

Return of Organization Exempt From Income Tax

2015

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning, 2015, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization ST VINCENT MISSION INC. D Employer identification no. 61-0961940. E Telephone number (606) 886-2513. G Gross receipts \$ 616,989. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. J Website: stvincentmission.org. K Form of organization: Corporation. L Year of formation: 2002. M State of legal domicile: KY.

Part I Summary

Table with 22 rows and 3 columns. Rows include: 1. Briefly describe the organization's mission or most significant activities: St. Vincent Mission Inc. provides emergency services to individuals and families including a food pantry, second hand store, annual Christmas store, emergency finances, home repairs, scholarships for books and garden support. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7. Number of voting members, independent voting members, total individuals employed, total volunteers, total unrelated business revenue, net unrelated business taxable income. 8-12. Revenue: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue. 13-19. Expenses: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses. 20-22. Net Assets or Fund Balances: Total assets, Total liabilities, Net assets or fund balances.

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: KATHLEEN WEIGAND, Signature of officer, Date, KATHLEEN WEIGAND, EXECUTIVE DIRECTOR, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Jacquie Slone, Preparer's signature: Jacquie Slone, Date: 07-28-2016, Check self-employed if PTIN: P01263352, Firm's name: Jacquie Slone CPA PSC, Firm's address: 12491 Hwy 899, Raven KY 41861, Firm's EIN: P, Phone no.: 606-447-2655.

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