

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	ST. VINCENT DE PAUL VILLAGE, INC. 3350 E STREET SAN DIEGO, CA 92102
Prepared by	CBIZ MHM, LLC 10616 SCRIPPS SUMMIT COURT, STE 100 SAN DIEGO, CA 92131
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2016.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 and ending

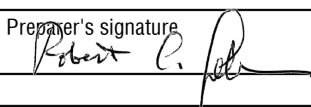
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. VINCENT DE PAUL VILLAGE, INC. Doing business as FATHER JOE'S VILLAGES Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3350 E STREET City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92102 F Name and address of principal officer: DEACON JIM VARGAS, OFS 3350 E STREET, SAN DIEGO, CA 92102	D Employer identification number 33-0492302 E Telephone number 619-446-2100 G Gross receipts \$ 28,117,563. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NEIGHBOR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF HOMELESSNESS AND POVERTY.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 26
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 538
6	Total number of volunteers (estimate if necessary)	6 35575
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 233,402.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 19,862,017. 18,327,201.
9	Program service revenue (Part VIII, line 2g)	9 6,362,222. 7,203,693.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 205,738. 266,672.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 477,663. 539,672.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 26,907,640. 26,337,238.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 1,235,782. 1,217,770.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 11,786,124. 14,120,468.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,272,117.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 13,343,022. 14,757,721.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 26,364,928. 30,095,959.
19	Revenue less expenses. Subtract line 18 from line 12	19 542,712. -3,758,721.
20	Total assets (Part X, line 16)	20 17,799,142. 16,141,616.
21	Total liabilities (Part X, line 26)	21 12,607,054. 14,890,661.
22	Net assets or fund balances. Subtract line 21 from line 20	22 5,192,088. 1,250,955.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DIANE STUMPH, CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name ROBERT C. GELLMAN	Preparer's signature 	Date 11/9/16	Check if self-employed <input type="checkbox"/>	PTIN P00183739
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 01-0826173			
	Firm's address ▶ 10616 SCRIPPS SUMMIT COURT, STE 100 SAN DIEGO, CA 92131		Phone no. 858-795-2000		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF HOMELESSNESS AND POVERTY BY PROMOTING SELF-SUFFICIENCY THROUGH AN INNOVATIVE CONTINUUM OF CARE, MULTI-DISCIPLINARY PROGRAMS AND PARTNERSHIPS THAT COME TOGETHER IN THE SPIRIT OF OUR CREED TO TEACH,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,022,877. including grants of \$ 936,068.) (Revenue \$ 496,571.) PROGRAMS AND SERVICES FOR THE HOMELESS: WE PROVIDE A ONE-STOP SERVICE CENTER TO HELP THE HOMELESS AND OUR NEIGHBORS IN NEED ON A ONE AND ONE-HALF BLOCK CAMPUS IN DOWNTOWN SAN DIEGO THAT INCLUDES TEMPORARY HOUSING AND WRAP AROUND SUPPORT SERVICES. IN 2015, 11,898 PEOPLE LIVING IN POVERTY ACCESSED ONE OR MORE SERVICES. A TOTAL OF 1,100,000 MEALS WERE SERVED, INCLUDING A DAILY COMMUNITY LUNCH PROGRAM. A HOUSING ASSESSMENT IS COMPLETED ON ALL CLIENTS WHEN THEY ENTER INTO THE REGION'S COMMUNITY HOUSING PLACEMENT AND ASSESSMENT SYSTEM. A TOTAL OF 1,461 HOUSING ASSESSMENTS WERE COMPLETED IN 2015. WE PROVIDE HOMELESSNESS PREVENTION ASSISTANCE TO THOSE WHO ARE ABLE TO REMAIN IN THEIR HOUSING OR ACCESS PERMANENT HOUSING WITHOUT A SHELTER STAY; INTERIM HOUSING FOR THOSE WHO NEED SHORT TERM STAY BEFORE ACCESSING

4b (Code:) (Expenses \$ 4,136,689. including grants of \$ 281,702.) (Revenue \$ 4,959,653.) RETAIL PROGRAM: WE COLLECT DONATED AND PURCHASED FURNITURE, CLOTHING, AND OTHER ITEMS FOR SALE AT AUCTION AND RETAIL LOCATIONS TO PROVIDE OPPORTUNITIES FOR THE POOR TO PURCHASE NEEDED CLOTHING AND HOUSEHOLD GOODS AT AFFORDABLE PRICES. THIS PROGRAM WORKS CLOSELY WITH THE PROGRAMS AND SERVICES FOR THE HOMELESS TO HELP MEET THE NEEDS OF OUR CLIENTS. PROCEEDS RECEIVED IN THIS PROGRAM ARE USED TO FUND OPERATIONS AND CONTINUE THE TEMPORARY HOUSING PROGRAMS.

4c (Code:) (Expenses \$ 2,889,769. including grants of \$) (Revenue \$ 1,732,689.) MEDICAL CLINIC: OUR LICENSED PRIMARY CARE CLINIC IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC). A COMBINED RESIDENCY PROGRAM IN PSYCHIATRIC AND FAMILY MEDICINE WITH THE UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), OUR CLINIC IS A PREMIER PARTNERSHIP AND TRAINING SITE CONSIDERED TO BE A "BEST PRACTICE" APPROACH TO SERVING THE HOMELESS. IN 2015, THE CLINIC SAW 2,352 UNIQUE PATIENTS, PROVIDING 12,639 PHYSICIAN VISITS AND 10,132 NURSING AND EDUCATIONAL STAFF VISITS. APPROXIMATELY 1,918 EMERGENCY DEPARTMENT VISITS WERE PREVENTED DUE TO ACUTE CARE NEEDS BEING MET THROUGH 6,638 TRIAGE ENCOUNTERS, RESULTING IN SAVINGS OF APPROXIMATELY \$1,719,242 TO THE COMMUNITY. IN 2015, 201 OF 257 PATIENTS SEEN BY PSYCHIATRISTS EXPERIENCED IMPROVEMENTS IN THEIR EMOTIONAL WELL-BEING. HEALTHCARE PROFESSIONALS DONATED \$82,281 IN

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,419,261. including grants of \$) (Revenue \$ 14,780.)

4e Total program service expenses 25,468,596.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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: DIANE STUMPH - 619-446-2100 3350 E STREET, SAN DIEGO, CA 92102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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, and 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 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN CROLL DIRECTOR	1.00	X					0.	0.	0.	
(2) VINCE KASPERICK DIRECTOR - CHAIR	1.00	X		X			0.	0.	0.	
(3) JOE ERGASTOLO DIRECTOR	1.00	X					0.	0.	0.	
(4) CRAIG MCKASSON DIRECTOR - TREASURER	1.00	X		X			0.	0.	0.	
(5) DAN FARLEY DIRECTOR	1.00	X					0.	0.	0.	
(6) CALEB MCKINLEY DIRECTOR	1.00	X					0.	0.	0.	
(7) JAMES HORNE DIRECTOR	1.00	X					0.	0.	0.	
(8) BOB MILLIKEN DIRECTOR	1.00	X					0.	0.	0.	
(9) JIM MULVANEY, JR. DIRECTOR	1.00	X					0.	0.	0.	
(10) HARRIS STEINBERG DIRECTOR	1.00	X					0.	0.	0.	
(11) CINDY MYHRA DIRECTOR	1.00	X					0.	0.	0.	
(12) TRACEY STURGIS DIRECTOR	1.00	X					0.	0.	0.	
(13) DANA SHERTZ DIRECTOR	1.00	X					0.	0.	0.	
(14) BOB SVATOS DIRECTOR	1.00	X					0.	0.	0.	
(15) PAUL SHIPSTEAD DIRECTOR	1.00	X					0.	0.	0.	
(16) FRANK TERNASKY DIRECTOR	1.00	X					0.	0.	0.	
(17) RON VERNETTI DIRECTOR	1.00	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 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILL WHELAN DIRECTOR	1.00	X						0.	0.	0.
(19) JAMES M. WATERS DIRECTOR - SECRETARY	1.00	X		X				0.	0.	0.
(20) SALLY RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(21) CDR VIRGINIA CALLAGHAN BAYER DIRECTOR	1.00	X						0.	0.	0.
(22) ARTHUR BURGESS DIRECTOR	1.00	X						0.	0.	0.
(23) RANDOLPH KELLY DIRECTOR	1.00	X						0.	0.	0.
(24) KRISTY A. LAMB, MD DIRECTOR	1.00	X						0.	0.	0.
(25) DAVE SCHAEFER DIRECTOR	1.00	X						0.	0.	0.
(26) JANE HARGROVE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								292,927.	0.	0.
d Total (add lines 1b and 1c)								292,927.	0.	0.

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		X
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		X
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	X	

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
SVDP MANAGEMENT, INC. 3350 E STREET, SAN DIEGO, CA 92102	ADMIN & OTHER	1,464,067.
FENSKE MEDIA CORP, 3635 HOMESTEAD STREET, RAPID CITY, SD 57009-0245	ADVERTISING	618,043.
REGENTS UNIVERSITY OF CA, 9500 GILMAN DRIVE 0631-C, LA JOLLA, CA 92093-0631C	MEDICAL SERVICES	543,778.
SYSCO SAN DIEGO 12180 KIRKHAM ROAD, POWAY, CA 92064	FOOD	373,337.
AMERICAN PRODUCE DISTRIBUTORS, 698 ANITA STREET, SUITE B, CHULA VISTA, CA 91911	FOOD	339,512.

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 **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include: (27) DIANE STUMPH CFO & CHIEF ADMINISTRATIVE OFFICER, (28) JENNIFER QUAYLE GENERAL COUNSEL, (29) RUTH BRULAND CHIEF PROGRAM OFFICER, (30) JIM VARGAS CEO & PRESIDENT. Total compensation for all listed is 292,927.

Total to Part VII, Section A, line 1c

292,927.

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	207,104.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	8,019,904.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,100,193.			
	g Noncash contributions included in lines 1a-1f: \$		5,433,393.			
	h Total. Add lines 1a-1f		18,327,201.			
	Program Service Revenue	2 a THRIFT SALES	Business Code 453310	4,959,653.	4,959,653.	
b MEDICAL CLINIC REVENUE		621400	1,732,689.	1,732,689.		
c TRANSITIONAL HOUSING PROGRAM		623990	496,571.	496,571.		
d SHARED LIVING REVENUE - TOUSSAINT		623990	14,780.	14,780.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			7,203,693.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		118,784.		118,784.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		1,028,799.		
		c Gain or (loss)		147,888.		
	d Net gain or (loss)		147,888.		147,888.	
	8 a Gross income from fundraising events (not including \$ 207,104. of contributions reported on line 1c). See Part IV, line 18	a	824,394.			
		b Less: direct expenses	b	518,124.		
c Net income or (loss) from fundraising events			306,270.		306,270.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	466,804.				
	b Less: cost of goods sold	b	233,402.			
	c Net income or (loss) from sales of inventory		233,402.	233,402.		
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		26,337,238.	7,203,693.	233,402.	572,942.	

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 X

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	1,217,770.	1,217,770.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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	11,608,472.	10,334,196.	510,528.	763,748.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,654,433.	1,566,390.		88,043.
10 Payroll taxes	857,563.	802,121.		55,442.
11 Fees for services (non-employees):				
a Management	1,649,219.		1,574,209.	75,010.
b Legal	15,920.	18,370.		-2,450.
c Accounting	84,746.	34,330.	43,968.	6,448.
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 Sch O.)	637,686.	377,383.	2,031.	258,272.
12 Advertising and promotion	1,034,271.	142,051.		892,220.
13 Office expenses	544,721.	446,844.	9,279.	88,598.
14 Information technology	130,455.	107,356.		23,099.
15 Royalties				
16 Occupancy	5,047,726.	4,766,818.	214,835.	66,073.
17 Travel	457,133.	453,861.		3,272.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,827.	26,698.		5,129.
20 Interest	130,516.	130,516.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	536,827.	536,827.		
23 Insurance	1,437,181.	1,373,751.		63,430.
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 FOOD	1,257,384.	1,253,953.		3,431.
b OPERATING EXPENSES	1,252,858.	1,236,925.		15,933.
c CONTRACT SERVICES - UCS	586,103.	586,103.		
d OTHER EXPENSES	51,429.	49,585.	396.	1,448.
e All other expenses	-128,281.	6,748.		-135,029.
25 Total functional expenses. Add lines 1 through 24e	30,095,959.	25,468,596.	2,355,246.	2,272,117.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check 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	463,301.	1	1,316,845.
	2 Savings and temporary cash investments	573,488.	2	329,815.
	3 Pledges and grants receivable, net	5,313,785.	3	3,833,061.
	4 Accounts receivable, net	2,034,398.	4	1,504,345.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,044.	8	53,186.
	9 Prepaid expenses and deferred charges	188,811.	9	178,411.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,937,503.		
	b Less: accumulated depreciation	10b 5,104,072.	3,218,290.	10c 2,833,431.
	11 Investments - publicly traded securities	3,906,944.	11	4,010,588.
	12 Investments - other securities. See Part IV, line 11	135,804.	12	122,194.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,960,277.	15	1,959,740.
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,799,142.	16	16,141,616.	
Liabilities	17 Accounts payable and accrued expenses	9,014,783.	17	9,744,660.
	18 Grants payable		18	
	19 Deferred revenue	32,499.	19	100,000.
	20 Tax-exempt bond liabilities		20	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,559,772.	23	5,046,001.
	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		25	
	26 Total liabilities. Add lines 17 through 25	12,607,054.	26	14,890,661.
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	-2,204,908.	27	-4,371,697.
	28 Temporarily restricted net assets	3,389,322.	28	1,640,828.
	29 Permanently restricted net assets	4,007,674.	29	3,981,824.
	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	5,192,088.	33	1,250,955.	
34 Total liabilities and net assets/fund balances	17,799,142.	34	16,141,616.	

Part XI Reconciliation of Net Assets

Check 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	26,337,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,095,959.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,758,721.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,192,088.
5	Net unrealized gains (losses) on investments	5	-182,412.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,250,955.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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.	X	
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? _____	X	
b	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 _____	X	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **ST. VINCENT DE PAUL VILLAGE, INC.** Employer identification number **33-0492302**

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.")	17,315,983.	19,169,399.	18,002,682.	19,862,017.	18,327,201.	92,677,282.
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	17,315,983.	19,169,399.	18,002,682.	19,862,017.	18,327,201.	92,677,282.
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)						
6 Public support. Subtract line 5 from line 4.						92,677,282.

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	17,315,983.	19,169,399.	18,002,682.	19,862,017.	18,327,201.	92,677,282.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	104,318.	67,338.	95,255.	132,945.	118,784.	518,640.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	85,547.	280,238.	148,622.	142,086.	466,803.	1,123,296.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,356,075.	3,877,551.	4,160,050.	4,767,898.	4,959,653.	22,121,227.
11 Total support. Add lines 7 through 10						116,440,445.
12 Gross receipts from related activities, etc. (see instructions)					12	10,777,190.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	79.59 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	79.52 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
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.		

Section B. Type I Supporting Organizations

	Yes	No
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.		
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

	Yes	No
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).		

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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
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.		
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.		

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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2015

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 Excess from 2014			
e Excess 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.)

SCHEDULE A, PART II, SECTION B, LINE 10

COLUMN	(A)	(B)	(C)	(D)	(E)
THRIFT SALES	4,441,622	4,157,789	4,157,576	4,767,898	4,959,653
SALES DONATED FOOD	0	0	0	0	0
UBI	0	0	148,622	142,086	466,803
OTHER REVENUE	0	0	2,474	0	0
TOTAL	4,441,622	4,157,789	4,308,672	4,909,984	5,426,456

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization ST. VINCENT DE PAUL VILLAGE, INC.	Employer identification number 33-0492302
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BURTON LARKINS 3459 REYNARD WAY, UNIT B SAN DIEGO, CA 92103-3892	\$ 454,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHN V FORREST 1079 CYPRESS AVE SAN DIEGO, CA 92103-4404	\$ 621,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE ESTATE OF HENRY & PATRICIA P.O. BOX 517 LEMON GROVE, CA 91946	\$ 873,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. VINCENT DE PAUL VILLAGE, INC.	Employer identification number 33-0492302
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization ST. VINCENT DE PAUL VILLAGE, INC.	Employer identification number 33-0492302
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization ST. VINCENT DE PAUL VILLAGE, INC. Employer identification number 33-0492302

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,139,108.	4,074,380.	3,847,019.	3,153,973.	3,414,148.
b Contributions	72,972.	167,121.	57,800.	273,084.	32,000.
c Net investment earnings, gains, and losses	-901,377.	-51,915.	221,089.	315,858.	-78,319.
d Grants or scholarships					
e Other expenditures for facilities and programs	49,289.	50,478.	51,528.	-104,104.	213,856.
f Administrative expenses					
g End of year balance	3,261,414.	4,139,108.	4,074,380.	3,847,019.	3,153,973.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

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

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

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

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" on 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				
b Buildings				
c Leasehold improvements		5,265,476.	2,836,944.	2,428,532.
d Equipment		1,918,603.	1,563,340.	355,263.
e Other		753,424.	703,788.	49,636.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,833,431.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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) CASH VALUE OF INSURANCE POL.	241,515.
(2) INTEREST IN PERPETUAL TRUST	1,157,576.
(3) CHARITABLE REMAINDER TRUST	327,733.
(4) INTEREST IN GIFT ANNUITY	26,128.
(5) DEPOSIT - WORK COMP	71,900.
(6) CONSTRUCTION IN PROGRESS	134,842.
(7) INVESTMENT - VILLAGE PLACE, LP	46.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,959,740.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	29,675,405.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-182,412.	
b	Donated services and use of facilities	2b	278,850.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,370,189.	
e	Add lines 2a through 2d	2e		3,466,627.
3	Subtract line 2e from line 1		3	26,208,778.
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	128,460.	
c	Add lines 4a and 4b	4c		128,460.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,337,238.

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	31,842,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	278,850.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,467,385.	
e	Add lines 2a through 2d	2e		1,746,235.
3	Subtract line 2e from line 1		3	30,095,959.
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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	30,095,959.

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.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED FOR GENERAL OPERATIONS, EDUCATION AND CHILDREN'S PROGRAMS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	51,192.
CHANGE IN NET ASSETS RELEASED FROM DONOR RESTRICTIONS	1,851,612.
SPECIAL EVENT EXPENSES INCLUDED WITH REVENUE	518,124.
COST OF GOODS SOLD INCLUDED WITH EXPENSES	233,402.
IN-KIND DONATION - FOOD	715,859.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,370,189.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN CONTRIBUTIONS TO RESTRICTED ASSETS	177,993.
CHANGE IN VALUE OF RESTRICTED ASSETS	-49,533.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	128,460.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES INCLUDED WITH REVENUE	518,124.
COST OF GOODS SOLD INCLUDED WITH EXPENSES	233,402.
IN-KIND DONATION - FOOD	715,859.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,467,385.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
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/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number
33-0492302

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a 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
		Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TG 5K RUN/WALK (event type)	CHARITY DINNER (event type)	4 (total number)		
Revenue	1	Gross receipts	384,902.	273,635.	372,961.	1,031,498.
	2	Less: Contributions	6,083.	112,655.	88,366.	207,104.
	3	Gross income (line 1 minus line 2)	378,819.	160,980.	284,595.	824,394.
Direct Expenses	4	Cash prizes			5,000.	5,000.
	5	Noncash prizes	973.		5,399.	6,372.
	6	Rent/facility costs		1,750.		1,750.
	7	Food and beverages	4,631.	78,008.	56,068.	138,707.
	8	Entertainment	700.	5,500.	1,325.	7,525.
	9	Other direct expenses	174,274.	55,082.	129,413.	358,769.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					306,271.

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				
	2	Cash prizes				
Direct Expenses	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 | 13a | % |
| b An outside facility | 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 to be 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 provide any additional information (see instructions).

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **ST. VINCENT DE PAUL VILLAGE, INC.** Employer identification number **33-0492302**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 349 CEDAR STREET SAN DIEGO, CA 92101	23-7334012	501 (C) (3)	0.	8,400.	FMV	DONATED FOOD	FOOD FOR HUNGRY/HOMELESS
MOUNT OLIVE CHURCH OF GOD IN CHRIST - 4907 "A" ST. - SAN DIEGO, CA 92102	51-0160785	501 (C) (3)	0.	15,540.	FMV	DONATED FOOD	FOOD FOR HUNGRY/HOMELESS
VICTORY OUTREACH - NATIONAL CITY 1836 D AVE NATIONAL CITY, CA 91950	55-0296461	501 (C) (3)	0.	59,953.	FMV	DONATED FOOD	FOOD FOR HUNGRY/HOMELESS
VICTORY OUTREACH - SAN YSIDRO 1665 PRECISION PARK LN SAN YSIDRO, CA 92173	33-0407710	501 (C) (3)	0.	15,359.	FMV	DONATED FOOD	FOOD FOR HUNGRY/HOMELESS
CROSSROADS CHRISTIAN MINISTRIES INTL, INC. - 4486 36TH STREET - SAN DIEGO, CA 92116	33-0824182	501 (C) (3)	0.	171,048.	FMV	DONATED FOOD	FOOD FOR HUNGRY/HOMELESS
CATHOLIC CHARITIES 349 CEDAR STREET SAN DIEGO, CA 92101	23-7334012	501 (C) (3)	125,806.	0.			HOMELESS SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAN DIEGO - TB CONTROL PO BOX 122028 SAN DIEGO, CA 92122	95-6000934	GOVERNMENT	75,939.	0.			HOMELESS SERVICES
SALVATION ARMY 2320 5TH AVE SAN DIEGO, CA 92101	94-1156347	501 (C) (3)	171,273.	0.			HOMELESS SERVICES
SAN DIEGO YOUTH & COMMUNITY SERVICES - 3255 WING STREET - SAN DIEGO, CA 92110	95-2648050	501 (C) (3)	147,165.	0.			HOMELESS SERVICES
SECOND CHANCE 6145 IMPERIAL AVE SAN DIEGO, CA 92114	33-0539640	501 (C) (3)	80,822.	0.			HOMELESS SERVICES
TRAVELERS AID SOCIETY 110 WEST C ST. #1209 SAN DIEGO, CA 92101	95-1727674	501 (C) (3)	96,168.	0.			HOMELESS SERVICES
VOLUNTEERS OF AMERICA 3530 CAMINO DEL RIO N #300 SAN DIEGO, CA 92108	95-6003438	501 (C) (3)	78,464.	0.			HOMELESS SERVICES
VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525	501 (C) (3)	138,286.	0.			HOMELESS SERVICES
EUDIST SERVANTS OF THE ELEVENTH HOUR - 3542 GOVERNER DRIVE - SAN DIEGO, CA 92122	20-3784449	501 (C) (3)	0.	6,950.	FMV	DONATED FOOD	FOOD FOR HUNGRY/HOMELESS

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

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

PART I, LINE 2:

MOST OF THE FUNDS ARE PASS-THROUGH FUNDS FROM HUD. IN ACCORDANCE WITH THE REGULATIONS, WE MONITOR THE EXPENSES OF THE RECIPIENTS TO ENSURE THEY ARE IN COMPLIANCE WITH THE PROGRAM SPECIFICATION BY REVIEWING EACH EXPENSE REPORT WHEN SUBMITTED. IN ADDITION, WE CONDUCT PERIODIC AUDITS TO ENSURE ALL BACK UP IS MAINTAINED AS REQUIRED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

For 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

Part I Questions Regarding Compensation

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 on 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, and 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

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 compensation	(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) DIANE STUMPH CFO & CHIEF ADMINISTRATIVE OFFICER	(i)	64,904.	0.	0.	0.	0.	64,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER QUAYLE GENERAL COUNSEL	(i)	38,745.	0.	2,959.	0.	0.	41,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RUTH BRULAND CHIEF PROGRAM OFFICER	(i)	102,860.	0.	5,920.	0.	0.	108,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JIM VARGAS CEO & PRESIDENT	(i)	74,957.	0.	2,582.	0.	0.	77,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE J, PART II

OFFICERS DIANE STUMPH, JENNIFER QUAYLE, AND JIM VARGAS DO NOT RECEIVE ANY COMPENSATION DIRECTLY FROM ST. VINCENT DE PAUL VILLAGE INC.; HOWEVER, THEY ARE COMPENSATED FOR THEIR POSITIONS HELD WITHIN THE ORGANIZATION THROUGH AN AGREEMENT WITH SVDP MANAGEMENT, INC., AN UNRELATED ORGANIZATION. DUE TO THIS ARRANGEMENT, FORM 990, PART VII, SECTION A, LINE 5 HAS BEEN MARKED AS YES AND THEREFORE, SCHEDULE J HAS ALSO BEEN COMPLETED. THE TYPE AND AMOUNT OF COMPENSATION PAID BY SVDP MANAGEMENT, INC. TO THE ABOVE MENTIONED OFFICERS ARE AS FOLLOWS:

DIANE STUMPH - WAGES OF \$64,904.

JENNIFER QUAYLE - WAGES OF \$38,745 AND NONTAXABLE MEDICAL INSURANCE BENEFITS OF \$2,959.

JIM VARGAS - WAGES OF \$74,957 AND NONTAXABLE MEDICAL INSURANCE BENEFITS OF \$2,582.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department 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/form990.

Name of the organization **ST. VINCENT DE PAUL VILLAGE, INC.** Employer identification number **33-0492302**

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	X	1	20,300.	SALES PRICE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		4,149,879.	SALES PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	32	547,355.	FMV
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD DONATION)	X	0	715,859.	FMV
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

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.

SCHEDULE M, LINE 32B:

DONATED STOCK WAS RECEIVED INTO A MERRILL LYNCH ACCOUNT. THE STOCKS ARE GENERALLY SOLD AND HELD AS CASH UNTIL NEEDED FOR OPERATIONS OR REINVESTED IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY.

SOME DONATED CLOTHING AND HOUSEHOLD GOODS ARE SOLD IN AN ON-LINE "SPECIALTY" AUCTION. THE ORGANIZATION USES AN OUTSIDE PARTY TO STAGE AND RUN THESE AUCTIONS. IN 2015 APPROXIMATELY 7% OF THE REVENUE FROM SALES OF DONATED GOODS CAME FROM THESE SALES.

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARN FROM AND CHALLENGE OUR NEIGHBORS AND ONE ANOTHER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MORE STABLE HOUSING; RAPID RE-HOUSING FOR THOSE IN NEED OF TIME LIMITED
RENTAL ASSISTANCE TO ESTABLISH THEMSELVES IN PERMANENT HOUSING;
TRANSITIONAL HOUSING FOR THOSE WHO NEED FOCUSED SUPPORT TO OBTAIN
INCOME AND PERMANENT HOUSING; PERMANENT SUPPORTIVE HOUSING FOR THE
DISABLED WHOSE HOMELESSNESS HAS BECOME A CHRONIC CONDITION; AND
AFFORDABLE HOUSING FOR THOSE WITH LOW TO MODERATE INCOME. WE ALSO
PROVIDE HOUSING AND SUPPORTIVE SERVICES FOR PEOPLE LIVING WITH HIV/AIDS
IN SIX SEPARATE RESIDENTIAL HOMES WITH A TOTAL OCCUPANCY OF 44
INDIVIDUALS.

IN 2015, MORE THAN 800 PEOPLE SUCCESSFULLY MOVED INTO PERMANENT
HOUSING. ONLY EIGHT PERCENT OF CLIENTS WHO EXITED TO PERMANENT HOUSING
REQUIRED SUBSIDIES TO HELP PAY FOR THEIR HOUSING. NEARLY SEVEN IN TEN
ADULTS WHO WERE SERVED BY ONE OF OUR TRANSITIONAL HOUSING
MULTIDISCIPLINARY TEAMS EXITED TO PERMANENT HOUSING. A TOTAL 2,858
PEOPLE LIVED IN OUR TRANSITIONAL HOUSING PROGRAMS WHILE THEY WORKED
THEIR WAY FROM HOMELESSNESS BACK TO PERMANENT HOUSING; 784 OF WHOM WERE
CHILDREN. WE ALSO SERVED 2,900 VETERANS THROUGHOUT ALL OF OUR
PROGRAMS. SEVENTY-THREE PERCENT OF TRANSITIONAL HOUSING RESIDENTS WHO
WERE SERVED BY OUR ADDICTION TREATMENT PROGRAM REMAINED CLEAN AND
SOBER. NINETY-FOUR PERCENT OF CHILDREN IN THERAPEUTIC CHILDCARE
IMPROVED THEIR GRADES IN AT LEAST ONE SUBJECT, AND ONE HUNDRED PERCENT

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

OF CHILDREN IN THERAPEUTIC CHILDCARE IMPROVED THEIR READING.

EIGHTY-ONE PERCENT OF CLIENTS TREATED WITH INDIVIDUAL OR GROUP THERAPY IMPROVED THEIR MENTAL HEALTH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES THAT ARE NOT REFLECTED IN THE ORGANIZATION'S EXPENSES. OUR DENTAL CLINIC HAD 2,741 ENCOUNTERS, PROVIDING SERVICES RANGING FROM BASIC DENTAL CARE TO FULL DENTAL RESTORATIONS. OUR RESTORATIVE DENTISTRY PROGRAM TRANSFORMS OUR CLIENTS' LIVES BY PROVIDING DENTURES FOR THOSE WHO HAVE HAD SEVERE TOOTH DECAY. BY RESTORING OUR CLIENTS' SMILES, WE ENHANCE THEIR APPEARANCES AND SELF-ESTEEM WHICH MAKE IT POSSIBLE FOR THEM TO FIND STABLE AND PERMANENT HOUSING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TOUSSAINT PROGRAM FOR TEENS: IN 2015 WE PROVIDED SOCIAL SERVICES TO HOMELESS YOUTH PROVIDING 30 TRANSITIONAL BEDS, ACADEMIC SUPPORT, AND SUPPORTIVE SERVICES THAT PROVIDED HOMELESS YOUTH WITH THE TOOLS THEY NEEDED TO ACHIEVE SELF SUFFICIENCY. WE ALSO OFFER AN AFTERCARE PROGRAM FOR YOUTH WHO ARE NO LONGER PART OF THE RESIDENTIAL PROGRAM, BUT NEED SUPPORT AS THEY PURSUE ADVANCED EDUCATION OR HAVE OTHER NEEDS INTO THEIR EARLY ADULT YEARS.

EXPENSES \$ 1,419,261. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,780.

FORM 990, PART VI, SECTION A, LINE 4:

BY-LAW AMENDMENTS WERE MADE TO REINFORCE GOOD GOVERNANCE CONCEPTS. THE MINIMUM NUMBER OF DIRECTORS WAS INCREASED FROM 5 TO 12 AND QUORUM WAS DEFINED AS 51% OF EXISTING BOARD MEMBERS, WITH A SIMPLE MAJORITY BEING REQUIRED TO APPROVE BOARD ACTIONS. DIRECTOR AND BOARD OFFICER TERM LIMITS

Name of the organization

ST. VINCENT DE PAUL VILLAGE, INC.

Employer identification number

33-0492302

WERE DEFINED. THE BY-LAWS WERE ALSO CHANGED TO PERMIT NON-BOARD MEMBERS TO SERVE ON SPECIFIC COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE FULL FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEES AND ANY CHANGES ARE MADE AS NECESSARY. THE UPDATED FORM 990 IS CIRCULATED TO ALL BOARD MEMBERS PRIOR TO THE FINAL SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS COMPLIANCE WITH THE POLICY BY HAVING EACH BOARD MEMBER REVIEW AND ACCEPT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THROUGHOUT THE YEAR, ANY MEMBER WHO HAS A POTENTIAL FOR ANY TANGENTIAL CONFLICT IS EXCLUDED FROM VOTES THAT ARE RELATED TO THE CONFLICT. IN SOME SITUATIONS THEY ARE ASKED TO LEAVE THE ROOM DURING DISCUSSION AND MAY BE EXCLUDED FROM DISTRIBUTED COMMUNICATION. ADDITIONALLY, WHILE IT IS JUST A SMALL PART OF ANY POTENTIAL CONFLICT, BOARD ROSTERS THAT ARE DISTRIBUTED TO THE BOARD AND KEY STAFF INCLUDE THE WORK AFFILIATION OF THE MEMBERS TO IDENTIFY ANY INSTANCES WHERE THE POTENTIAL FOR CONFLICT MAY BE PRESENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS AN ANNUAL REVIEW PROCESS FOR EACH INDIVIDUAL. SALARY ACTIONS ARE BASED ON THAT EVALUATION. THE HUMAN RESOURCE DEPARTMENT COLLECTS INFORMATION TO DETERMINE THE SALARY RANGES OF COMPARABLE POSITIONS AND PROVIDES THAT RESEARCH WHEN SALARY DELIBERATIONS ARE MADE. BOARD MEMBERS ON THE COMPENSATION COMMITTEE WORK WITH THE DIRECTOR OF HUMAN RESOURCES TO REVIEW AND MAKE RECOMMENDATIONS REGARDING THE COMPENSATION OF THE LEADERSHIP.

Name of the organization ST. VINCENT DE PAUL VILLAGE, INC.	Employer identification number 33-0492302
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FORM 990, PART VI, SECTION C, LINE 19:

THE ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11A, COLUMN B

AN ADMINISTRATIVE SERVICES CONTRACT IS HELD BETWEEN S.V.D.P MANAGEMENT, INC. (ADMINISTRATOR) AND ST. VINCENT DE PAUL VILLAGE, INC. (CLIENT). S.V.D.P MANAGEMENT, INC. IS CONTRACTED TO PROVIDE ADMINISTRATIVE SERVICES TO THE ORGANIZATION. THE TYPE OF ADMINISTRATIVE SERVICES BEING PROVIDED ARE AS FOLLOWS: ACCOUNTING AND FINANCE; PAYROLL; HUMAN RESOURCE; INFORMATION TECHNOLOGY; GRANT WRITING; PURCHASING; AND OTHER ADMINISTRATIVE SERVICES AS NEEDED AND/OR REQUESTED. S.V.D.P. MANAGEMENT PROVIDES THESE SERVICES TO ST. VINCENT DE PAUL VILLAGE AT A RATE THAT IS AT OR BELOW THE ACTUAL COST OF PROVIDING THE SERVICES.