,159

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		69,935,176	71,009,346
21 Total liabilities (Part X, line 26)		28,372,265	28,458,967
22 Net assets or fund balances Subtract line 21 from line 20		41,562,911	42,550,379

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	*****	2017-07-24
	Signature of officer	Date
	TERRY MCDONALD EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRITZ S DUNCAN	Preparer's signature FRITZ S DUNCAN	Date 2017-08-01	Check <input type="checkbox"/> if self-employed	PTIN P00036435
	Firm's name ► JONES & ROTH PC			Firm's EIN ► 93-0819646	
	Firm's address ► PO BOX 10086 EUGENE, OR 97440			Phone no (541) 687-2320	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)? 

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations.
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c	Yes	
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	213	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	596	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a 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)?	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8 Sponsoring organizations maintaining donor advised funds.	8		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a		
b Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1a	14	Yes	No
1b	12		

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2	Yes
3	No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4	No
5	No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

6	No
7a	No

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

7b	No
8a	Yes

6 Did the organization have members or stockholders?

8b	Yes
9	No

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b	No
8a	Yes

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

8b	Yes
9	No

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

10a	No
10b	

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11a	Yes
12a	Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

12a	Yes
12b	Yes

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

12c	Yes
13	Yes

13 Did the organization have a written whistleblower policy?

14	No
15a	Yes

14 Did the organization have a written document retention and destruction policy?

15b	Yes
16a	Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16b	Yes
17	

17 List the States with which a copy of this Form 990 is required to be filed ► OR, CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

►TERRY MCDONALD 2890 CHAD DRIVE EUGENE, OR 97408 (541) 687-5820

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Indi- vidual trustee	Institutional Trustee	Offi- cer	Key Employee				
(1) LOUISE WESTLING CHAIR	2 00	X		X				0	0	0
(2) VIRGIL HEIDECKER SECRETARY	2 00	X		X				0	0	0
(3) MARIANNE NICOLS TREASURER	2 00	X		X				0	0	0
(4) JUDY ALISON DIRECTOR	2 00	X						0	0	0
(5) BEN MONDRAGON DIRECTOR	2 00	X						0	0	0
(6) PAUL ATKINSON DIRECTOR	2 00	X						0	0	0
(7) RUBEN GARCIA DIRECTOR	2 00	X						0	0	0
(8) EDWARD THOMPSON DIRECTOR	2 00	X						0	0	0
(9) CHARLIE BURNHAM DIRECTOR	2 00	X						0	0	0
(10) JACQUELINE MCDONALD DIRECTOR	2 00	X						0	0	0
(11) MARJORY RAMEY DIRECTOR	2 00	X						0	0	0
(12) MYRON WILLIAMSON DIRECTOR	2 00	X						0	0	0
(13) HOLLY CABELL DIRECTOR	2 00	X						0	0	0
(14) RUTH DUEMLER DIRECTOR	2 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director or trustee or individual trustee	Individual trustee	Officer	Key employee	Highest compensated employee			
(15) TERRY MCDONALD	40.00			X			151,729	0	3,543
EXECUTIVE DI									
(16) BRENNAN WILLIAMS	40.00			X			48,898	0	2,369
CFO THROUGH									
(17) GLENN DEPRATER	40.00			X			0	0	0
CFO									
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							200,627		5,912

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MID-LANE TRUCK & EQUIPMENT REPAIR INC 4237 W 5TH AVE EUGENE, OR 97402	REPAIRS	195,095
CARLOS LINAREZ ALVAREZ DBA LINAREZ BROS TRUCKING 514 105TH AVE B OAKLAND, CA 94603	TRANSPORTATION	181,104
MEILI CONSTRUCTION	CONSTRUCTION	163,758
10 VAN BUREN EUGENE, OR 97402		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514																	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a																				
	b Membership dues	1b																				
	c Fundraising events	1c	209,888																			
	d Related organizations	1d																				
	e Government grants (contributions)	1e	6,369,180																			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,749,312																			
	g Noncash contributions included in lines 1a-1f \$		2,377,180																			
	h Total. Add lines 1a-1f			9,328,380																		
Program Service Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Business Code</td> </tr> <tr> <td style="width: 50%;">2a PROGRAM FEES</td> <td style="width: 50%;"></td> </tr> <tr> <td>b RENT INCOME</td> <td></td> </tr> <tr> <td>c</td> <td></td> </tr> <tr> <td>d</td> <td></td> </tr> <tr> <td>e</td> <td></td> </tr> <tr> <td>f All other program service revenue</td> <td></td> </tr> <tr> <td>g Total. Add lines 2a-2f</td> <td></td> </tr> </table>		Business Code		2a PROGRAM FEES		b RENT INCOME		c		d		e		f All other program service revenue		g Total. Add lines 2a-2f		3,878,779	3,878,779		
			Business Code																			
			2a PROGRAM FEES																			
			b RENT INCOME																			
			c																			
			d																			
			e																			
			f All other program service revenue																			
g Total. Add lines 2a-2f																						
3,792,400	3,792,400																					
		7,671,179																				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		263,658		263,658																	
	4 Income from investment of tax-exempt bond proceeds																					
	5 Royalties																					
	6a Gross rents	(i) Real	(ii) Personal																			
	b Less rental expenses																					
	c Rental income or (loss)																					
	d Net rental income or (loss)																					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other																			
b Less cost or other basis and sales expenses																						
c Gain or (loss)																						
d Net gain or (loss)																						
8a Gross income from fundraising events (not including \$ <u>209,888</u> of contributions reported on line 1c) See Part IV, line 18 . . .																						
a	117,780																					
b Less direct expenses	b	41,602																				
c Net income or (loss) from fundraising events			76,178																			
9a Gross income from gaming activities See Part IV, line 19 . . .																						
a																						
b Less direct expenses	b																					
c Net income or (loss) from gaming activities																						
10a Gross sales of inventory, less returns and allowances .																						
a	13,561,797																					
b Less cost of goods sold	b	896,064																				
c Net income or (loss) from sales of inventory			12,665,733		12,665,733																	
Miscellaneous Revenue		Business Code																				
11a																						
b																						
c																						
d All other revenue																						
e Total. Add lines 11a-11d																						
12 Total revenue. See Instructions			30,005,128	7,671,179	12,929,391																	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,070,010	3,070,010		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	212,476	79,369	133,107	
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,626,010	11,244,988	1,220,892	160,130
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,257,149	1,113,171	129,736	14,242
10 Payroll taxes	998,335	880,763	106,303	11,269
11 Fees for services (non-employees)				
a Management				
b Legal	117,919	102,449	15,470	
c Accounting	82,903	72,027	10,876	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	241,847	210,118	31,729	
12 Advertising and promotion	225,719	225,719		
13 Office expenses	854,359	786,571	42,941	24,847
14 Information technology				
15 Royalties				
16 Occupancy	3,072,720	2,991,521	80,242	957
17 Travel	474,809	474,809		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	817,083	816,192	891	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,546,407	1,512,157	34,250	
23 Insurance	415,547	399,483	16,064	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS & MAINTENANCE	1,000,360	1,000,360		
b LICENSES & TAXES	596,201	596,201		
c VEHICLES	484,190	484,190		
d OTHER COSTS	280,336	280,336		
e All other expenses	637,589	619,280	8,863	9,446
25 Total functional expenses. Add lines 1 through 24e	29,011,969	26,959,714	1,831,364	220,891
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1,961,904	1 2,067,184
	2 Savings and temporary cash investments	2,136,733	2 2,523,675
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	1,004,380	4 1,649,688
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	13,522,611	7 11,956,708
	8 Inventories for sale or use	3,356,524	8 3,757,438
	9 Prepaid expenses and deferred charges	530,841	9 469,949
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 49,181,808	
	b Less accumulated depreciation	10b 12,759,578	
		35,530,588	10c 36,422,230
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	163,219	12 361,896
	13 Investments—program-related See Part IV, line 11	6,176,925	13 6,233,354
	14 Intangible assets	248,049	14 258,933
	15 Other assets See Part IV, line 11	5,303,402	15 5,308,291
	16 Total assets. Add lines 1 through 15 (must equal line 34)	69,935,176	16 71,009,346
Liabilities	17 Accounts payable and accrued expenses	1,587,393	17 1,592,849
	18 Grants payable	18	
	19 Deferred revenue	5,709,616	19 5,623,948
	20 Tax-exempt bond liabilities	3,492,403	20 3,393,200
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	10,702	22 10,748
	23 Secured mortgages and notes payable to unrelated third parties	17,008,473	23 17,277,930
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	563,678	25 560,292
	26 Total liabilities. Add lines 17 through 25	28,372,265	26 28,458,967
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	16,644,272	27 15,739,960
	28 Temporarily restricted net assets	24,918,639	28 26,810,419
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	41,562,911	33 42,550,379
	34 Total liabilities and net assets/fund balances	69,935,176	34 71,009,346

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,005,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,011,969
3	Revenue less expenses Subtract line 2 from line 1	3	993,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	41,562,911
5	Net unrealized gains (losses) on investments	5	-5,691
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,550,379

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 93-0454786

Name: ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 15,238,126 including grants of \$ 1,399) (Revenue \$)

THRIFT STORE OPERATIONS - TO PROVIDE LOW COST CLOTHING, HOUSEHOLD GOODS, FURNITURE AND APPLIANCES TO NEEDY INDIVIDUALS

Form 990, Part III, Line 4b

4b	(Code) (Expenses \$	8,243,208	including grants of \$	1,434,832) (Revenue \$	7,671,179
----	-------	----------------	-----------	------------------------	-----------	---------------	-----------

SVDP'S SERVICE ENRICHED HOUSING PROGRAMS INCLUDE THREE PROGRAMS SERVING HOMELESS FAMILIES AND SINGLE INDIVIDUALS AND FOUR PROGRAMS SERVING VETERANS CONNECTIONS, A TRANSITIONAL HOUSING PROGRAM SERVING HOMELESS FAMILIES HAS SERVED 32 HOUSEHOLDS COMPRISED OF 43 ADULTS AND 67 CHILDREN LIFT, SERVING HOMELESS SINGLES AND FAMILIES WITH CO-OCCURRING MENTAL ILLNESS AND ADDICTIONS HAS SERVED 18 HOUSEHOLDS COMPRISED OF 33 INDIVIDUALS (CONTINUED ON SCHEDULE O) LIFT IS A TWO-YEAR PROGRAMS OFFERING HOUSING, INTENSIVE CASE MANAGEMENT AND ANCILLARY SUPPORTIVE SERVICES LIFTPLUS, SERVING CHILD WELFARE FAMILIES WITH DRUG AND ALCHOL ADDICTION THAT NEED HOUSING IN ORDER FOR THEIR CHILDREN TO RETURN BACK IN THEIR CARE FROM FOSTER CARE LIFTPLUS IS UP TO ONLY ONE YEAR AND REQUIRES DHS INVOLVEMENT DURING THEIR PARTICIPATION SERVED 27 HOUSEHOLDS FOUR PROGRAMS SUPPORTING HOMELESS VETERANS INCLUDE EMERGENCY CONTRACT BEDS, GRANT AND PER DIEM, PERMANENT SUPPORTIVE HOUSING AND SUPPORTIVE SERVICES FOR VETERAN FAMILIES EMERGENCY CONTRACT BEDS IS A DIRECT CONTRACT WITH THE VETERANS AFFAIRS DEPARTMENT AND PROVIDES A TOTAL OF 4 BEDS FOR EACH NINETY DAY PERIOD THROUGHOUT THE YEAR THE TOTAL WAS 13 EMERGENCY AND TRANSITIONAL BEDS THIS YEAR GRANT AND PER DIEM IS A DIRECT CONTRACT WITH THE VETERANS AFFAIRS DEPARTMENT WITH SERVICES INCLUDE HOUSING, CASE MANAGEMENT, ASSISTANCE WITH OBTAINING BENEFITS AND EMPLOYMENT, BUDGETING AND PLANNING FOR PERMANENT HOUSING THIS PROGRAM SERVED 41 VETERANS THIS PAST YEAR THE VETERAN PERMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES HOUSING, CASE MANAGEMENT AND OTHER SUPPORTIVE SERVICES FOR 18 HOUSEHOLDS COMPRISED OF 25 CHRONICALLY HOMELESS VETERANS SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) IS A SIX-YEAR OLD PROGRAM THAT PROVIDES RAPID RE-HOUSING FOR HOMELESS VETERANS OR EVICTION PREVENTION FOR THOSE AT RISK OF HOMELESSNESS THE PROGRAM OFFERS 90 DAYS OF CASE MANAGEMENT, FUNDS FOR HOUSING OR EVICTION PREVENTION AND OTHER SUPPORTIVE SERVICES INCLUDING ASSISTANCE OBTAINING BENEFITS, LEGAL SERVICES AND LINKAGES TO OTHER AREA SERVICES LAST YEAR THE PROGRAM SERVED 349 HOUSEHOLDS AND 353 VETERANS OTHER PROGRAMS INCLUDED IN HOUSING PROGRAMS INCLUDE THE VALLEY INDIVIDUAL DEVELOPMENT ACCOUNT (VIDA) PROGRAM, HOME OF YOUR OWN (HOYO) PROGRAM, RURAL HOUSING AND REHABILITATION (RHRP)PROGRAM, AND STRENGTHENING, PRESERVING AND REUNIFYING FAMILIES (SPRF)PROGRAM THE VIDA PROGRAM PROVIDES SAVINGS CLUBS, FINANCIAL LITERACY AND INDIVIDUAL DEVELOPMENT ACCOUNTS LAST YEAR THE PROGRAM SERVED 41 INDIVIDUALS AN ADDITIONAL 119 PARTICIPANTS ATTENDED SPECIAL FINANCIAL LITERACY PROGRAMS THE HOYO PROGRAM IS A SELF-HELP HOUSING PROGRAM BASED IN LOWELL, OREGON NINE HOUSEHOLDS HAVE COMPLETED BUILDING THEIR HOMES RHRP IS A HOME REPAIR PROGRAM THAT BENEFITS HOMEOWNERS WITH HOUSEHOLD INCOMES BELOW 80% OR THE FEDERAL MEDIAN INCOME THAT ARE LIVING IN SMALL CITIES AND UNINCORPORATED AREAS OF LANE COUNTY THIS PROGRAM PROVIDES LOW INTEREST LOANS AND SERVED 5 HOUSEHOLDS OR 7 PEOPLE TOTAL SPRF PROVIDES SUPPORT AND FINDS HOUSING FOR HOMELESS FAMILIES THAT HAVE AN OPEN CASE OR AN ASSESSMENT WITH THE DEPARTMENT OF HUMAN SERVICES LAST YEAR THE PROGRAM SERVED 22 FAMILIES TOTALING 62 INDIVIDUAL PEOPLE WHICH INCLUDED 43 CHILDREN

Form 990, Part III, Line 4c

4c	(Code) (Expenses \$	3,478,380	including grants of \$	1,633,779) (Revenue \$)
-----------	-------	----------------	-----------	------------------------	-----------	---------------	---

ST VINCENT DE PAUL'S EMERGENCY SERVICES PROGRAM HELPS PEOPLE MEET THEIR BASIC NEED BY PROVIDING FOOD, CLOTHING, HOUSEHOLD ITEMS, AND HELP WITH RENT, UTILITIES, AND PRESCRIPTION MEDICATION. MAJOR PROGRAMS WITHIN THIS CATEGORY INCLUDE THE SOCIAL SERVICE OFFICE (PROVIDING EMERGENCY ASSISTANCE TO FAMILIES IN NEED), EUGENE SERVICE STATION (DAY SHELTER FOR HOMELESS SINGLES), EGAN WARMING CENTER (AN OVERNIGHT SHELTER THAT OPENS DURING EXTREME COLD WEATHER), FIRST PLACE FAMILY CENTER (DAY SHELTER FOR HOMELESS FAMILIES), AND INTERFAITH EMERGENCY SHELTER (AN OVERNIGHT SHELTER FOR FAMILIES) (CONTINUED ON SCHEDULE O) THE ALLIED SITUATIONAL ASSESSMENT PROGRAM HELPS PEOPLE WITH A MENTAL ILLNESS GAIN LONG-TERM EMPLOYMENT. THE SUPPORTED WORK EXPERIENCE PROGRAM PROVIDES TRAINING AND JOB PLACEMENT FOR PEOPLE RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES. THE WORK READINESS ASSESSMENT PROGRAM HELPS YOUTH SET AND ACHIEVE CAREER GOALS. SECOND CHANCE RENTER REHAB PROVIDES CLASSES FOR CLIENTS WITH POOR RENTERS HISTORY. UPON COMPLETION OF CLASS, CLIENTS ARE PROVIDED A CERTIFICATE TO PRESENT TO PROSPECTIVE LANDLORD. LAST YEAR 169 HOUSEHOLDS AND 427 ADULTS AND CHILDREN BENEFITED FROM THE CLASSES.

2015

Open to Public
Inspection**SCHEDULE A**
**(Form 990 or
990EZ)**Department of the
Treasury
Internal Revenue Service**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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization**ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC**Employer identification number**

93-0454786

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)

1 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 (Form 990 or 990-EZ))
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
 5 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)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 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)
 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 9 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)**.
 11 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
 a **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 it is a Type I, Type II, 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	7,779,745	6,186,364	8,730,511	10,154,430	9,328,380	42,179,430
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,779,745	6,186,364	8,730,511	10,154,430	9,328,380	42,179,430
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						997,678
6 Public support. Subtract line 5 from line 4						41,181,752

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	7,779,745	6,186,364	8,730,511	10,154,430	9,328,380	42,179,430
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	405,930	230,200	448,369	243,821	263,658	1,591,978
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						43,771,408
12 Gross receipts from related activities, etc (see instructions)					12	28,816,269
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►□						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94 080 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	93 890 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►✓		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►□		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►□		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►□		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►□		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,779,745	6,186,364	8,730,511	10,154,430	9,328,380	42,179,430
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,188,297	4,985,182	5,389,729	6,581,882	7,671,179	28,816,269
3 Gross receipts from activities that are not an unrelated trade or business under section 513	12,243,434	13,324,313	14,084,121	13,896,783	13,679,577	67,228,228
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	24,211,476	24,495,859	28,204,361	30,633,095	30,679,136	138,223,927
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		472,406	491,291	517,948	441,461	1,923,106
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,926	304,639		469,769	179,572	955,906
c Add lines 7a and 7b	1,926	777,045	491,291	987,717	621,033	2,879,012
8 Public support. (Subtract line 7c from line 6)						135,344,915

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	24,211,476	24,495,859	28,204,361	30,633,095	30,679,136	138,223,927
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	405,930	230,200	448,369	243,821	263,658	1,591,978
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	405,930	230,200	448,369	243,821	263,658	1,591,978
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)	24,617,406	24,726,059	28,652,730	30,876,916	30,942,794	139,815,905
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	96 800 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	96 560 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	1 000 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	1 000 %
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

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 I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
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	

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3a	
3b	

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

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	

4a 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

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	

5a 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?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

5b	
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	
8	

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)

8	
9a	

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	
9b	

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**.

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**.

9b	
9c	

10a 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	
10b	

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)

11 Has the organization accepted a gift or contribution from any of the following persons?

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	
11b	

b A family member of a person described in (a) above?

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	

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 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*

	Yes	No
1		
2		

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*

Section C. Type II Supporting Organizations

1 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)*

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*

2 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 "Yes," describe in Part VI the role the organization's supported organizations played in this regard*

3 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*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 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 instructions**)

2 Activities Test Answer (a) and (b) below.

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*

	Yes	No
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 organization's involvement*

	Yes	No
2b		

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*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

	Yes	No
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1 Net short-term capital gain
2 Recoveries of prior-year distributions
3 Other gross income (see instructions)
4 Add lines 1 through 3
5 Depreciation and depletion
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)
7 Other expenses (see instructions)
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
a Average monthly value of securities
b Average monthly cash balances
c Fair market value of other non-exempt-use assets
d **Total** (add lines 1a, 1b, and 1c)
e **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
2 Acquisition indebtedness applicable to non-exempt use assets
3 Subtract line 2 from line 1d
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
5 Net value of non-exempt-use assets (subtract line 4 from line 3)
6 Multiply line 5 by .035
7 Recoveries of prior-year distributions
8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85% of line 1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART III, LINE 12	

Schedule A (Form 990 or 990-EZ) 2015

2015

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the
Treasury
Internal Revenue Service**Name of the organization**ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC**Employer identification number**

93-0454786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds (b) Funds and other accounts**1** Total number at end of year

2 Aggregate value of contributions to (during year)**3** Aggregate value of grants from (during year)**4** Aggregate value at end of year**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space

Preservation of an historically important land area
 Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements**b** Total acreage restricted by conservation easements**c** Number of conservation easements on a certified historic structure included in (a)**d** Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____**4** Number of states where property subject to conservation easement is located ► _____**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____**(ii)** Assets included in Form 990, Part X ► \$ _____**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items**a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____**b** Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance	d Additions during the year	e Distributions during the year	f Ending balance
----------------------------	------------------------------------	--	-------------------------

Amount	
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,926,448		9,926,448
b Buildings		36,053,259	12,759,578	23,293,681
c Leasehold improvements				
d Equipment	3,152,017			3,152,017
e Other		50,084		50,084
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►				36,422,230

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

6,233,354

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INT SVDP LEVERAGE LENDER	4,893,789
(2) ASSETS HELD FOR SALE	414,502

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

5,308,291

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 560,292

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . .	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . .	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII

Supplemental Information (*continued*)

Return Reference

Explanation

Additional Data

Software ID:
Software Version:

EIN: 93-0454786

Name: ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) AURORA HOUSING LIMITED PARTNERSHIP	1,330,730	C
(2) BASECOM VILLAGE LIMITED PARTNERSHIP	1,246,919	C
(3) LAMB BUILDING LIMITD PARTNERSHIP	1,117,286	C
(4) STELLAR APARTMENTS LIMITED PARTNERSH	745,914	C
(5) SPRUCE TERRACE LIMITED PARTNERSHIP	661,733	C
(6) SANTA CLARA LIMITED PARTNERSHIP	537,224	C
(7) ASH MEADOWS LIMITED PARTNERSHIP	247,781	C
(8) COREY COMMONS LIMITED PARTNERSHIP	187,355	C
(9) ROYAL BUILDING LIMITED PARTNERSHIP	158,445	C
(10) HILYARD TERRACE LIMITED PARTNERSHIP		C
(11) SOCIETY OF ST VINCENT DE PAUL OF LC		C
(12) HEATHER GLENN LIMITED PARTNERSHIP	-33	C

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2015

Open to Public
Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990Department of the Treasury
Internal Revenue Service

Name of the organization

ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a)Event #1 DINNER THEATER (event type)	(b)Event #2 TURKEY DRIVE (event type)	(c)Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	111,565	66,258	148,435	326,258
2 Less Contributions	12,150	66,258	130,070	208,478
3 Gross income (line 1 minus line 2)	99,415		18,365	117,780
Direct Expenses				
4 Cash prizes				
5 Noncash prizes			1,429	1,429
6 Rent/facility costs	2,100		8,163	10,263
7 Food and beverages	13,032		2,863	15,895
8 Entertainment	1,000			1,000
9 Other direct expenses	4,462	256	8,297	13,015
10 Direct expense summary Add lines 4 through 9 in column (d)				41,602
11 Net income summary Subtract line 10 from line 3, column (d)				76,178

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				►
8 Net gaming income summary Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

13 Indicate the percentage of gaming activity conducted in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22

► **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization

ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) UTILITY ASSISTANCE	2500	1,828,117		CASH PAID	
(2) FOOD ASSISTANCE	46250		1,241,893	FMV	FOOD

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ALL GRANT BUDGETS ARE GIVEN TO THE FINANCE DEPARTMENT AND THE RESPECTIVE PROGRAM MANAGERS FOR MONITORING AND COMPLIANCE ALL RECORDS ARE MAINTAINED IN A DATABASE MONTHLY REPORTS ARE SENT TO FOOD FOR LANE COUNTY WHO IN TURN SENDS IT ON TO LANE COUNTY SVDP IS AUDITED EACH YEAR BY FOOD FOR LANE COUNTY AND LANE COUNTY HEALTH AND HUMAN SERVICES COMMISSION EVERY VOUCHER WRITTEN, WHEN RETURNED TO US FROM THE VENDOR IS THEN SENT TO ACCOUNTS PAYABLE AND IS PAID

Schedule J
(Form 990)**Compensation Information****2015****Open to Public
Inspection**Department of the
Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I Questions Regarding Compensation**Yes****No****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?

No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

No

c Participate in, or receive payment from, an equity-based compensation arrangement?

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

No

a The organization?

No

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

No

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

No

a The organization?

No

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

No

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TERRY MCDONALD EXECUTIVE DIRECTOR	(i) 151,729 -----	(ii) -----	(iii) -----	(C) -----	(D) 3,543 -----	(E) 155,272 -----	(F) -----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference

Explanation

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2015**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A STATE OF OREGON - OFA BOND	93-6001787		11-01-2014	3,500,000	ACQUISITION & IMPROVE		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	3,500,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	70,000			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds	100,000			
10 Capital expenditures from proceeds	3,330,000			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2014			

	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A	B	C	D
	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X			
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ►								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ►								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	STATE OF OREGON - OFA BOND PART V - THE ORGANIZATION HAS ADOPTED THE WRITTEN COMPLIANCE POLICIES REQUIRED BY THE STATE OF OREGON

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ.

►Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART V	TERRY MCDONALD IS THE EXECUTIVE DIRECTOR OF THE ORGANIZATION AND IS COMPENSATED AS THE EXECUTIVE DIRECTOR. HE IS MARRIED TO JACQUELINE MCDONALD WHO IS A MEMBER OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. DUE TO THIS RELATIONSHIP, JACQUELINE MCDONALD IS NOT CONSIDERED AN INDEPENDENT MEMBER OF THE BOARD OF DIRECTORS.

Noncash Contributions

2015

Open to Public
InspectionDepartment of the
Treasury
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990Name of the organization
ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		809,084	FAIR MARKET VALUE
6 Cars and other vehicles	X	733	305,365	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	20,838	MARKET VALUE AT DONATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	1,241,893	STATE ASSIGNED VALUES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
30a		No
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
32a		No
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		
33		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	PART I, LINE 31 - DONATIONS OF LAND, HOMES, OR ANYTHING OTHER THAN CASH, HARD GOODS, OR APPRECIATED STOCK, ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND JUDGED ON A CASE-BY-CASE BASIS

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**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.

2015**Open to Public
Inspection**Name of the organization
ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC**Employer identification number**

93-0454786

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	FIRST PLACE (2,043 VOLUNTEERS) VOLUNTEERS IN THE INTERFAITH NIGHT SHELTER SYSTEM PROVIDE SUPPER AND BREAKFAST, ACTIVITIES FOR CHILDREN, WATCH OVER FAMILIES DURING THE NIGHT, AND CLEAN THE FACILITIES WHEN THE FAMILIES LEAVE VOLUNTEERS AT THE CENTER ITSELF ANSWER PHONES, PROVIDE RESPITE CHILD CARE, SCREEN CHILDREN FOR DEVELOPMENTAL DELAYS, CLEAN, ORGANIZE SUPPLY DRIVES, ORGANIZE THE CHRISTMAS GIVING PROGRAM, PROVIDE EASTER BASKETS, ARRANGE SCHOLARSHIPS FOR SPRING BREAK CAMP AND SUMMER CAMP, SERVE ON ADVISORY BOARDS, GARDEN, PAINT, AND PROVIDE ADDITIONAL SUPPORT SERVICE STATION (3,122 VOLUNTEERS) VOLUNTEERS ASSIST WITH COOKING AND SERVING HOT MEALS IN THE COMMERCIAL KITCHEN, DISPENSE TOILETRIES, PROVIDE BOOKS, DONATE ON-SITE HAIRCUTS, CLEAN, PAINT, LANDSCAPE, AND PROVIDE LAUNDRY SERVICES GENERAL (483 VOLUNTEERS) GENERAL VOLUNTEERS CAN BE INVOLVED IN SUCH TASKS AS INTAKE, GENERAL OFFICE DUTIES, DISTRIBUTING FOOD, RENOVATING HOMES, LANDSCAPING, PAINTING, SERVING ON ADVISORY COMMITTEES, SETTING UP AND SERVING AT EVENTS, FACILITATING RECREATIONAL AND EDUCATIONAL ACTIVITIES, FUNDRAISING, SERVING MEALS, ASSISTING IN RETAIL STORES, CLEANING, MENTORING, ORGANIZING COLLECTION DRIVES, SORTING, AND SOCIAL MEDIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>LIFT IS A TWO-YEAR PROGRAMS OFFERING HOUSING, INTENSIVE CASE MANAGEMENT AND ANCILLARY SUPPORTIVE SERVICES. LIFTPLUS, SERVING CHILD WELFARE FAMILIES WITH DRUG AND ALCHOL ADDICTION THAT NEED HOUSING IN ORDER FOR THEIR CHILDREN TO RETURN BACK IN THEIR CARE FROM FOSTER CARE. LIFTPLUS IS UP TO ONLY ONE YEAR AND REQUIRES DHS INVOLVEMENT DURING THEIR PARTICIPATION.</p> <p>SERVED 27 HOUSEHOLDS. FOUR PROGRAMS SUPPORTING HOMELESS VETERANS INCLUDE EMERGENCY CONTRACT BEDS, GRANT AND PER DIEM, PERMANENT SUPPORTIVE HOUSING AND SUPPORTIVE SERVICES FOR VETERAN FAMILIES. EMERGENCY CONTRACT BEDS IS A DIRECT CONTRACT WITH THE VETERANS AFFAIRS DEPARTMENT AND PROVIDES A TOTAL OF 4 BEDS FOR EACH NINETY DAY PERIOD THROUGHOUT THE YEAR. THE TOTAL WAS 13 EMERGENCY AND TRANSITIONAL BEDS THIS YEAR. GRANT AND PER DIEM IS A DIRECT CONTRACT WITH THE VETERANS AFFAIRS DEPARTMENT WITH SERVICES INCLUDE HOUSING, CASE MANAGEMENT, ASSISTANCE WITH OBTAINING BENEFITS AND EMPLOYMENT, BUDGETING AND PLANNING FOR PERMANENT HOUSING. THIS PROGRAM SERVED 41 VETERANS THIS PAST YEAR. THE VETERAN PERMANENT SUPPORTIVE HOUSING PROGRAM PROVIDES HOUSING, CASE MANAGEMENT AND OTHER SUPPORTIVE SERVICES FOR 18 HOUSEHOLDS COMPRISED OF 25 CHRONICALLY HOMELESS VETERANS. SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) IS A SIX-YEAR OLD PROGRAM THAT PROVIDES RAPID RE-HOUSING FOR HOMELESS VETERANS OR EVICTION PREVENTION FOR THOSE AT RISK OF HOMELESSNESS. THE PROGRAM OFFERS 90 DAYS OF CASE MANAGEMENT, FUNDS FOR HOUSING OR EVICTION PREVENTION AND OTHER SUPPORTIVE SERVICES INCLUDING ASSISTANCE OBTAINING BENEFITS, LEGAL SERVICES AND LINKAGES TO OTHER AREA SERVICES. LAST YEAR THE PROGRAM SERVED 349 HOUSEHOLDS AND 353 VETERANS. OTHER PROGRAMS INCLUDED IN HOUSING PROGRAMS INCLUDE THE VALLEY INDIVIDUAL DEVELOPMENT ACCOUNT (VIDA) PROGRAM, HOME OF YOUR OWN (HOYO) PROGRAM, RURAL HOUSING AND REHABILITATION (RHRP) PROGRAM, AND STRENGTHENING, PRESERVING AND REUNIFYING FAMILIES (SPRF) PROGRAM. THE VIDA PROGRAM PROVIDES SAVINGS CLUBS, FINANCIAL LITERACY AND INDIVIDUAL DEVELOPMENT ACCOUNTS. LAST YEAR THE PROGRAM SERVED 41 INDIVIDUALS. AN ADDITIONAL 119 PARTICIPANTS ATTENDED SPECIAL FINANCIAL LITERACY PROGRAMS. THE HOYO PROGRAM IS A SELF-HELP HOUSING PROGRAM BASED IN LOWELL, OREGON. NINE HOUSEHOLDS HAVE COMPLETED BUILDING THEIR HOMES. RHRP IS A HOME REPAIR PROGRAM THAT BENEFITS HOMEOWNERS WITH HOUSEHOLD INCOMES BELOW 80% OR THE FEDERAL MEDIAN INCOME THAT ARE LIVING IN SMALL CITIES AND UNINCORPORATED AREAS OF LANE COUNTY. THIS PROGRAM PROVIDES LOW INTEREST LOANS AND SERVED 5 HOUSEHOLDS OR 7 PEOPLE TOTAL. SPRF PROVIDES SUPPORT AND FINDS HOUSING FOR HOMELESS FAMILIES THAT HAVE AN OPEN CASE OR AN ASSESSMENT WITH THE DEPARTMENT OF HUMAN SERVICES. LAST YEAR THE PROGRAM SERVED 22 FAMILIES TOTALING 62 INDIVIDUAL PEOPLE WHICH INCLUDED 43 CHILDREN.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	THE ALLIED SITUATIONAL ASSESSMENT PROGRAM HELPS PEOPLE WITH A MENTAL ILLNESS GAIN LONG-TERM EMPLOYMENT. THE SUPPORTED WORK EXPERIENCE PROGRAM PROVIDES TRAINING AND JOB PLACEMENT FOR PEOPLE RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES. THE WORK READINESS ASSESSMENT PROGRAM HELPS YOUTH SET AND ACHIEVE CAREER GOALS. SECOND CHANCE RENTER REHAB PROVIDES CLASSES FOR CLIENTS WITH POOR RENTERS HISTORY. UPON COMPLETION OF CLASS, CLIENTS ARE PROVIDED A CERTIFICATE TO PRESENT TO PROSPECTIVE LANDLORD. LAST YEAR 169 HOUSEHOLDS AND 427 ADULTS AND CHILDREN BENEFITED FROM THE CLASSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	TERRY McDONALD JACQUELINE McDONALD EXEC DIR MEMBER MARRIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS FIRST REVIEWED BY THE CFO AND EXECUTIVE DIRECTOR, AND THEN THE FORM IS REVIEWED BY THE FINANCE COMMITTEE FOR THEIR APPROVAL AND REFERRAL TO THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICTS OF INTEREST POLICY IS MONITORED AND ENFORCED AS PART OF BOARD MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS DECIDES THE EXECUTIVE DIRECTOR'S SALARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR DECIDES SALARY AMOUNTS FOR THE TOP MANAGEMENT POSITIONS, ANY CHANGES ARE REPORTED TO THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	COST OF GOODS SOLD 896,064 SPECIAL EVENTS EXPENSES 41,602 COST OF GOODS SOLD-896,064 SPECIAL EVENTS EXPENSES -41,602

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2015**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC

Employer identification number

93-0454786

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DE PAUL PM LLC 2890 CHAD DR EUGENE, OR 97408 74-3044937	AFFORD HSG	OR	1,219,768	6,977,464	SVDP
(2) LINN COUNTY AFFORDABLE HOUSING ACQUISITION LLC 2890 CHAD DR EUGENE, OR 97408	AFFORD HSG	OR	202,684	1,221,467	SVDP

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	Yes	No
(1) ASTER INC 2890 CHAD DR EUGENE, OR 97408 20-8192679	AFFORD HSG	OR	501C3	9	N/A			No
(2) DE PAUL RE SERVICES INC 2890 CHAD DR EUGENE, OR 97408	RENTALS	OR	501C2		SVDP		Yes	
(3) D LAMB INC 2890 CHAD DR EUGENE, OR 97408 20-3564768	AFFORD HSG	OR	501C2		SVDP		Yes	
(4) SOCIETY OF ST VINCENT DE PAUL OF LANE COUNTY 2890 CHAD DR EUGENE, OR 97408 45-4484855	SUPP ORG	OR	501C3	9	SVDP		Yes	
(5) SVDP LEVERAGE LENDER 2890 CHAD DR EUGENE, OR 97408 47-2095517	SUPP ORG	OR	501C3	11A	N/A			No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ASTER INC	L	100,201	ACTUAL CHARGES
(2)BASCOM VILLAGE LP	L	38,693	DEVELOPER FEES
(3)ALONA PLACE APTS LP	L	489,000	DEVELOPER FEES
(4)BASCOM VILLAGE LP	B	41,069	CAPITAL CONTRIBUTED
(5)STELLAR APTS LP	B	55,836	CAPITAL CONTRIBUTED

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data**Software ID:****Software Version:**

EIN: 93-0454786

Name: ST VINCENT DE PAUL SOCIETY OF LANE
COUNTY INC**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V -UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
									Yes	No	
ALONA PLACE LP 2890 CHAD DR EUGENE, OR 97408 47-3125945	AFFORD HSG	OR	NA	EXCLUDED		1,603,194	No		Yes		0 010 %
ASH MEADOWS LP 2890 CHAD DR EUGENE, OR 97408 93-1294760	AFFORD HSG	OR	NA	EXCLUDED	-9	662,314	No		Yes		0 010 %
BASCOM VILLAGE LP 2890 CHAD DR EUGENE, OR 97408 46-4884526	AFFORD HSG	OR	NA	EXCLUDED	-11	2,304,746	No		Yes		0 010 %
COREY COMMONS LP 2890 CHAD DR EUGENE, OR 97408 81-0612107	AFFORD HSG	OR	NA	EXCLUDED	-16	887,446	No		Yes		0 010 %
HEATHER GLEN LP 2890 CHAD DR EUGENE, OR 97408 26-2137425	AFFORD HSG	OR	NA	EXCLUDED	-21	1,563,293	No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LAMB BUILDING LP 2890 CHAD DR EUGENE, OR 97408 26-3967858	AFFORD HSG	OR	NA	EXCLUDED	9,774	1,774,866		No		Yes		0 010 %
ROYAL BUILDING LP 2890 CHAD DR EUGENE, OR 97408 20-4715238	AFFORD HSG	OR	NA	EXCLUDED	-24	1,827,120		No		Yes		0 010 %
SANTA CLARA LP 2890 CHAD DR EUGENE, OR 97408 20-1134223	AFFORD HSG	OR	NA	EXCLUDED	-23	1,305,131		No		Yes		0 010 %
SPRUCE TERRACE LP 2890 CHAD DR EUGENE, OR 97408 93-1318899	AFFORD HSG	OR	NA	EXCLUDED	8,314	1,736,207		No		Yes		0 010 %
STELLAR APARTMENTS LP 2890 CHAD DR EUGENE, OR 97408 93-0454786	AFFORD HSG	OR	NA	EXCLUDED	10,261	1,760,834		No		Yes		0 010 %