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Form **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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 5/12(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the pend 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

Department of the Treasury Internal Revenue Service

Ā	For th	ne 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SE	P 30), :	2011		
В	Check i	C Name of organization	D Emp	loyer i	dentification number		
	Ť	ess change IDAHO FALLS CONFERENCE OF THE SOCIETY OF					
Name change THE SOCIETY OF ST. VINCENT DE PAUL 82-0477							
	٦.		E Tele	phone	number		
$\overline{}$	_	PO BOX 50951	(2	809) 523-2188		
	_		F Grou	ıp Exer	mption -		
	_	ation pending IDAHO FALLS, ID 83401-0951		iber Þ			
G		nting Method X Cash Accrual Other (specify)	H Chec	ck ▶	If the organization is not		
1 '	Websi	le· ▶ NA	requ	ired to	attach Schedule B		
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527	(For	m 990.	, 990-EZ, or 990-PF)		
K	Check		more ti	han \$5	0,000 A Form 990-EZ or		
	Form 9	190 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization of					
		ete return	1				
L.	Add Iir	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,				
	ine 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> \$	254410.		
P:	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions 1	or Par	tl)		
		Check if the organization used Schedule O to respond to any question in this Part I			X		
	1	Contributions, gifts, grants, and similar amounts received		1	156760.		
	2	Program service revenue including government fees and contracts		2			
•	3	Membership dues and assessments	[3			
	4	Investment income See Schedule O	. [4	3891.		
•	5a	Gross amount from sale of assets other than inventory 5a			,		
	; b	Less cost or other basis and sales expenses		1	·		
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	ŀ	5c			
	6	Gaming and fundraising events					
ā	a	Gross income from gaming (attach Schedule G if greater than		ľ	•		
Revenue		\$15,000) 6a					
Š	b	Gross income from fundraising events (not including \$ of contributions					
<u> </u>		from fundraising events reported on line 1) (attach-Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000RECEIVED 6b					
	C	Less direct expenses from gaming and fundraising events					
	d	Net income or (loss) from gaming and fundfalsing events (add lines 6a and 6b and subtract line 6c)		6d			
	7a	Gross sales of inventory, less returns and all blowances 1 / 2012 9 7a 937	59.	1			
	b	Less cost of goods sold See Schedule 7b 7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7bV from line 7a)		7c	93759.		
	8	Other revenue (describe in Schedule O)	ļ	8			
	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	254410.		
	10	Grants and similar amounts paid (list in Schedule 0) See Schedule 0		10	115666.		
	11	Benefits paid to or for members		11			
	12	Salaries, other compensation, and employee benefits	-	12	67065.		
Zss -	13	Professional fees and other payments to independent contractors		13			
€Š	14	Occupancy, rent, utilities, and maintenance		14	8676.		
er.	15	Printing, publications, postage, and shipping		15	3448.		
99	16	Other expenses (describe in Schedule O)	. }	16	10405		
¥_	17	Total expenses. Add lines 10 through 16	•	17	194855.		
$\bigcirc_{\mathcal{S}}$	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	;	18	59555.		
SSeries	19	Net assets or fund balances at beginning of year (from line 27, column (A))	i		204126		
Zζ		(must agree with end-of-year figure reported on prior year's return)	~ \	19	284136.		
SCANNED AUG Expenses	20	Other changes in net assets or fund balances (explain in Schedule 0)	_ ; -	20	242601		
	21	Net assets or fund balances at end of year Combine lines 18 through 20	>	21	343691.		
LHA	a For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)		

IDAHO FALLS CONFERENCE OF THE SOCIETY OF

Form 990-EZ (2010) THE SOCIETY OF ST. VINCENT DE PAUL

82-0477793

Part II Balance Sheets. (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year Cash, savings, and investments 123558. 64828. 22 23 Land and buildings 219658. 23 219658. 24 Other assets (describe in Schedule 0) See Schedule O 916. 24 916. 285402. 344132. 25 Total assets 25 See Schedule 0 1266. 26 441. 26 'Total liabilities (describe in Schedule 0) 284136. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 343691. Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O organizations and section 2 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe 4947(a)(1) trusts, optional for others) the services provided, the number of persons benefited, and other relevant information for each program title. 28 PROVIDE ASSISTANCE TO THE NEEDY IN THE COMMUNITY. (Grants \$) If this amount includes foreign grants, check here 29 (Grants \$) If this amount includes foreign grants, check here 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31 a Total program service expenses (add lines 28a through 31a) 0. ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to (If not paid, enter account and (a) Name and address position -0-.) other allowances deferred compensation PEGGY SHARP, 1037 CLAIRDOT DR, IDAHO TREASURER FALLS, ID 83401 15.00 0. 0. 0.

82-0477793

Page 3

Pε	Other Information (Note the statement requirements in the instructions for Part V)			
	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	· .	, -	
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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, explain in Schedule O why the organization did not report the income on Form 990-T			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			v
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	N/	X
_	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	IN/	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	26		х
	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	36		_^_
		37b		х
	Did the organization file Form 1120-POL for this year?	310		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	38a		х
_	In a prior year and still outstanding at the end of the tax year covered by this return? If "Yes " complete Schedule L. Part II and enter the total amount involved 38b N/A	300		
		1		1
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
404	section 4911 O • , section 4912 O • , section 4955 O • , section 4955			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
и	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any-of its prior Forms 990 or 990-EZ?	ļ	ļ	[
	If "Yes," complete Schedule L, Part I	40b		Х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	105		
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
ų	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ī	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
	The organization's books are in care of ▶ PEGGY SHARP Telephone no ▶ (208)	523	-21	88
	Located at ▶ 1037 CLAIRDOT DR, IDAHO FALLS, ID ZIP+4 ▶ 8	340	1	
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	No
	account)?	42b		X
	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.			4
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		\triangleright	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	,		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ -	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		•	
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	_X_
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		•	
	ın Schedule O	440 -		<u> </u>
		Form 9	90-EZ	(2010)-

IDAHO FALLS CONFERENCE OF THE SOCIETY OF

Form 990-EZ (2010)

THE SOCIETY OF ST. VINCENT DE PAUL

Form **990-EZ** (2010)

45				Yes	No
	5 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	•	45		X
а	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the mea				
	If "Yes," Form 990, and Schedule R may need to be completed instead of Form 990-EZ	······à o. o.o	45a	[x
46		andidates for nublic office?	700		
70	If "Yès," complete Schedule C, Part.I	•	- 46]	X
Pá	Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt char			501/0	1/21
	organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52				
	Check if the organization used Schedule O to respond to any question in this Part VI	z, and complete the tables it	טכ פשוווו זנ	allu 51	' —
	Check if the organization used schedule of to respond to any question in this Part VI	 .		Yes	No
47	7 Did the ergenization engage in Johnwing activities? If "You " complete Schoolule C. Dort II		47	162	No X
47 40	, and a second of the second o		47		X
48 40 -	, , , , , , , , , , , , , , , , , , ,		48		
	9a Did the organization make any transfers to an exempt non-charitable related organization?		49a		X
	b If "Yes," was the related organization a section 527 organization?	•	49b		
50	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tees and key employees) wh	io each rec	ceived r	more
	than \$100,000 of compensation from the organization. If there is none, enter "None."				
		Compensation (d) Contributo employe	^^ '`	e) Expe	
	(a) Name and address of each employee paid more per week devoted to	benefit plan	is& at	count	
	than \$100,000 NONE position	deferred compensat		r allow	ances
				-	
				• • • •	
			- -		
		,			
		<u></u>			
51	i Complete this table for the organization slive munest compensated independent compactors who each received inc		ansanon u	om me	
		ore than \$100,000 of comp	01100011011	• • • • • • • • • • • • • • • • • • • •	;
	organization If there is none, enter "None" NONE	· · · · · · · · · · · · · · · · · · ·			
	organization If there is none, enter "None" NONE	(b) Type of service	(c) Com		
-	organization If there is none, enter "None" NONE	· · · · · · · · · · · · · · · · · · ·			
	organization If there is none, enter "None" NONE	· · · · · · · · · · · · · · · · · · ·			
	organization If there is none, enter "None" NONE	· · · · · · · · · · · · · · · · · · ·			
	organization If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (· · · · · · · · · · · · · · · · · · ·			
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d	organization if there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (· · · · · · · · · · · · · · · · · · ·			
d 52	organization if there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	(b) Type of service	(c) Com	pensati	
d	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Dider penalties of perior. I declare that I have examined this return including accompanying schedules and statements, and	(b) Type of service	(c) Com	pensati	ion
i2 	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete Occleration of preparer (other than officed is based on all information of which preparer has any knowled.	(b) Type of service	(c) Com	pensati	ion
i2 Sig	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled ign	(b) Type of service	(c) Com	pensati	ion
i2 Sig	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled ign	to the best of my knowledge and dge	(c) Com	pensati	ion
i2 Sig	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled ign	to the best of my knowledge and dge	(c) Com	pensati	ion
i2 Sig	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled sign ere Marquerie (Peggy) Sharp Treasure Trype or print name and title	to the best of my knowledge and dge	(c) Com	pensati	ion
Sig Her	d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled and complete of penjury). I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled the penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled that I have examined the penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled that I have examined the penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled the penalties of penjury. I declare that I have examined the penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and the penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements.	to the best of my knowledge and dge Check If PTIN	(c) Com	pensati	ion
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Sig Her Paid	d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled and title Print/Type or print name and title Print/Type preparer's name CARLA D. BENSON, CPA, Firm's name ■ Wells & Benson, CPA, PA PA 100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$1	to the best of my knowledge and dge Check if PTIN self- employed Firm's EIN	X Yes belief, it is	s true,	No :
Sig Her Paid	d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of pertury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled in the statement of the penalties of penalties. The statement of the penalties of	to the best of my knowledge and dge Check if PTIN self- employed Firm's EIN	(c) Com	s true,	No :
Sig Her Paid Pre Use	d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than officed is based on all information of which preparer has any knowled and title Print/Type or print name and title Print/Type preparer's name CARLA D. BENSON, CPA, Firm's name ■ Wells & Benson, CPA, PA PA 100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$100,000 Did Total number of other independent contractor paid more than \$1	to the best of my knowledge and dge Check if PTIN self- employed Firm's EIN	X Yes belief, it is	s true,	No :

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the	he organizat	ion II	OHAC	FALLS	CONFER	ENCE C	OF THE	SOC1	ETY C	F	Employer	identification number
		TI	HE S	CIETY	OF ST.	VINCE	ENT DE	PAUI		[. 8:	2-0477793
Part I	Reason	for Pub	lic Ch	arity Sta	i tus (All organ	izations mi	ust comple	te this pai	t.) See ins	tructions		
The organi	zation is not	a private f	oundati	on because	t is: (For lines	1 through	11, check	only one I	oox.)			
1					ociation of chu).		
2					A)(ii). (Attach S					•		
					ce organization		•	170(b)(1)	(A)(iii).			
)(b)(1)(A)	(iii). Enter t	the hospital's name,
	city, and stat		•								()- =:(mo moopital o mamo,
5 🗌	•		ted for t	he benefit c	of a college or u	university o	wned or o	perated by	/ a govern	mental u	nıt describ	ed in
	section 170				=			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 90.0		0000115	0 0 III
6				•	···, overnmental un	ut describe	d in sectio	on 170/h\/	1)/Δ\/ ₄)			
										or from th	o conoral i	public described in
	section 170					(O) 1(3 30P)	JOIL HOIH E	governin	sintar unit t	or morn un	ie general į	public described in
				•	. , 70(b)(1)(A)(vi).	. (Complete	Part II)					
								from contr	ibutions n	namharel	nin face ar	nd gross receipts from
												from gross investment
						-		-				after June 30, 1975.
	See section					211011 311 16	2A) 11OI11 OC	1311163363	acquired t	by the org	janization	aitei Julie 30, 1975.
					<i>,</i> exclusively to te	ant for much	lia aafatii l		= E00/=\/.	4\		
											rm, aut tha	purposes of one or
												eck the box that
					ition and comp				2) See se e	ะแอก อบช	r(a)(3). One	eck the box that
	a Type I		b			c Typ						1
											a امائنامىدىم	Type III · Other
												persons other than
											19(a)(1) or	section 509(a)(2).
					rmination from	the IRS th	atitisa iy	pe i, Type	ii, or Type	9 111		
	supporting of	-									_	
					on accepted a							[N.]
					ontrols, either a		jetner with	persons o	described	in (ii) and	(III) below,	
	_	_	-		l organization?							11g(i)
	=		-		ed in (i) above?							11g(ii)
					described in (i)							11g(iii)
h	Provide the fo	ollowing ir	iformati	on about th	e supported or	rganization	(s)					
		1			ii) Type of			1		()	la Alba	
	of supported	, (ii)	EIN -		ganization	(IV) is the (organization sted in your	(v) Did you	u notify the	lorganizat	is the	(vii) Amount of
orgar	nization				oed on lines 1-9		document?			(i) organi	ized in the S ?	support
					or IRC section instructions))						-,	
				(2001	natiuctions))	Yes	No	Yes	No	Yes	No	· · · · · · · · · · · · · · · · · · ·
							!					
						-	-				+	
· · · -							-	-			+	
						 						

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

Schedule A (Form 990 or 990-EZ) 2010

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2010						Page 2
Part II Support Schedule for C						vi)
(Complete only if you checked fails to qualify under the tests	tne box on line t	o, /, or 8 of Part I d	or it the organizatio	on failed to qualify	under Part III. If th	e organization
Section A. Public Support			····		- · ·	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(5) 2007	, (C) 2000	(u) 2009	(6) 2010	(i) Total
membership fees received. (Do not	, ,	,	,	, "		ľ
include any "unusual grants.")		-	,	-	, , , , ,	
2 Tax revenues levied for the organ-						<u>'</u>
ization's ben'efit 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						r- 0141
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						1
amount shown on line 11,						
column (f)	7 ¹					
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🟲 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4				l 		
8 Gross income from interest,				_ (
dividends, payments received on					, ir · ·	-
securities loans, rents, royalties			_		,	
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						

2	Gross receipts from related activities, etc. (see instructions)	12	
3	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	า 501	(c)(3)
	granditation shock this box and step here		z' ·

14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%		
15	Public support percentage from 2009 Schedule A, Part II, line 14					
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization			▶		
k	33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box			
	and stop here. The organization qualifies as a publicly supported organization					
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						

	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.	
	10% -facts-and-circumstances test - 2009. If the organization, did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	6 or
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part:IV how the	
_	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	_
	Private foundation of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, shock this box and are instruction	

Schedule A (Form 990 or 990-EZ) 2010

business is regularly carried on
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
Total support. Add lines 7 through 10

Section C. Computation of Public Support Percentage

Schedule A (Form 990 or 990-EZ) 2010 THE SOCIETY OF ST. VINCENT DE PAUL

82-0477793 Page 3

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.)

<u>~</u>	quality under the tests listed b	elow, please comp	lete Part II.)				
	ction A. Public Support	410000				4 1 0010	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008 -	(d) 2009	- (e) 2010	(f) Total
1	Gifts, grants, contributions, and	•		1	•		
	membership fees received. (Do not	154774	152476	122720	107064	. 040051	702102
	include any "unusual grants.")	154774.	153476.	123738.	107264.	243851.	783103.
	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	93344.	95723.	93577.	63408.	76883.	422935.
3	Gross receipts from activities that		Į		ļ		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf	;		,	, ;	•	1
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	248118.	249199.	217315.	170672.	320734.	1206038.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
(Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						1206038.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🗪	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	248118.	249199.	217315.	170672.	320734.	1206038.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-			· · · · · · · · · · · · · · · · · · ·	٠.٤٠.٠	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	248118.	249199.	217315.	170672.	320734.	1206038.
	First five years. If the Form 990 is for	the organization's	first, second, third				
	check this box and stop here	-		,	•		▶ □
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (li			olumn (f))		15	100.00 %
16	Public support percentage from 2009		•	(7)		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20			13, column (fl)	•	17	.00 %
18	Investment income percentage from 2		· ·	.,	t t	18	. %
	33 1/3% support tests - 2010. If the		•	n line 14, and line			
	more than 33 1/3%, check this box ar						> X
b	33 1/3% support tests - 2009. If the	organization did no	ot check a box on I	ine 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						L
∠U	rrivete iounidation, il the organization	r ulu not oneck a b	<u>, , , , , , , , , , , , , , , , , , , </u>	ຸບເສບ, cneck (ni	S DUX ALIU SEE INS	u ucuons	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

IDAHO FALLS CONFERENCE OF THE SOCIETY OF THE SOCIETY OF ST. VINCENT DE PAUL

Employer identification number 82-0477793

THE SOCIETY OF ST. VINCENT DE I	AUL	82-04///	93
Form 990-EZ, Part I, Line 4, Other Investment 1	Income:		
Description of Property:		An	ount:
INTEREST			3891.
Form 990-EZ, Part I, Line 7, Gross Profit from	Sales of Ir	nventory:	
Income:			
1. Gross Receipts	· · · · · · · · · · · · · · · · · · ·		93759.
2. Returns and Allowances			0.
3. Line 1 less line 2			93759.
4. Cost of Goods Sold (line 13)			0.
5. Gross Profit (line 3 less line 4)			93759.
Form 990-EZ, Part I, Line 10, Payments to Affil	iates:		
Affiliate Name: CHRISTIAN MINISTRY			
Purpose of Payment: SPECIFIC ASSISTANCE TO INDI	VIDUALS		
Amount of Payment:			90759.
Affiliate Name: FREEMED			
Purpose of Payment: SPECIFIC ASSISTANCE TO INDI	VIDUALS		
Amount of Payment:			24907.
Total included on Form 990-EZ, line 10			115666.
Form 990-EZ, Part II, Line 24, Other Assets:		·	
Description	Beg. of Y	ear End	of Year
FAX, FREEZER	9	16.	916.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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2010 Open to Public Inspection

Department of the Treasury
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Name of the organization

IDAHO FALLS CONFERENCE OF THE SOCIETY OF THE SOCIETY OF ST. VINCENT DE PAUL

Employer identification number 82-0477793

Form 990-EZ, Part II, Line 26, Other Liabilit	cies:	
Description	Beg. of Year	End of Year
PAYROLL AND SALES TAXES	1266.	441.
Form 990-EZ, Part III, Primary Exempt Purpose	e - TO PROVIDE ASSI	STANCE TO
NEEDY FAMILIES WITH PRESCRIPTION ASSISTANCE,	CHRISTMAS BASKETS	AND
FOOD.		
Form 990-EZ, Part V, Information Regarding Pe	ersonal Benefit Con	tracts:
The organization did not, during the year, re	eceive any funds, d	lirectly,
or indirectly, to pay premiums on a personal	benefit contract.	
The organization, did not, during the year, p	ay any premiums, d	lirectly,
or indirectly, on a personal benefit contract		
		