

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



CHANGE OF ACCOUNTING PERIOD

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

Open to Public Inspection

Α	For the	2008 calend	r year, or tax year beginning January 01,2009 , 2008, and en	ding Septer	nber 3	, 20 09
8	Check if a	applicable	Please C Name of organization	D Emple	oyer ide	ntification number
닏	Address	-	use IRS Idaho Falls Conference of the Society of St. Vincent de Pa	ul 82	:	0477793
片	Name ch	•	Number and street (or P.O. box, if mail is not delivered to street address)		hone nu	umber
H	Initial retu Terminati		ype. P.O. BOX 50951	(20)		522-6280
Ħ	Amended		Specific City or town state or country and ZIP + 4	F Grou		
口		on pending	nstruc- Idaho Falls, ID 83401-0951		per .	. ▶ 5496
	• Secti	ion 501(c)(3)	rganizations and 4947(a)(1) nonexempt charitable trusts must attach	,		☑ Cash ☐ Accrual
	- 000		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		M Cash L Accida
1	Websi	te: ► N/A				organization is not ledule B (Form 990,
			eck only one)—	990-EZ, or 990		leddie b (Form 990,
				·		
			anization is not a section 509(a)(3) supporting organization and its gross receitorganization chooses to file a return, be sure to file a complete return.	pts are normally not	more th	ian \$25,000. A return is
_	<u>-</u>			and of Farm 000 F7	- •	474000
			b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 inst		▶ \$	171023
	art I		Expenses, and Changes in Net Assets or Fund Balances	(See the instruct	T	
	1		s, gifts, grants, and similar amounts received		1	107264
	2	Program s	rvice revenue including government fees and contracts		2	0.00
	3	Membersh	dues and assessments		3	351
	4	Investment	income		4	0.00
	5a	Gross amo	Int from sale of assets other than inventory 5a	0.00	{	
	Ь	Less: cost	or other basis and sales expenses	0.00		
m	С	Gain or (los	from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule).	5c	0.00
Ž	6	Special events	and activities (complete applicable parts of Schedule G). If any amount is from gaming, cl	neck here 🕨 🗌	1 1	
Revenue	а	Gross reve	ue (not including \$ of contributions		1	
æ		reported o		0.00	11	
	Ь	Less: direc	expenses other than fundraising expenses	0.00] {	
	C		or (loss) from special events and activities (Subtract line 6b from lii	ne 6a)	6c	0.00
	7a	Gross sale	of inventory, less returns and allowances	63408		
	Ь		of goods sold	124	1	
	С	Gross prof	or (loss) from sales of inventory (Subtract line 7b from the Za) VE	D	7c	63284
	8		ue (describe ▶		8	0.00
	9	Total reve	ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. O MAY 1 4: 30	<u> </u>	9	170899
	10	Grants and	similar amounts paid (attach schedule)		10	74256
	111		d to or for members		11	0.00
စ္ဆ		· ·	ner compensation, and employee benefits OGDEN, L		12	79599
Expenses	13		fees and other payments to independent contractors	<u></u>	13	1710
9	14		rent, utilities, and maintenance		14	14659
Ţ,	15		-1		15	1155
e	7 40	Other expe	olications, postage, and snipping		16	784
G	17		ses. Add lines 10 through 16		17	172163
2	18	· · · · · · · · · · · · · · · · · · ·	deficit) for the year (Subtract line 17 from line 9)		18	(1264)
ANGE Assets	19				1	
g	19		or fund balances at beginning of year (from line 27, column (A)) (figure reported on prior year's return).		19	285482
D.	20		figure reported on prior year's return). Jes in net assets or fund balances (attach explanation)		20	0.00
Ž	21		or fund balances at end of year. Combine lines 18 through 20		21	284218
Ē	ari II		heets. If Total assets on line 25, column (B) are \$2,500,000 or mo			
06	art II			(A) Beginning of		(B) End of year
		h aau!	(See the instructions for Part II.)		56 22	
22			nd investments		58 23	
23	Land	d and buildir	JS			
24			cribe ► FAX, FREEZER 1		16 24	
25	Tota	al assets .	DAVBOLL AND CALEGRAY OUT		30 25	
26			escribe PAYROLL AND SALES TAX DUE		47 26	
27	net	assets or I	nd balances (line 27 of column (B) must agree with line 21)	2854	83 27	284217

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat. No. 10642I

Form 990-EZ (2008)

Form 990-EZ (2008)						Page 2
Part III Statement of Program Service Accom	plishments (See th	ne insti	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?					(Red	uired for 501(c)(3)
Describe what was achieved in carrying out the organization						(4) organizations 4947(a)(1) trusts;
describe the services provided, the number of persons be	nefited, or other relev	ant info	rmation for each p	rogram tit	le. opti	onal for others.)
28 Specific assistance to individuals includes rent,						
auto expenses, medical care and food. Freemed						
prescription drugs and for assisting Medicare cli				9		
					<u></u>	74050
(Grants \$ 0.00) If this amount incli				<u>. ▶ </u>	28a	74256
29 Salary for thrift store emplyees and file clerks for	r Freemed. One full	time s	tore manager and	d one		
or more other employees with various hours						
		 -				
(Grants \$ 0.00) If this amount incli					□ 29a	79599
30 Utilities, telephones, repairs, maintenance, trave	l, rent, office suppli	ies, ba	nk and accountin	g fees.		
•					-	
(Grants \$ 0.00) If this amount incli	udes foreign grants	chack	here	· · · · · · · · · · · · · · · · · · ·	30a	18308
31 Other program services (attach schedule)	udes foreign grants,			<u> 1</u>	<u> </u>	10300
· · ·					ر ا م	
(Grants \$) If this amount incl					_ 31a	470400
32 Total program service expenses (add lines 28a th			<u> </u>		▶ 32	172163
Part IV List of Officers, Directors, Trustees, and Key			,	, ` 		
(a) Name and address	(b) Title and avera hours per week		(c) Compensation (If not paid,	(d) Contri employee bei		(e) Expense account and
(-)	devoted to position		enter -0)	deferred co		other allowances
Bryan Forsmann	President	8				
260 Alpine Dr., Idaho Falls, ID 83402		•	0.00		0.00	0.00
Vacant	Vice President					
	Vice Fresident					
Peggy Sharp					· -	
1037 Claredot Dr., Idaho Falls, ID 83402	Treasurer	16	0.00	1	0.00	0.00
		•	0.00			0.00
Gary Pettinger	Secretary	2			0.00	0.00
1342 Nixon Dr., Idaho Falls, ID 83404			0.00		0.00	0.00
Greg Duenes	Member	1		İ		İ
3544 Spring Creek Dr., Idaho Falls, ID 83404			0.00		0.00	0.00
Dave Olson	Past President	2				
1806 Charlene St., Idaho Falls, ID 83402			0.00		0.00	0.00
Dean Hallan	Past President	4				
1879 Riviera Circle, Idaho Falls, ID 38404	dstriesident	-	0.00		0.00	0.00
Adrian Hill				 		
2389 Malibu Dr., Idaho Falls, ID 83404	Member	1	0.00		0.00	0.00
	· · · · · · · · · · · · · · · · · · ·					
Keith Normandeau	Member	1	0.00		0.00	0.00
392 Startlit Ave., Idaho Falls, ID 83402			0.00	ļ <u></u>	0.00	0.00
						1
				ļ		
	[
	1					
			<u> </u>			<u> </u>
				1		•
	 			 		
	1					
	 					
	.]					
	ļ			<u> </u>		ļ
	!					
	<u> </u>		<u></u>	<u> </u>		<u> </u>
	1					
	1					

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00			
	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4		
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9	4		
	Gross receipts, included on line 9, for public use of club facilities	┨		1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			ĺ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Idaho			
42a	The books are in care of ▶ St. Vincent De Paul Treasurer Located at ▶ 433 May Street, Idaho Falls, ID Telephone no. ▶ (208 ZIP + 4 ▶) 52 33401-	22-62 2619	80
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		M = =	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	NO
	account)?	42b		_
	If "Yes," enter the name of the foreign country:			'
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		-
		QQ(\	(0000)

Page	4

Part	Section 501(c)(3) organizations on and complete the tables for lines 50		3) organization	s musi	t answer questi	ons 4	6–49	,
46 [Old the organization engage in direct or indirect		uties on hehalf	of or in	opposition to		Yes	No
	candidates for public office? If "Yes," complete					46		1
47 (Old the organization engage in lobbying activitie					47		√
	s the organization operating a school as descri					48		✓
	Did the organization make any transfers to an e					49a		✓
	f "Yes," was the related organization(s) a section					49b	<u> </u>	
	Complete this table for the five highest compensation received more than \$100,000 of compensation.					emplo	oyees) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comper	le	(d) Contributions to mployee benefit plans & deferred compensation	acc	Expensount ar allowar	nd
None								
						···-		
								· · · ·
	number of other employees paid over \$100,000 Demonstrates Complete this table for the five highest compensions.	· · · · · · · · · · · · · · · · · · ·						
	compensation from the organization. If there is (a) Name and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		(b) Type	e of service	(c) Cor	npensa	
None)							

T-4-1						-		
Total	number of other independent contractors each			ulas and si	totomonto, and to the	neet of a	ov kno	wlodgo
Sign	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declar	ation of preparer (other than o	officer) is based on	all informa	ation of which prepare $5-1/-10$	r has ar	ny knov	wiedge.
Here	Signature of of ce			Da	nte			
	Peggy M. Sharp Treasure	er						
	Type or print name and title.		-					
Paid Prepa	Preparer's signature	Da	setf	ck if	Preparer's Identifying	Number (See inst	ructions)
Use O	I Firm's name for vours k			Ell	v -			
	address, and ZIP + 4			Ph	one no ▶ ()			
May 1	the IRS discuss this return with the preparer sho	own above? See instruc	tions		.		es 🗌	No
		<u></u>			F	om 99	0-EZ	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization Employer identification number Idaho Falls Conference of the Society of St. Vincent de Paul 0477793 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.) 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: 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). ☐ 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.) ☑ An organization that normally receives: (1) more than 33½ % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III-Functionally integrated d ☐ Type III–Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (ii) EIN (v) Did you notify (iv) Is the organization (vi) Is the (vii) Amount of organization (described on lines 1-9) in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? U.S? Yes No Yes Yes No Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1	l)(A)(vi) ,
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.		<u> </u>	l	l	<u> </u>	<u> </u>
	tion B. Total Support		T -2.1.222		T	T	T .==
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		ļ				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>		<u> </u>	<u> </u>	<u></u>
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secon				
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci	nedule A, Part	II, line 14 .			15	%_
16a	33% % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 33%		eck this box
b	33%% support test—2008. If the organi box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Parl	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance" Private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, e organization qu	check this box alifies as a public	and stop here. cly supported o	Explain in Part rganization .	iV how the
			·				

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

·	(Complete only if you check	ed the box of	line 9 of Pa	π ι.)			·			
	tion A. Public Support	4-1 0005	# \ 0000	4 3 0007	4.0.000	I	· ·			
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include	137690.67	15 4 773.95	153476.25	123737.82	170898.90	740577.59			
2	any "unusual grants.")	137030.07	154775.55	155476.25	123737.02	170030.30	140311.39			
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	91177.80	93343.51	95722.72	93576.84	63407.64	437228.51			
3	Gross receipts from activities that are not an	0.00	0.00	0.00	0.00					
_	unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0.00	0.00			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00			
5	The value of services or facilities									
	furnished by a governmental unit to the organization without charge	0.00	0.00	0.00	0.00	0.00	0.00			
6		228868.47	248117.46	249198.97	217314.66	234306.54	1177806.10			
-	• • • • •					20 1000101	7117000:10			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0.00	0.00	0.00	0.00	0.00	0.00			
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	0.00	0.00	0.00	0.00	0.00	0.00			
c	Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00			
8	Public support (Subtract line 7c from									
Sec	line 6.)									
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
		228868.47	248117.46	249198.97	217314.66	234306.54	1177806.10			
9 10a	Amounts from line 6	220000.47	240117.40	243130.37	217314.00	234300.34	1177800.10			
.00	payments received on securities loans, rents, royalties and income from similar sources	48.41	384.43	791.14	1461.50	0.00	2685.51			
D	Unrelated business taxable income (less	ļ								
	section 511 taxes) from businesses acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00			
С		48.41	384.46	791.14	1461.50	0.00	2685.51			
11	Net income from unrelated business									
	activities not included in line 10b, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00			
12	Other income. Do not include gain or									
	loss from the sale of capital assets (Explain in Part IV.)	0.00	0.00	0.00	0.00	0.00	0.00			
13	Total support. (Add lines 9, 10c, 11,	222242.22								
14	and 12.)	228916.88	248501.92	249990.11	217776.16	234306.54	1180491.61			
	organization, check this box and stop	here	<u>.</u>		•					
Sec	tion C. Computation of Public Su	pport Percer	itage	<u> </u>						
15	Public support percentage for 2009 (lin			e 13, column (f))	15	99.77 %			
16	Public support percentage from 2008 S			<u> </u>		16	99.77 %			
<u>Sec</u>	tion D. Computation of Investmer	nt Income Pe	rcentage							
17	Investment income percentage for 2009					17	0.23 %			
18	Investment income percentage from 20					18	0.23 %			
19a	33\% % support tests—2009. If the orga 17 is not more than 33\% %, check this be	anızatıon dıd no ox and stop he	ot check the bo	ox on line 14, a zation qualifies	nd line 15 is m as a publicly s	nore than 33% 9	%, and line nization ► 🗹			
b	33% % support tests-2008. If the organ	ization did not d	check a box on	line 14 or line	19a, and line 16	s more than 3	331/₃ %, and			
20_	line 18 is not more than 331/3 %, check this Private foundation . If the organization									
		THE PROPERTY OF THE PARTY OF TH	A DON OH HITE I	-, .va, ui ibu,	CHILL ACCION	ス ぬいい うしじ いうい				

chedule A (F	orm 990 or 990-EZ) 2009		Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this part to provide th Part III, line 12. Provide any other	e explanations required by Part II, line 10; radditional information. See instructions.
N/A			
·	······································		
••••••	······		
	,		
-			
	·····		
	<i>.</i>		
	<i></i>		
			•••••••••••••••••••••••••••••••••••••••
		······	
			••••••
	·	·····	
		······	
•••			
		•••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Idaho Falls Conference of the Society of St. Vincent de Paul 82 0477793 Due to the extensive amount of material Item 10 is an attachment the follows this schedule. Due to rounding item 19 and 27(A) and item 21 and 27 (B) are off by 1 dollar.

AX YEAR 2009											
TAX YEAR 2009					FORM 990 EZ	0 EZ					
		S	SAINT VINC	ENT DE PA	UL CHRIST	IAN MINIS	CENT DE PAUL CHRISTIAN MINISTRIES EXPENDITURES	IDITURES		82-0477793	93
SHORT YEAR											
		BUS & TRANPRESCRI		PAS & AUT	OTHER		CHRISTMAS		4	ADMINIS1	GRAND
ĭ	UTILITIES	ORTATIO		EXPENSES	MEDICAL	FOOD	BASKETS	OTHER	TOTAL	RATIVE	TOTAL
.,		178.00	938.00	20.00	145.00	539.04		32.50	10963.81	0.00	10963.81
_			363.30	0.00	107.00	126 49		0.00	6228.72	184.92	6413.64
-		4	277.31	65.16	215.00	535.29		229.15	10406.37	0.00	10406.37
_	-	0.00	308.75	00.09	100.00	405.43		210.58	10486 67	42.00	10528.67
MAY 456.00	9197.06	265.00	542.73	0.00	239.13	451.75		150.00	11301.67	23 82	11325.49
JUN 1170.00	00 3670 83	192.00	246.29	40.00	15.00	447.80		170.00	5951.92	000	5951.92
JUL 1919.00	00 2312.44	512.50	270.79	0.00	0.00	344.49		70.00	5429.22	45.22	5474.44
AUG 2383.50	50 2661.65	245.00	401.17	100.00	186.99	588.84		598.43	7165 58	44.00	7209.58
SEP 1821.00	3122.37	472.00	391.91	110.87	126.78	419.60		68.50	6533 03		6533.03
OCT									0.00		00.00
NOV									0.00		0.00
DEC									0.00		00.00
TOTAL 12582.50	50 48676.92	2548.50	3740.25	396.03	1134.90	3858.73	00.0	1529.16	74466.99	339.96	74806.95
								SALARY			71072.04
NUMBERS OF PEOPLE ASSISTED	OPLE ASSISTE	0						FREEMED Total	otal		26835.91
BY CHRISTIAN MINISTRIES	NISTRIES		MATERIAL	S FROM TH	LS FROM THE THRIFT STORE WERE	STORE WE	RE	TOTAL(EXL	TOTAL(EXLUDING ADMIN)	2	172374.94
MONTH FAMILIES	S PEOPLE	STORE	PROVIDE) TO 393 FA	PROVIDED TO 393 FAMILIES, VALUED AT \$6966 65	LUED AT \$	36966 65.	Quickbooks	Quickbooks Total, From Line	ine 9.	170898.90
JAN	216 695	55	758.35					Reserve Funds or deficit	ids or deficit		(1476.04)
FEB 1	175 581	41	725.40								
	210 678	45	765.10								-
	209 707	25	377.70		The Christmas Basket program provided	t program p	rovided	CHR	CHRISTMAS BASKET BREAKDOWN	KET BRE	AKDOWN
	195 628		381.50		food boxes for 439 families:	nilies:		Groceries			0.00
	188 621	46	1139.00		439 Families were served	served		Bread			0.00
	179 559	20	935.80		2252 people were	served.		Beans & R	Rice		0.00
	214 659	54	872.95					Rent			0.00
SEP 1	192 627	49	1010.85					NOTE: Chri	NOTE: Christmas Baskets has no expenses	ts has no	expenses
OCT								until Novem	until November and December of each year.	ember of	each year.
NOV				FREEM	ED provided	assistance	FREEMED provided assistance to app. 636				
DEC				people ii	people in obtaining 2314 prescriptions from	2314 prescr	riptions from			TOTAL	00.0
TOTAL 17	1778 5755	393	6966.65	numeror	us Pharmace	eutical Com	numerous Pharmaceutical Companies plus				
				other as	other assistance provided	vided.	TOTAL	5108			
	_						GRAND TOTAL NUMBER OF PEOPLE:	IL NUMBER	OF PEOPLE:	٨	11535

(Rev. January 2008)

Application To Adopt, Change, or Retain a Tax Year |

▶ See separate instructions.

OMB No. 1545-0134

Attachment

	al Revenue Service			
Pa	rt I General	Information		<u> </u>
In	mportant: All filers mus	st complete Part I and sign below See instructions		
N	lame of filer (if a joint r	eturn is filed, also enter spouse's name) (see instructions)	Filer's identifying number	
	daho Falls Confe	rence of the Society of St. Vincent de Paul	8204777	93
N	lumber, street, and roo	om or suite no. (if a P.O. box, see instructions)	Service Center where income tax	return will be filed
-	P. O. BOX 50951		Ogden, Utah 84201-0027	
L C	ity or town, state, and	ZIP code	Filer's area code and telephone no	umber/Fax number
	daho Falls, ID 83		(208) 528-9979 /()
N	lame of applicant, if dif	fferent than the filer (see instructions)	Applicant's identifying number (s	see instructions)
N	ame of person to cont	tact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and tel	ephone number/Fax number
	•		() /()
1	Check the app	propriate box(es) to indicate the type of applicant (se	ee instructions).	
	☐ Individual	Cooperative (sec. 1381(a))	Passive foreign investmen	t company (PFIC)
	Partnership	Controlled foreign corporation (CFC) (sec. 957)	(sec. 1297)	, , , , , , , , , ,
	☐ Estate	Foreign sales corporation (FSC) or Interest-charge	Other foreign corporation	
	Domestic corp		✓ Tax-exempt organization	
	☐ S corporation		☐ Homeowners Association	(sec. 528)
	Personal servi		Other	•
	corporation (P		(Specify entity and application	
2 d		year ending ► (Partnerships and		
ь с 3	If change to a If changing a ta If adopting or cl beginning ▶ Is the applicant' If "No," attach a Indicate the app I Cash receipt	x year, indicate the date the present tax year ends. ► hanging a tax year, the first return or short period return v January 1, 20, 09, and ending ►. Septer 's present tax year, as stated on line 2b above, also its cur	December 31, 2009 will be filed for the tax year ember 30 , 20	09
b c 3	If changing a tall if adopting or clubeginning ► Is the applicant' If "No," attach a Indicate the applicant of the Cash receipt Other metho	a tax year ending ▶ September 30 ☐ Retain a tax year ax year, indicate the date the present tax year ends. ▶	December 31, 2009 will be filed for the tax year ember 30 , 20 rent financial reporting year?	09 ▶ ☑ Yes □ No
5 Pro	If changing a tall if adopting or clubeginning ► Is the applicant' If "No," attach a Indicate the applicant of the Cash receipt Other metho	a tax year ending ▶ September 30 ☐ Retain a tax year tax year, indicate the date the present tax year ends. ▶	December 31, 2009 will be filed for the tax year ember 30 , 20 rent financial reporting year?	09 ▶ ☑ Yes □ No
b c 3	If changing a tall if adopting or closed beginning If "No," attach a Indicate the applicant Cash receipt Other method State the nature ovide financial aspents.	x year, indicate the date the present tax year ends. ▶	December 31, 2009 will be filed for the tax year ember 30 , 20 rent financial reporting year? c. tore to provide a lower cost in the instructions.)	09 ▶ ☑ Yes □ No
3 4 Free clist	If changing a tall if adopting or clubeginning less the applicant. If "No," attach a lindicate the applicate the applicate the applicate the applicate the applicate the nature ovide financial aspents.	x year, indicate the date the present tax year ends. ▶	December 31, 2009 will be filed for the tax year ember 30 , 20 rent financial reporting year? tore to provide a lower cost in the instructions.) g schedules and statements, and to all information of which preparer has the schedules and statements.	O9 ➤ ✓ Yes □ No resource for our the best of my knowledge any knowledge. iller)
b c 3	If changing a tall if adopting or clubeginning less the applicant. If "No," attach a lindicate the applicate the applicate the applicate the applicate the applicate the nature ovide financial aspents.	x year, indicate the date the present tax year ends. ▶	December 31, 2009 will be filed for the tax year ember 30 , 20 rent financial reporting year? core to provide a lower cost in the instructions.) g schedules and statements, and to all information of which preparer has	og ✓ Yes No resource for our the best of my knowledge any knowledge. iller)
b c 3	If changing a tall if adopting or clubeginning less the applicant. If "No," attach a lindicate the applicate the applicate the applicate the applicate the applicate the nature ovide financial aspents.	x year, indicate the date the present tax year ends. ▶	December 31, 2009 will be filed for the tax year ember 30 , 20 rent financial reporting year? core to provide a lower cost in the instructions.) In schedules and statements, and to all information of which preparer has the preparer (other than for the instruction). Preparer (other than for the individual preparing the applications of individual preparing the applications of the preparer to the preparer of individual preparing the applications.	og ✓ Yes No resource for our the best of my knowledge any knowledge. iller)

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions.

Name of firm preparing the application

Form	n 1128 (Rev. 1-2008)	P	age 2
Pa	rt II Automatic Approval Request (see instructions)		
• lo	dentify the revenue procedure under which this automatic approval request is filed ▶		,
Sec	ction A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or successor)	r its	
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No ✓
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		1
Sec	ction B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)		
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) .		1
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶		√
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information		
7	required to be submitted)		1
8	Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)		1
	ction C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)	1	
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	 	/
	ction D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	 _	
	Is the applicant a tax-exempt organization requesting a change?	ection	that
Se	ction A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?		
	If "Yes," see the instructions for information that must be included on an attached explanation.		
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?		
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and available how the phonon was implemented.		

	the mo, before an appeals office, or a receral country.	
	If "Yes," see the instructions for information that must be included on an attached explanation.	
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?	
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.	
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?	
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?	
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).	
b	If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.	
	☐ Annual business cycle test ☐ Seasonal business test ☐ 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)	
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.	
	Short period \$ First preceding year \$	
	Second preceding year \$	
	Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.	

Р	age 3
es	No
	1
	I
	i
	1
	,
-	

Form 1128 (Rev. 1-2008) Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period: Generated Expiring Net operating loss . Unused credits \$ Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) **▶ \$** _ If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period. If "Yes" to line 8b, go to Part II, line 3. If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder. 9a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant. b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? 10a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation. If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount. **b** Will any partnership concurrently change its tax year to conform with the tax year requested? c If "Yes" to line 10b, has any Form 1128 been filed for such partnership? Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request. Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the Section B—Corporations (other than S corporations and controlled foreign corporations) (see instructions) Enter the date of incorporation. ▶ No 16a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short **b** If "Yes," will the corporation be going to a permitted S corporation tax year? If "No" to line 16b, attach an explanation. Is the corporation a member of an affiliated group filing a consolidated return? If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation. 18a Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period. b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year. ☐ Grandfathered (attach copy of letter ruling) ☐ Section 444 election (date of election _____ ☐ Letter ruling (date of letter ruling ____ (attach copy))

Form	1128 (Rev 1-2008)	, Р	age 4
Sec	tion C—S Corporations (see instructions)		
19	Enter the date of the S corporation election. ▶	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling) (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		
Sec	tion D—Partnerships (see instructions)		
23	Enter the date the partnership's business began. ▶	Yes	No
24	Is any partner applying for a corresponding change in tax year?	<u> </u>	
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy))		
Sec	tion E—Controlled Foreign Corporations (CFC)		
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
Sec	tion F—Tax-Exempt Organizations		
29_	Type of organization: ☐ Corporation ☐ Trust ☑ Other (specify) ▶ 501(C)(3)	Yes	No
30	Date of organization. ► February 6, 1995	_	ĺ
<u>31</u>	Code section under which the organization is exempt. ► 501(C)(3)	_	
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	✓	ļ.,
33	Enter the date the tax exemption was granted. ▶ 12/16/2008 Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34	If the organization is a private foundation, is the foundation terminating its status under section 507? ▶		L.,
Sec	tion G—Estates		
<u>35</u>	Enter the date the estate was created. ▶		
36a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each is an interested party of any portion of the estate.	persor	who
	December the adjusted total magnes of the estate estated in Deut III. Continue A. Dire E. attack a statement of		- 46 -

Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.

Section H—Passive Foreign Investment Companies

If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.



NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL, INC.

December 16, 2008

Dear Vincentian.

We are pleased to announce that the 501 (c) (3) Group Exemption Ruling which the National Council of the Society of St. Vincent de Paul requested from the IRS has been granted. A great deal of information was required from each applicant to be included in this Group Ruling. Unfortunately many of the initial applications were rejected due to incomplete information or duplicate EIN numbers. The IRS requires that each Council or Conference included in the Group Ruling has its own unique EIN number. The list of approved Councils and Conferences, the National SVdP Group Exemption Directory (NSGED) is attached. If you submitted an application, but are not included on the NSGED, please contact Sherry Brown at sbrown@svdpusa.org to determine what is still required for you to be included. If you did not request to be included with the initial application and want to participate in the Group Exemption, we can add your Council or Conference as soon as you submit the required information.

The attached document "Procedures for Inclusion" explains the process. This document should answer any questions you may have about your participation in the Group Exemption, as well as what will be required of you going forward. If you want to participate in the Group Exemption, please complete and sign the "Application for Inclusion" and submit with all required documentation.

One point that was not emphasized in the original application is the requirement that every member of the group ruling be on the same accounting period. September 30 is the Society's approved fiscal year end date. Please take steps to comply with this requirement if your Council or Conference's accounting period does not coincide with this requirement before the annual update which is due June 15, 2009.

Councils that have their own 501 (c) (3) determination letter from the IRS who want to be included in the NSGED will be listed in a separate section with an asterisk indicating that they are not a part of the Group Ruling, but have their own independent 501 (c) (3) exemption. Please complete the attached "Councils Or Conferences With Independent 501 (C) (3) Status" if you want to be included and submit by June 15, 2009.

We will notify you when you have been approved and your name posted on the NSGED.

Sincerely,

Roger Playwin

National Executive Director

oger J. Bloguin

RTP/sab Enclosures



National Council of the United States Society of St. Vincent de Paul, Inc.

National SVdP Group Exemption Directory (NSGED) Approved November 14, 2008 Group Exemption Number (GEN) 5496

Nam	e	Diocesan Council	City	ST	Signed by	Title
183	St. Anthony/Blue Ridge	Atlanta Archdiocesan Council	Blue Ridge	GA	Robert Mills	President
184	St Clement	Atlanta Archdiocesan Council	Calhoun	GA	Pearl Turner	President
185	St. Joseph/Dalton	Atlanta Archdiocesan Council	Dalton	GA	Mary L. Campbell	President
186	St. Katherine Drexel Conference	Savannah Diocesan Council	Macon	GA	Robert K. Burnham	Treasurer
187	Honolulu District Council	Honolulu Diocesan Council	Waimanalo	HI	Patricia Bishaw	President
188	St. John's Conference of St. Vincent de Paul	Davenport Diocesan Council	Burlington	iA	James E. Wade	President
189	Blessed Sacrament Conference	Dubuque Archdiocesan Council	Waterloo	IA	Gary Vent	President
190	Queen of Peace Conference	Dubuque Archdiocesan Council	Evansdale	IA	Bertha Harvey	President
191	Sacred Heart Conference	Dubuque Archdiocesan Council	Waterloo	IA	Paul Lutgen	President
192	St Edward Conference	Dubuque Archdiocesan Council	Waterloo	ΙA	James Lally	President
193	St. Patrick Conference	Dubuque Archdiocesan Council	Cedar Falls	IA	Robert Young	President
194	Society of St. Vincent de Paul, District Council of Waterloo, Iowa	Dubuque Archdiocesan Council	Waterloo	IA	William C. McGrane	President
195	Idaho Falls Conference of the Society of St. Vincen de Paul	Boise Diocesan Council	Idaho Falls	ID	Bryan Forsmann	President
196	Blessed Sacrament Conference, St. Vincent de Paul Society	Belleville Diocesan Council	Belleville	IL	Charles Cullen	President
197	Holy Childhood of Jesus Conference Conference, St. Vincent de Paul Society	Belleville Diocesan Council	Mascoutah	IL	Elizabeth Schoeberle	President
198	Holy Family Conference, St. Vincent de Paul Society	Belleville Diocesan Council	Millstadt	ίL	Kathleen A. Tyler	President
199	Holy Trinity/St. Stephen Conference, St. Vincent de Paul Society	Belleville Diocesan Council	Caseyville	IL	Linda Nekola	President
200	Immaculate Conception Conference, Society of St. Vincent de Paul	Belleville Diocesan Council	Columbia	IL	James J. Held	President
201	Society of St. Vincent de Paul (Particular Council - East St. Louis and Belleville Deaneries)	Belleville Diocesan Council	Belleville	IL	Joseph Hubbard	President
202	Special Works Sacred Heart Conference, Society of St. Vincent de Paul	Belleville Diocesan Council	East St. Louis	IL	Mary Ann Klosterman	President
203	St. Boniface Conference, Society of St. Vincent de Paul	Belleville Diocesan Council	Germantown	IL	John Feldman	Treasurer
204	St. Boniface Conference, Society of St. Vincent de Paul	Belleville Diocesan Council	Edwardsville	IL	Joseph G. Hagerty	President
205	St. Bruno Conference, St. Vincent de Paul Society	Belleville Diocesan Council	Pinckneyville	IL	Valerie Opp	President