

### 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



# **990-EZ**

# 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)

2009

OMB No 1545-1150

➤ Sponsoring 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 \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

October 1 . 2009, and ending 20 A For the 2009 calendar year, or tax year beginning September 30 **B** Check if applicable C Name of organization D Employer identification number Please use IRS Address change Idaho Falls Conference of the Society of St, Vincent de Paul 82-0477793 label or Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print of Initial return type. 208-528-9979 See Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return tions Idaho Falls, ID 83401-0951 Number > 5496 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ if the organization is not I Website: ▶ required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ✓ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 324118 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . 241583 2 2 1841 Program service revenue including government fees and contracts 427 3 Membership dues and assessments . . . . . . . . . 3 4 4 385 Investment income . . . . . . . . . 5a Gross amount from sale of assets other than inventory . . . . 5a h Less: cost or other basis and sales expenses . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions Less: direct expenses other than fundraising expenses b 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . Gross sales of inventory, less returns and allowances . . . . . 76883 7a Less: cost of goods sold 546 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 76337 C 8 8 Other revenue (describe ► 323573 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 159416 10 Grants and similar amounts paid (attach schedule) . . . 10 11 Benefits paid to or for members . . . . . . . . 11 1624 12 Salaries, other compensation, and employee benefits . . . 12 105567 Professional fees and other payments to independent contractors APR 2 13 2899 13 44798 14 14 Occupancy, rent, utilities, and maintenance . . . . . 15 15 8355 Other expenses (describe Returned checks, bank and credit card service charges. 994 16 16 17 323653 17 18 18 (81)Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . . . . 284217 19 Net 20 20 Other changes in net assets or fund balances (attach explanation) . 284136 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 64171 22 64828 22 Cash, savings, and investments 219658 23 219658 23 Land and buildings . . . . . . . . . . . . . . . . 916 24 24 Other assets (describe ► Fax, Freezer 916 25 284745 25 284402 528 26 1266 26 Total liabilities (describe ▶ Payroll and Sales tax due Net assets or fund balances (line 27 of column (B) must agree with line 21) 284217 284136 27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Oilli	30-62 (2009)						raye Z
Part	III Statement of Program Service Accom	plishments (S	ee the instr	uctions for Part III	.)		Expenses
What	is the organization's primary exempt purpose?			eedy of our commu			ured for section
	ribe what was achieved in carrying out the org						)(3) and 501(c)(4) lizations and section
	er, describe the services provided, the number of	of persons bene	efited, and o	other relevant info	mation for		(a)(1) trusts, optional
each	program title.					for ot	hers)
28	Specific assistance to individuals includes rent, lod	ging, utilities, tra	nsportation,	prescriptions,		1	
	auto expenses, medical care and food. Freemed pro	vides assistance	to indivdula	ils in obtaining			
	prescription drugs and for assisting Medicare client	s with Part D. 42	21 person as	sisted.			
				eck here	. ▶ 🔲	28a	159416
29	Salary for thrift store emplyees and file clerks for Fr	eemed. One full t	ime store m	anager and one			
	or more other part time employees with various hou	rs.					
				eck here	. ▶ 🗓	29a	110090
30	Utilities, telephones, repairs, maintenance, travel, re	nt, office supplie	s, bank and	accounting fees.			
				***************************************	·		
	(Grants \$ 0) If this amount	includes foreigi	n grants, ch	eck here	, ▶ 🔲	30a	54147
31	, ,						
	(Grants \$ 0) If this amount	includes foreigi	n grants, ch	eck here ,	. ▶ 📙	31a	0
	Total program service expenses (add lines 28a					32	323653
Par	List of Officers, Directors, Trustees, and Ke			<del>,</del>	<del></del>		<del>,</del>
	(a) Name and address	(b) Title and hours per		(c) Compensation (If not paid,	(d) Contribution (d) Co		(e) Expense account and
	•	devoted to		enter -0)	deferred compe		other allowances
	n Forsmann	President	8				
260 /	Alpine Dr., Idaho Falls, ID 83402			0		0	0
Vaca	nt	Vice President					
	y Sharp	Treasurer	16				
1037	Claredot Dr., Idaho Falls, ID 83402			0		0	0
<i>-</i> -	Pettinger	Secretary	4				
	Nixon Dr., Idaho Falls, ID 83404		· · · · · · · · · · · · · · · · · · ·	0		0	0
Greg	Duenes	Member	1				
3544	Spring Creek Dr., Idaho Falls, ID 83404		•	0		0	0
Dave	Olson	Past President	4				
1806	Charlene St., Idaho Falls, ID 83402			0		0	0
Dear	ı Hallan	Past President	4				
1879	Rivieria Circle, Idaho Falls, ID 83404		· · · · · · · · · · · · · · · · · · ·	0		0	0
Adri	an Hill	Member	1				
2389	Malibu Dr., Idaho Falls, ID 83404			0		0	0
	Normandeau	Member	1				
392	Startlit Ave., Idaho Falls, ID 83402		·	0		0	0
		_		i e			
		ļ				<del></del>	
		ļ		<b> </b>			
		_					
							ļ <u>.</u>
		<del> </del>		-			ļ
		ļ					<del></del>
				ļ	ļ		
		-1					
		_					
		_]					

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<b>✓</b>
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>✓</b>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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			
b	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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		at date.	
d	Section 501(c)(3) and 501(c)(4) organizations. 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. ▶			
42a	The organization's books are in care of ▶ St Vincent de Paul Treasurer Telephone no. ▶	208-52		)
	Located at ► 433 May St., Idaho Falls, ID ZIP + 4 ►	38401	-2619	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		<b>✓</b>
	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.? If "Yes," enter the name of the foreign country:	42c	l	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> ∐
	and once the amount of the original original or the original origi			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	Form 990-EZ	44	<u> </u>	✓
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		1
		m 990	)-F7	(2000)

Page	4

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	·7(a)(1) nonexempt cl	onexempt charit naritable trusts m	able trusts only. A ust answer question	ll secti ns 46-	ion -49b
	Did the organization engage in direct or indirect				-	Yes No
	candidates for public office? If "Yes," complete S				46	<del>-                                     </del>
	Did the organization engage in lobbying activities				47	<del></del>
	Is the organization a school as described in sectio Did the organization make any transfers to an ex		•		48 49a	<b>V</b>
	If "Yes," was the related organization a section 5		ialeu organization:		49b	
	Complete this table for the organization's five high	•	nplovees (other tha	n officers, directors,		s and key
	employees) who each received more than \$100,0					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on (d) Contributions to employee benefit plans & deferred compensation	acco	expense ount and allowances
None						
					1	
				.,,		
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor		<del></del>	Type of service	(c) Com	pensation
None						
		· · · · · · · · · · · · · · · · · · ·				
d	Total number of other independent contractors of	each receiving over \$10	00,000 ▶			
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including according of preparer (other than office	mpanying schedules and r) is based on all informa	statements, and to the be tion of which preparer has	st of my i	knowledge wledge
Sign Here	Paggy Slurp Signature Striffcer			4-20-20 Date	oil	
	Peggy Sharp	Treasurer	<del></del>			
	Type or print name and title	<del></del>				
Paid	Preparer's	Date	self-	Preparer's identifying nu	mber (See	instructions)
Prepare	er's signature Firm's name (or	<u> </u>	employed ▶			<del></del>
Use Or	yours if self-employed),			Phone no ►		
May th	address, and ZIP + 4    The IRS discuss this return with the preparer shown	n above? See instruction	ons , ,		Yes	□ No
.viuy ti	on to dioded the retain the property		· · · · · · · · · · · · ·	F(		)-EZ (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

or a section

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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. ► See separate instructions.

Name of the organization

Employer identification number

Idaho Falls Conference of the Society of St. Vincent de Paul 82 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 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.) 10 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. c Type III-Functionally integrated ☐ Type II e 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) and Yes No 11g(i) 11g(ii) (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 (ii) EIN (iv) Is the organization (v) Did you notify (iii) Type of organization (vi) Is the (vii) Amount of the organization in col (i) of your organization in col (i) listed in your organization in col (described on lines 1-9 support governing document? (i) organized in the above or IRC section support? 1152 (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

							- 3
Part							
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatioi	n failed to qu	
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support				<del></del>		r
Calend	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						<del>                                     </del>
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						
J	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		-				
5	The portion of total contributions by	1					
•	each person (other than a		ļ				
	governmental unit or publicly		Ĭ				
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						<del> </del>
6 Section	Public support. Subtract line 5 from line 4.  on B. Total Support		<u> </u>	<u>l</u>	L	L	1
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		<del></del>				
•	payments received on securities loans,						
	rents, royalties and income from sımılar		}	}			
	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					ļ	
	loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<del> </del>			-	
12	Gross receipts from related activities, etc	L . (see instructi	ons)		L	12	1
13	First five years. If the Form 990 is for the	•	•	d, third, fourth	, or fifth tax y		on 501(c)(3)
_	organization, check this box and stop he	_			_		
Secti	on C. Computation of Public Suppor	rt Percentag	je				
14	Public support percentage for 2010 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2009 Sci					15	%
16a	331/3% support test-2010. If the organi						
_	box and <b>stop here.</b> The organization qua						▶ []
b	331/3% support test—2009. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 of	r Iba, and line	15 15 33 /3%	or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me	<b>utu.</b> If the org	anization did n -and-circumsta	ot check a box	con line 13, 16 eck this hox ar	a, or 100, and ad <b>ston here</b>	i iine 14 is Evolain in
	Part IV how the organization meets the "I	facts-and-circ	umstances" te	st. The organiz	ation qualifies	as a publicly	supported
							▶ □
b	10%-facts-and-circumstances test—2						a. and line
D	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization m	neets the "fact	s-and-circums	tances" test. 1	he organizatio	n qualifies as	
	supported organization						▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	s, 16a, 16b, 17a	a, or 17b, chec	k this box and	d see
	instructions						<b>•</b> —

#### 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	on A. Public Support			· • · · · · · · · · · · · · · · · · · ·	•	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	154773.95	153476.25	123737.82	107264.34	243850.94	783103.30
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	93343.51	95722.72	93576.84	63407.64	76882.55	422933.26
3	Gross receipts from activities that are not an 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	Total. Add lines 1 through 5	248117.46	249198.97	217314.66	170671.98	320733.49	1206036.56
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
С	Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8	<b>Public support</b> (Subtract line 7c from line 6.)						1203036.56
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6	248117.46	249198.97	217314.66	170671.98	320733.49	1206036.56
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	384.43	791.14	1461.50	0.00	384.82	3021.92
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00
С	Add lines 10a and 10b	384.43	791.14	1461.50	0.00	384.82	3021.92
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	248501.92	249990.11	217776.16	170671.98	321118.31	1209058.46
14	First five years. If the Form 990 is for the organization, check this box and stop he	-		d, third, fourth			_
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2010 (line	8, column (f) di	vided by line 1	3, column (f))		15	99.75 %
16	Public support percentage from 2009 Sc	hedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	99.77 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2010					17	0.25 %
18	Investment income percentage from 200					18	0.23 %
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2009. If the organization 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızatıon qualifies	as a publicly s	upported organ	ization 🕨 🗌
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 📋

Page	4

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)
N/A	
	•

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization	Emplo	oyer identification number
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 that follows this schedu	le.	
	<b></b>	
	<b></b>	
	<b></b>	
	<b></b>	
		***************************************
	<b></b>	••••••

Column   C							100					-	
BUS & TRANPRESCRIPAS & AUT: OTHER   CHRISTIMAS  ADMINIST GRAN     BUS & TRANPRESCRIPAS & AUT: OTHER   CHRISTIMAS  ADMINIST GRAN     BUS & TRANPRESCRIPAS & AUT: OTHER   COD BASKETS   OTHER   TOTAL RATIVE   TOTAL     BUS & TRANPRESCRIPAS & AUT: OTHER   COD BASKETS   OTHER   TOTAL RATIVE   TOTAL     STATE   COD GRAN   COD BASKETS   OTHER   TOTAL RATIVE   TOTAL     STATE   COD GRAN   COD GRAN   COD GRAN   COD GRAN   COD GRAN     STATE   COD GRAN   COD GRAN   COD GRAN   COD GRAN   COD GRAN     STATE   COD GRAN   CO			_				FORM 990	_					
The color of the	TAX YEA	R 2009		Š		ENT DE PA	<b>UL CHRIST</b>	IAN MINIS	TRIES EXPEN	IDITURES		82-047779	33
BUS & TRAA-PRESCRIP_IAS & ALIT_OTHER   COHNISTMAS    CHRISTMAS    CH										- : :			
Title   OPT/ATIO   TIONS   SYPENSEE   MEDICAL   FOOD   BASKETS   OTHER   TOTAL   RATIVE   TOTAL   STATIVE			DB.	IS & TRAN		AS & AUT	OTHER		CHRISTMAS			ADMINIST	GRAND
00 341         393 00         736.48         20.00         206 51         142 00         9355 65         830           294         188 89         91.19         248 59         270 00         68.387.3         863           808         80.11         20.00         290.25         324.65         270 00         68.387.3         863           81.38         80.11         19.00         25.00         379.27         109.05         11103.46         1110           81.38         20.00         25.00         379.27         109.05         1100.44         1100           81.00         20.00         25.00         379.27         109.00         180.27         109.04           81.00         53.8         549.59         306.76         63.00         185.72         140.13         10948.11         1100           81.50         65.00         53.8         549.59         306.76         63.00         384.89         1775.81         410.98         66.00         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.09         410.	MONTH	HOUSING		ORTATIO	1	<b>EXPENSE</b>		FOOD	BASKETS	OTHER	TOTAL	RATIVE	TOTAL
189   198   89   91.19   248 59   220 00   290 25   324 56   220 00   5853.73   5833   5833   200 0   290 25   324 56   140 15   10944   1110346   1110344   1109444   110944   110944   110944   110944   1109444   110944   1109444   1109444   1109444   1109444   1109444   1109444   1109444	OCT	1557 32		393 00	1	20.00		206 51		142 00	9355 65		9355 65
66.39         82.00         663.89         20 00         290 26         324 56         7100         5837.3         583           11 38         203 74         34 60         1490         25 00         379 27         109.06         11103.46         1103.40         11000.40	NOV	2165.00	5182 94	198 89	91.19			248 59		423 64	8310 25		8310 25
1100         1100 <th< td=""><td>DEC</td><td>492 10</td><td>3696.93</td><td>82.00</td><td>683.89</td><td>20 00</td><td>290 25</td><td>324 56</td><td></td><td>270 00</td><td>5839.73</td><td></td><td>5839 73</td></th<>	DEC	492 10	3696.93	82.00	683.89	20 00	290 25	324 56		270 00	5839.73		5839 73
1094         1104         260 00         700 42         136.65         140 13         10948 11         10948           207         409 33         576 69         283 70         491.78         498 50         122 00         15005 27         15005           5.38         3 54,65         300 76         186 72         122 00         9770 99         1500           9.00         53 38         54,65         300 76         162 24.58         3100         4125 07         412           9.00         53 38         30.99         112 00         324.58         3100         4125 07         412           9.00         53 38         30.99         112 00         324.58         3100         4125 07         412           8.57         78.40         338.43         367 79         122 24         550.66         64 00         5881 09         588           8.57         78.50         16.00         197 35         4186 27         405.48         1800         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47         4180 47	JAN	3790 00	6131 38	203 74	346 02	119.00	25 00	379 27		109.05	11103.46		11103 46
1500   1500	FEB	3049 87	6661 04	260 00	700 42			136.65		140 13	10948.11		10948 11
17.50   37.11   145.88   90.00   185.72   122.00   9770.09   9771   9770   97	MAR	2575.00	9882 07	409 33	576 69	283 70	491.78	498 50		288.20	15005 27		15005.27
100   53 36   549.59   306 76   632 00   324.58   3100   4125.07	APR	2430.00	6425.38	371 11	145.88		00 06	185 72		122 00	9770 09		9770.09
112 00   324.58   31 00   4125.07   4128   5888   5888   5881   58888   58888   58888   58888   5888   58888   58888   58888   58888   58888   58888   58888   58	MAY	3410.00	479.00	53 38	549.59	306 76	632 00	398 99		775 81	6605 53		6605 53
18.27   78.40   338.43   367.79   122.24   550.66   64 00   5881 09   588	NOS	3195.00	131.50		330.99		112 00	324.58		31 00	4125.07		4125 07
151   65 00   299.12   81 61   90 00   197 35   199 00   6136 22	الا	3981.00	378.57	78.40	338.43	367 79	122 24	550.66		64 00	5881 09		5881.09
State   Stat	AUG	3048 00	248 23	199 00	299.12	8161	00 06	197 35		36 16	4199.47		4199 47
State   1988   1868	SEP	4024 00	1251 51		65 00		15.00	600 48		180 23	6136 22		6136 22
Christian Ministry Total excuding Christmas Baskets and FREEMED. >> 66946.20   3691   Christian Ministry Total excuding Christmas Baskets and FREEMED Total   3691   STED	TOTAL	33717.29	46768 89	2248 85	4843.70	1198 86	1868 27	4051.86	30333 74	2582 22	97279.94	0.00	97279.94
Christian Ministry Total excuding Christmas Baskets and FREEMED >>   66946.20   3694													
STRED				Christian N		al excuding	Christmas E	saskets and	FREEMED. >	^	66946.20		
MATERIALS FROM THE THRIFT STORE WERE   CHRISTMAS BASKET TOTAL   30333	NUMBER	S OF PEOPL	E ASSISTED							FREEMED T	otal		36911.32
LE         STORE         PROVIDED TO 339 FAMILIES, VALUED AT \$8174 05         TOTAL(EXLUDING ADMIN)         16452           346         783 75         Cuickbooks Total, From Line 23         15941           346         781 55         Reserve Funds or deficit         -510           445         587 70         CHRISTMAS BASKET BREAKDOW           426         441 55         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           426         441 55         food boxes for 452 families         CHRISTMAS BASKET BREAKDOW           286         428 95         2018 people were served         Beans & Rice         164           381         676.15         Blankets         164           382         FREEMED provided assistance to app 652         Shoes         107           386         1029 05         FREEMED provided assistance to app 652         Shoes         107           499         1141.50         numerous Pharmaceutical Companies         107           4731         8053.45         numerous Pharmaceutical Companies         107	3Y CHRIS	STIAN MINIS	TRIES			S FROM TH	4E THRIFT (	STORE WE	RE	CHRISTMA	<b>\S BASKET</b>	TOTAL	30333.74
206         346         783 75         Page 1         Prom Line 23         15941           186         346         781 55         Reserve Funds or deficit         -510           138         445         587 70         Reserve Funds or deficit         -510           227         456         441 55         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           206         296         336 95         452 Families were served         Toys         164           187         286         428 95         2018 people were served         Beans & Rice         60           141         391         676.15         Bread         60           151         847.15         Blankets         107           161         332         557 60         Bread         60           168         499         141.50         People in obtaining 10713 prescriptions from Rent         107           168         499         141.50         numerous Pharmaceutical Companies         107           207         4731         8053.45         numerous Pharmaceutical Companies         107	MONTH	FAMILIES	PEOPLE	STORE	PROVIDED	339	MILIES, VA	LUED AT \$	38174 05	TOTAL(EXL	UDING ADN	(NII	164525.00
186         346         781 55         Heserve Funds or defict         -510           138         445         587 70         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           227         456         441 55         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           206         296         441 55         food boxes for 452 families         CHRISTMAS BASKET BREAKDOW           206         296         336 95         452 Families were served         Toys         164           187         286         428 95         2018 people were served         Beans & Rice         164           141         391         676 15         A71 15         Blankets         164           151         847 15         RA7 15         REEMED provided assistance to app 652         Shoes         107           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         107           2107         4731         8053.45         numerous Pharmaceutical Companies         107AL 3033	OCT	206								Quickbooks	Total, From	ine 23	159415.79
138         445         587 70         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           227         456         441 55         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           206         296         441 55         food boxes for 452 families         Groceries         2378           206         296         336 95         452 Families were served         Deans & Rice         164           187         286         428 95         2018 people were served         Bread         60           141         391         676.15                             60           151         847.15                                       107           161         332         557.60                                       107           168         499         1141.50	NOV	186								Reserve Fun	ids or deficit		-5109.21
227         456         441 55         The Christmas Basket program provided         CHRISTMAS BASKET BREAKDOW           151         426         441.55         food boxes for 452 families         Groceries         2379           206         296         336 95         452 Families were served         Toys         164           187         286         428 95         2018 people were served         Beans & Rice         164           181         391         676.15         Bread         60           151         847.15         Blankets         107           161         332         557 60;         Risc         107           185         396         1029 05         FREEMED provided assistance to app 652         Shoes         107           186         499         1141.50         numerous Pharmaceutical Companies         TOTAL         303           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3033	DEC	138											
151         426         441.55         food boxes for 452 families were served         Grocenes         Grocenes         2379           206         296         336 95         452 Families were served         Toys         164           187         286         428 95         2018 people were served         Beans & Rice         164           141         391         676.15         Read         60           151         847.15         Misc         107           161         332         557 60         Recently a sistance to app 652         Shoes         107           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         TotAL         303           2107         4731         8053.45         numerous Pharmaceutical Companies         TotAL NUMBER OF PEOPLE: >	JAN	227	456			The Chris	tmas Basket	t program p	rovided	CHR	ISTMAS BAS		KDOWN
206         296         336 95         452 Families were served         Toys         164           187         286         428 95         2018 people were served         Beans & Rice         164           141         391         676.15         Bread         60           151         847.15         Misc         107           161         332         557 60         Misc         107           185         396         1029 05         FREEMED provided assistance to app 652         Shoes         107           168         499         1141.50         numerous Pharmaceutical Companies         TOTAL         3033           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL NUMBER OF PEOPLE: >	FEB	151	426			food boxe	s for 452 far	nilies		Groceries			23798.74
187         286         428 95,         2018 people were served         Beans & Rice         164           141         391         676.15         Read         60           151         847.15         Read         60           161         332         557 60;         107           185         396         1029 05         FREEMED provided assistance to app 652         Shoes         107           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         TOTAL         3033           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3033	MAR	206				452 F	amilies were	served		Toys			00 0
141         391         676.15         Blankets         6C           151         512         847.15         107           161         332         557 60         107           185         396         1029 05         FREEMED provided assistance to app 652         Shoes           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         32C           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3033           100         GRAND TOTAL NUMBER OF PEOPLE: >         107         107	APR	187	286			2018	eople were	served		જ	ice		1648 87
151         847.15         Hankets         Hankets         107           161         332         557 60         FREEMED provided assistance to app 652         Shoes         107           185         396         1029 05         FREEMED provided assistance to app 652         Shoes         320           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         TOTAL         3033           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3033	MAY	141	391	676.15						Bread			09'209
161         332         557 60;         Incompanies         Misc         107           185         396         1029 05         FREEMED provided assistance to app 652         Shoes         320           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         TOTAL         3033           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3033           GRAND TOTAL NUMBER OF PEOPLE: >	N N	151	512			-				Blankets			0.00
185         396         1029 05         FREEMED provided assistance to app 652         Shoes         320           168         499         1141.50         people in obtaining 10713 prescriptions from Rent         TOTAL         3033           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3033           : GRAND TOTAL NUMBER OF PEOPLE: > 1.00	JUL	161	332							Misc			1078 53
168         499         1141.50         people in obtaining 10713 prescriptions from Rent         TOTAL         3           2107         4731         8053.45         numerous Pharmaceutical Companies         TOTAL         3           Indicate the companies of the co	AUG	185		İ.		FREEME	D provided	assistance		Shoes			0.00
2107 4731 8053.45 numerous Pharmaceutical Companies TOTAL  GRAND TOTAL NUMBER OF PEOPLE: >	SEP	168				people ir	οbtaining 1	0713 presc	inptions from	Rent			3200 00
_	TOTAL	2107		8053.45		numeror	s Pharmace	utical Com	panies			TOTAL	30333.74
^						_							
						_			GRAND TOT,	AL NUMBER	OF PEOPLE		7401

•

---