

**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)

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

**A For the 2012 calendar year, or tax year beginning and ending**

|   |  |  |
|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>IDAHO COMMUNITY FOUNDATION, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>210 WEST STATE STREET</b><br>City, town, or post office, state, and ZIP code<br><b>BOISE, ID 83702</b><br><b>F Name and address of principal officer: ROBERT A. HOOVER</b><br><b>210 WEST STATE STREET, BOISE, ID 83702</b> | <b>D Employer identification number</b><br><b>82-0425063</b><br><b>E Telephone number</b><br><b>208-342-3535</b><br><b>G Gross receipts \$</b> <b>18,586,097.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  |
| <b>J Website:</b> ▶ <b>WWW.IDCOMFDN.ORG</b>   |  |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L Year of formation:</b> <b>1988</b> <b>M State of legal domicile:</b> <b>ID</b>  |

**Part I Summary**

|  |  |  |                    |
|--|--|--|--------------------|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENRICH THE QUALITY OF LIFE THROUGHOUT IDAHO.</b>      |  |                    |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                    |
| <b>Activities &amp; Governance</b>   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b>   | <b>28</b>          |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b>   | <b>28</b>          |
|  | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....  | <b>5</b>   | <b>8</b>           |
|  | <b>6</b> Total number of volunteers (estimate if necessary) .....  | <b>6</b>   | <b>84</b>          |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b>  | <b>0.</b>          |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....  | <b>7b</b>  | <b>0.</b>          |
|  | <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) ..... | <b>Prior Year</b>  |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  |  | 13,938,294.  | 6,138,115.         |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      |  | 0.   | 0.                 |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           |  | 1,220,849.   | 1,908,259.         |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... |  | 0.   | 0.                 |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                   |  | 15,159,143.  | 8,046,374.         |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                      |  | 4,220,411.   | 6,669,803.         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  |  | 0.   | 0.                 |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                     |  | 603,142.   | 548,260.           |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>129,995.</b>               |  | 0.   | 0.                 |
| <b>Expenses</b>  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | 418,198.   | 410,314.           |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....  | 5,241,751.   | 7,628,377.         |
|  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....   | 9,917,392.   | 417,997.           |
|  |  |  |                    |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) .....   | <b>Beginning of Current Year</b>                             | <b>End of Year</b> |
|  | <b>21</b> Total liabilities (Part X, line 26) .....  | 86,165,219.  | 94,957,136.        |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....   | 8,189,426.   | 9,414,844.         |
|  |  | 77,975,793.  | 85,542,292.        |

**Part II Signature Block**

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

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>ROBERT A. HOOVER, PRESIDENT &amp; CEO</b><br>Type or print name and title               | Date<br><br>   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>LEANN M. SANNES</b>   | Preparer's signature<br><b>LEANN M. SANNES</b>   |
|                               | Firm's name ▶ <b>EIDE BAILLY LLP</b><br>Firm's address ▶ <b>877 W. MAIN ST. STE. 800</b><br><b>BOISE, ID 83702</b> | Date<br><b>05/13/13</b>  |
|                               |  | Check <input type="checkbox"/> if self-employed<br>PTIN<br><b>P01258277</b><br>Firm's EIN ▶ <b>45-0250958</b><br>Phone no. <b>208-344-7150</b> |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE IDAHO COMMUNITY FOUNDATION IS TO ENRICH THE QUALITY OF LIFE THROUGHOUT IDAHO. WE PURSUE THAT MISSION BY GATHERING FUNDS FROM DONORS WHILE HELPING THEM ACHIEVE THEIR CHARITABLE OBJECTIVES; GROWING THE FUNDS OVER TIME THROUGH A SOUND INVESTMENT PROCESS; AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 1,016,932. including grants of \$ 1,016,932.) (Revenue \$ ) EDUCATION: ICF AWARDED 371 GRANTS FOR A TOTAL OF \$1,016,932 THROUGHOUT THE STATE OF IDAHO FOR A VARIETY OF EDUCATIONAL PURPOSES, INCLUDING PUBLIC SCHOOL CLASSROOM PROJECTS, AFTER SCHOOL LEARNING CENTERS, COUNTY EXTENSION CLASSES, AND HIKING TRAIL EXHIBITS. INCLUDED IN THE 371 GRANTS WERE 141 SCHOLARSHIP GRANTS TOTALING \$367,093 FOR STUDENTS ATTENDING COMMUNITY COLLEGES AND FOUR YEAR UNIVERSITIES.

4b (Code: ) (Expenses \$ 3,900,426. including grants of \$ 3,900,426.) (Revenue \$ ) SOCIAL SERVICES: ICF PROVIDED 366 GRANTS FOR A TOTAL OF \$3,900,426 TO SUPPORT A WIDE VARIETY OF COMMUNITY NEEDS ACROSS THE VAST, RURAL STATE OF IDAHO INCLUDING FOOD BANKS, EMERGENCY AND HOMELESS SHELTERS, CHURCHES PROVIDING EVERYTHING FROM DAYCARE TO MEALS TO HELP WITH UTILITIES, SENIOR CITIZEN CENTERS, ANIMAL SHELTERS, AND KIDS-AFTER-SCHOOL CENTERS.

4c (Code: ) (Expenses \$ 598,149. including grants of \$ 598,149.) (Revenue \$ ) ARTS & CULTURE: THE PHILHARMONICS, JAZZ CAMPS, ART COUNCILS, HISTORICAL SOCIETIES, SYMPHONIES AND MUSEUMS ALL RECEIVED SOME SUPPORT TOTALING 145 GRANTS VALUED AT \$598,149 WHICH PROVIDED SUCH SUPPORT AS PRODUCTION COSTS FOR PLAYS, SUPPLIES FOR ARTISTS, ALL DAY AMERICAN INDIAN ARTS YOUTH WORKSHOPS, MUSICAL INSTRUMENTS FOR STUDENTS AND ALL AREA BAND WORKSHOPS, AMONG MANY OTHER PROJECTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,439,255. including grants of \$ 1,154,296.) (Revenue \$ 1,908,259.)

4e Total program service expenses 6,954,762.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | X   |    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            | X   |    |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | X   |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|     |  | Yes | No |
|-----|--|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                             |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response columns. Includes rows 1a through 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HOLLY NOTES - 208-342-3535 210 WEST STATE STREET, BOISE, ID 83702

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

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) SANDRA FERY<br>CHAIRMAN          | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) MIKE MCBRIDE<br>VICE CHAIRMAN    | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) JOSEPH MARSHALL<br>PAST CHAIRMAN | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) ALAN VAN ORDEN<br>TREASURER      | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) BILL BERG<br>SECRETARY           | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) BILL ALLEN<br>DIRECTOR           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOHN BENNETT<br>DIRECTOR         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) GREG BRAUN<br>DIRECTOR           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) STEVE CARR<br>DIRECTOR           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) TRENT CLARK<br>DIRECTOR         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) GERARD CONNELLY<br>DIRECTOR     | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) BILL DEAL JR.<br>DIRECTOR       | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) JEAN ELSAESSER<br>DIRECTOR      | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) MARY LYNN HARTWELL<br>DIRECTOR  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) CK HAUN<br>DIRECTOR             | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) TIMOTHY HOPKINS<br>DIRECTOR     | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) ELLEN JAEGER<br>DIRECTOR        | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week<br>(list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) TENA LOKKEN<br>DIRECTOR                                   | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) MIKE MARTIN<br>DIRECTOR                                   | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) DEBBIE MCDONALD<br>DIRECTOR                               | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) ART RAMMELL<br>DIRECTOR                                   | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) BRENDA SANFORD<br>DIRECTOR                                | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) DENISE SMITH<br>DIRECTOR                                  | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) TRICIA SWARTLING<br>DIRECTOR                              | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) SUE THILO<br>DIRECTOR                                     | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) MARC WALLACE<br>DIRECTOR                                  | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 125,000.   | 0.  | 3,750.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 125,000.   | 0.  | 3,750.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) LINDA WATKINS<br>DIRECTOR              | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) RAY WOLFE<br>DIRECTOR                  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) ROBERT HOOVER<br>PRESIDENT/CEO         | 40.00   |  |                       | X       |              |                              |        | 125,000.   | 0.  | 3,750.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        | 125,000.   |   | 3,750.  |

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|  |   |   | (A)           | (B)                                | (C)                        | (D)   |
|--|---|---|---------------|------------------------------------|----------------------------|---|
|  |   |   | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts               | <b>1 a</b> Federated campaigns  | <b>1a</b>   |               |                                    |                            |   |
|  | <b>b</b> Membership dues  | <b>1b</b>   | 102,939.      |                                    |                            |   |
|  | <b>c</b> Fundraising events   | <b>1c</b>   |               |                                    |                            |   |
|  | <b>d</b> Related organizations  | <b>1d</b>   |               |                                    |                            |   |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   |               |                                    |                            |   |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 6,035,176.    |                                    |                            |   |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   | 398,020.      |                                    |                            |   |
|  | <b>h Total.</b> Add lines 1a-1f   |   | 6,138,115.    |                                    |                            |   |
|  | Program Service Revenue   | <b>2 a</b> _____ Business Code                        |               |                                    |                            |   |
| <b>b</b> _____   |   |   |               |                                    |                            |   |
| <b>c</b> _____   |   |   |               |                                    |                            |   |
| <b>d</b> _____   |   |   |               |                                    |                            |   |
| <b>e</b> _____   |   |   |               |                                    |                            |   |
| <b>f</b> All other program service revenue                           |   |   |               |                                    |                            |   |
| <b>g Total.</b> Add lines 2a-2f                                      |   |   |               |                                    |                            |   |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   | 1,096,286.    | 1,096,286.                         |                            |   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |               |                                    |                            |   |
|  | <b>5</b> Royalties  |   |               |                                    |                            |   |
|  | <b>6 a</b> Gross rents  | (i) Real  |               |                                    |                            |   |
|  |   | (ii) Personal   |               |                                    |                            |   |
|  |   | <b>b</b> Less: rental expenses                        |               |                                    |                            |   |
|  |   | <b>c</b> Rental income or (loss)                      |               |                                    |                            |   |
|  | <b>d</b> Net rental income or (loss)  |   |               |                                    |                            |   |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |               |                                    |                            |   |
|  |   | (ii) Other  |               |                                    |                            |   |
|  |   | <b>b</b> Less: cost or other basis and sales expenses |               | 10,539,723.                        |                            |   |
|  |   | <b>c</b> Gain or (loss)                               |               | 811,973.                           |                            |   |
|  | <b>d</b> Net gain or (loss)   |   | 811,973.      | 811,973.                           |                            |   |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |               |                                    |                            |   |
|  |   | <b>b</b> Less: direct expenses                        |               |                                    |                            |   |
| <b>c</b> Net income or (loss) from fundraising events                |   |   |               |                                    |                            |   |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>  |   |               |                                    |                            |   |
|  | <b>b</b> Less: direct expenses  |   |               |                                    |                            |   |
|  | <b>c</b> Net income or (loss) from gaming activities  |   |               |                                    |                            |   |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>  |   |               |                                    |                            |   |
|  | <b>b</b> Less: cost of goods sold   |   |               |                                    |                            |   |
|  | <b>c</b> Net income or (loss) from sales of inventory   |   |               |                                    |                            |   |
| Miscellaneous Revenue  |   | Business Code   |               |                                    |                            |   |
| <b>11 a</b> _____  |   |   |               |                                    |                            |   |
|  | <b>b</b> _____  |   |               |                                    |                            |   |
|  | <b>c</b> _____  |   |               |                                    |                            |   |
|  | <b>d</b> All other revenue  |   |               |                                    |                            |   |
|  | <b>e Total.</b> Add lines 11a-11d   |   |               |                                    |                            |   |
| <b>12 Total revenue.</b> See instructions.                           |   |   | 8,046,374.    | 1,908,259.                         | 0.                         | 0.  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 6,669,803.            | 6,669,803.                      |  |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 128,750.              | 6,438.                          | 64,375.                                | 57,937.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 315,978.              | 94,793.                         | 189,587.                               | 31,598.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 9,246.                | 2,774.                          | 5,547.                                 | 925.                        |
| <b>9</b> Other employee benefits   | 54,323.               | 16,297.                         | 32,594.                                | 5,432.                      |
| <b>10</b> Payroll taxes  | 39,963.               | 11,989.                         | 23,978.                                | 3,996.                      |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 3,069.                |                                 | 3,069.                                 |                             |
| <b>c</b> Accounting  | 18,500.               |                                 | 18,500.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 7,888.                | 2,366.                          | 4,733.                                 | 789.                        |
| <b>12</b> Advertising and promotion  | 99,010.               | 29,703.                         | 59,406.                                | 9,901.                      |
| <b>13</b> Office expenses  | 24,560.               | 7,368.                          | 14,736.                                | 2,456.                      |
| <b>14</b> Information technology   | 45,066.               | 13,520.                         | 27,039.                                | 4,507.                      |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 8,557.                | 2,567.                          | 5,134.                                 | 856.                        |
| <b>17</b> Travel   | 31,971.               | 9,591.                          | 19,183.                                | 3,197.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 29,367.               | 8,810.                          | 17,620.                                | 2,937.                      |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 25,333.               |                                 | 25,333.                                |                             |
| <b>23</b> Insurance  | 7,133.                | 2,140.                          | 4,280.                                 | 713.                        |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> PLEDGE CHARGE OFF   | 62,350.               | 62,350.                         |  |                             |
| <b>b</b> TRUSTEE & MANAGEMENT FE   | 38,023.               | 11,407.                         | 22,814.                                | 3,802.                      |
| <b>c</b> REPAIRS & MAINTENANCE   | 13,228.               | 3,968.                          | 7,937.                                 | 1,323.                      |
| <b>d</b> DUES & SUBSCRIPTIONS  | 9,563.                | 2,869.                          | 5,738.                                 | 956.                        |
| <b>e</b> All other expenses  | -13,304.              | -3,991.                         | -7,983.                                | -1,330.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 7,628,377.            | 6,954,762.                      | 543,620.                               | 129,995.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |          |
|---|--|--------------------------|-------------|--------------------|----------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 691,212.                 | <b>1</b>    | 978,588.           |          |
|   | <b>2</b> Savings and temporary cash investments .....  | 20,733,727.              | <b>2</b>    | 18,551,731.        |          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 125,032.                 | <b>3</b>    | 125,959.           |          |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |          |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                    |          |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                    |          |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |          |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |          |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>    |                    |          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 947,506.      |             |                    |          |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 236,234.      | 733,250.    | <b>10c</b>         | 711,272. |
|   | <b>11</b> Investments - publicly traded securities .....   | 63,774,694.              | <b>11</b>   | 74,362,348.        |          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |          |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |          |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 107,304.                 | <b>15</b>   | 227,238.           |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 86,165,219.  | <b>16</b>                | 94,957,136. |                    |          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 67,226.                  | <b>17</b>   | 29,642.            |          |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |          |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 8,061,224.               | <b>21</b>   | 9,328,747.         |          |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>   |                    |          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |          |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 60,976.                  | <b>25</b>   | 56,455.            |          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 8,189,426.               | <b>26</b>   | 9,414,844.         |          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |          |
|   | <b>27</b> Unrestricted net assets .....  | 77,850,761.              | <b>27</b>   | 85,416,333.        |          |
|   | <b>28</b> Temporarily restricted net assets .....  | 125,032.                 | <b>28</b>   | 125,959.           |          |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>   |                    |          |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |          |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                    |          |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                    |          |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                    |          |
|   | <b>33</b> Total net assets or fund balances .....  | 77,975,793.              | <b>33</b>   | 85,542,292.        |          |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 86,165,219.  | <b>34</b>                | 94,957,136. |                    |          |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 8,046,374.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 7,628,377.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 417,997.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 77,975,793. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 7,148,502.  |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 85,542,292. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **IDAHO COMMUNITY FOUNDATION, INC.** Employer identification number **82-0425063**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box 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 - Non-functionally integrated
- 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008  | (b) 2009 | (c) 2010 | (d) 2011  | (e) 2012 | (f) Total |
|---|-----------|----------|----------|-----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 10310569. | 5571405. | 9867430. | 13938294. | 6138115. | 45825813. |
| 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 <b>Total.</b> Add lines 1 through 3 .....   | 10310569. | 5571405. | 9867430. | 13938294. | 6138115. | 45825813. |
| 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) ..... |           |          |          |           |          | 15231215. |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |           |          |          |           |          | 30594598. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008  | (b) 2009 | (c) 2010 | (d) 2011  | (e) 2012 | (f) Total                |
|--|-----------|----------|----------|-----------|----------|--------------------------|
| 7 Amounts from line 4 .....  | 10310569. | 5571405. | 9867430. | 13938294. | 6138115. | 45825813.                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   | 1054483.  | 796,039. | 702,205. | 897,938.  | 1096286. | 4546951.                 |
| 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 <b>Total support.</b> Add lines 7 through 10  |           |          |          |           |          | 50372764.                |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |           |          |          |           | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |          |          |           |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |       |                                     |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | 60.74 | %                                   |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 .....   | 15 | 59.19 | %                                   |
| 16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    |       | <input checked="" type="checkbox"/> |
| b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    |       | <input type="checkbox"/>            |
| 17a <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |       | <input type="checkbox"/>            |
| b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |       | <input type="checkbox"/>            |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    |       | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

IDAHO COMMUNITY FOUNDATION, INC.

82-0425063

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

|   |   |
|---|---|
| Name of organization<br><b>IDAHO COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><b>82-0425063</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u>   |                                   | \$ <u>317,383.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>2</u>   |                                   | \$ <u>391,390.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>3</u>   |                                   | \$ <u>340,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>4</u>   |                                   | \$ <u>200,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>5</u>   |                                   | \$ <u>400,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>6</u>   |                                   | \$ <u>370,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|   |   |
|---|---|
| Name of organization<br><b>IDAHO COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><b>82-0425063</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          |                                   | \$ 250,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          |                                   | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>IDAHO COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><br><b>82-0425063</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|---|--|----------------------|
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                       | _____                |

|   |   |
|---|---|
| Name of organization<br><b>IDAHO COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><b>82-0425063</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number

82-0425063

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds   | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year .....   | 175   | 305                          |
| 2 Aggregate contributions to (during year) .....  | 2,831,573.  | 3,787,497.                   |
| 3 Aggregate grants from (during year) .....   | 5,298,173.  | 1,821,388.                   |
| 4 Aggregate value at end of year .....  | 37,813,342.   | 56,066,388.                  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 55,952,839.      | 54,217,444.    | 44,462,969.        | 36,855,663.          | 56,542,351.         |
| b Contributions                                  | 3,192,293.       | 6,771,504.     | 5,150,875.         | 779,611.             | 981,548.            |
| c Net investment earnings, gains, and losses     | 9,088,544.       | -1,683,443.    | 7,653,909.         | 9,391,830.           | -18,091,329.        |
| d Grants or scholarships                         | 2,103,376.       | 2,743,205.     | 2,586,819.         | 2,629,420.           | 2,315,406.          |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 637,403.         | 609,461.       | 463,490.           | -65,285.             | 261,501.            |
| g End of year balance                            | 65,492,897.      | 55,952,839.    | 54,217,444.        | 44,462,969.          | 36,855,663.         |

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

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  | 204,965.                             | 175,700.                        |                              | 380,665.       |
| b Buildings  |                                      | 320,077.                        | 147,521.                     | 172,556.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 217,802.                        | 59,751.                      | 158,051.       |
| e Other  |                                      | 28,962.                         | 28,962.                      | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 711,272.       |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) CHARITABLE GIFT ANNUITY LIABILITY                                     | 56,455.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 56,455.        |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 15,199,650. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> | 7,148,502.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 4,774.      |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 7,153,276.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 8,046,374.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 8,046,374.  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 7,633,151. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 4,774.     |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 4,774.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 7,628,377. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 7,628,377. |

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B: THE FOUNDATION ACCOUNTS FOR ITS FUNDS HELD AS AGENCY**

**ENDOWMENTS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 958. THIS STATEMENT ESTABLISHES STANDARDS FOR TRANSACTIONS IN WHICH A COMMUNITY FOUNDATION ACCEPTS A CONTRIBUTION FROM A DONOR AND AGREES TO TRANSFER THOSE ASSETS, THE RETURN ON INVESTMENT OF THOSE ASSETS, OR BOTH TO ANOTHER ENTITY THAT IS SPECIFIED BY THE DONOR. ASC 958 SPECIFICALLY REQUIRES THAT IF A NOT-FOR-PROFIT ORGANIZATION ACCEPTS CASH OR OTHER FINANCIAL ASSETS FROM A DONOR, AGREES TO USE THOSE ASSETS ON BEHALF OF OR**

**Part XIII** Supplemental Information (continued)

TRANSFER THOSE ASSETS TO ESTABLISH A FUND AT A COMMUNITY FOUNDATION, AND SPECIFIES ITSELF AS THE BENEFICIARY OF THAT FUND, THE COMMUNITY FOUNDATION MUST ACCOUNT FOR THE TRANSFER OF SUCH ASSETS AS A LIABILITY. THE FOUNDATION REFERS TO SUCH FUNDS AS AGENCY ENDOWMENTS.

THE FOUNDATION MAINTAINS VARIANCE POWER AND LEGAL OWNERSHIP OF AGENCY ENDOWMENT FUNDS AND REPORTS THESE FUNDS AS ASSETS OF THE FOUNDATION.

HOWEVER, IN ACCORDANCE WITH ASC 958, A LIABILITY HAS BEEN ESTABLISHED FOR THE FAIR VALUE OF THE FUNDS, WHICH IS GENERALLY EQUIVALENT TO THE PRESENT VALUE OF FUTURE PAYMENTS EXPECTED TO BE MADE TO THE NPO. THE PRESENT VALUE OF SUCH FUTURE PAYMENTS APPROXIMATES THE CARRYING VALUE OF THE FUNDS.

AT DECEMBER 31, 2012, THE FOUNDATION WAS THE OWNER OF 53 AGENCY ENDOWMENT FUNDS, WITH A COMBINED VALUE OF \$9,328,747.

PART V, LINE 4: IDAHO COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF 364 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. GRANTS FROM ENDOWMENT FUNDS ARE APPROVED AND MADE BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE FOUNDATION'S BYLAWS AND GUIDELINES. THROUGH GRANT DISTRIBUTIONS, THE FOUNDATION ANNUALLY SUPPORTS A WIDE RANGE OF ORGANIZATIONS THAT PROMOTE EDUCATIONAL, CULTURAL, HEALTH, SOCIAL, ENVIRONMENTAL, AND CIVIC PROJECTS TO IMPROVE THE QUALITY OF LIFE THROUGHOUT IDAHO.

PART X, LINE 2: THE FOUNDATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON JANUARY 1, 2009. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS. AS OF BOTH THE DATE OF ADOPTION, AND AS OF DECEMBER 31, 2012, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO.

THE FOUNDATION WILL ACCRUE ANY UNRECOGNIZED TAX BENEFITS, UNRECOGNIZED TAX

**Part XIII** Supplemental Information *(continued)*

EXPENSES OR PENALTIES IF ANY SUCH ITEMS SHOULD BE INCURRED. THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

[Lined area for supplemental information]

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**IDAHO COMMUNITY FOUNDATION, INC.**

**Employer identification number  
82-0425063**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ADVOCATES FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, INC. - P.O. BOX 3216 - HAILEY, ID 83333 | 94-3162848     | 501(C)(3) - EXEMPT                   | 34,141.                         | 0.                                       |  |   | GENERAL SUPPORT - SOCIAL SERVICES           |
| BALLET IDAHO, INC.<br>501 S 8TH STREET SUITE A<br>BOISE, ID 83702  | 82-0301511     | 501(C)(3) - EXEMPT                   | 8,000.                          | 0.                                       |  |   | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |
| BISHOP KELLY HIGH SCHOOL FOUNDATION - 7009 W. FRANKLIN - BOISE, ID 83709                                 | 82-0332399     | 501(C)(3) - EXEMPT                   | 7,000.                          | 0.                                       |  |   | GENERAL SUPPORT - EDUCATION                 |
| BLAINE COUNTY HUNGER COALITION INC. - 121 HONEYSUCKLE ST - BELLEVUE, ID 83313                            | 72-1582755     | 501(C)(3) - EXEMPT                   | 35,250.                         | 0.                                       |  |   | GENERAL SUPPORT - SOCIAL SERVICES           |
| BLAINE COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION - PO BOX 253 - HAILEY, ID 83340                       | 94-3166817     | 501(C)(3) - EXEMPT                   | 8,564.                          | 0.                                       |  |   | GENERAL SUPPORT - EDUCATION                 |
| BOISE PHILHARMONIC ASSOCIATION, INC. - 516 SOUTH 9TH STREET - BOISE, ID 83702                            | 82-6006000     | 501(C)(3) - EXEMPT                   | 230,533.                        | 0.                                       |  |   | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 135.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 8.**

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

Schedule I (Form 990) (2012)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BOISE RESCUE MISSION<br>308 S 24TH ST<br>BOISE, ID 83702   | 82-0259387 | 501(C)(3) - EXEM              | 32,426.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| BOISE STATE UNIVERSITY FINANCIAL AID/SCHOLARSHIPS - 1910 UNIVERSITY DRIVE, MS 1315 - BOISE, ID 83725 |            | GOVERNMENT ENTIT              | 18,261.                  | 0.                                |   |  | GENERAL SUPPORT - SCHOLARSHIPS             |
| BOISE STATE UNIVERSITY FOUNDATION<br>1910 UNIVERSITY DRIVE, MS 1030<br>BOISE, ID 83725               | 82-6010706 | 501(C)(3) - EXEM              | 71,780.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                |
| BRIGHAM YOUNG UNIVERSITY - IDAHO<br>200 KIMBALL BUILDING<br>REXBURG, ID 83460                        | 82-0207699 | 501(C)(3) - EXEM              | 14,421.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |
| CHILDREN'S HOME SOCIETY OF IDAHO<br>740 WARM SPRINGS AVENUE<br>BOISE, ID 83712                       | 82-0201128 | 501(C)(3) - EXEM              | 68,856.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| CITY OF POCATELLO<br>3101 AVENUE OF THE CHIEFS<br>POCATELLO, ID 83204                                |            | GOVERNMENT ENTIT              | 20,000.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS          |
| COLLEGE OF IDAHO<br>2112 CLEVELAND BLVD.<br>CALDWELL, ID 83605                                       | 82-0200906 | 501(C)(3) - EXEM              | 114,027.                 | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |
| COLLEGE OF SOUTHERN IDAHO FOUNDATION - PO BOX 1238 - TWIN FALLS, ID 83303                            | 82-0388193 | 501(C)(3) - EXEM              | 35,543.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |
| CONSERVATION INC.<br>1122 EAST 1520 NORTH<br>RICHFIELD, ID 83349                                     |            | 501(C)(3) - EXEM              | 13,057.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS          |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ESTHER SIMPLOT PERFORMING ARTS ACADEMY - PO BOX 27 - BOISE, ID 83707                    | 82-0446623 | 501(C)(3) - EXEM              | 100,000.                 | 0.                                |   |  | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |
| HOPE HOUSE, INC.<br>PO BOX 550<br>MARSING, ID 83639                                     | 82-0352589 | 501(C)(3) - EXEM              | 75,000.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES           |
| HUMPHREYS DIABETES CENTER, INC.<br>1226 RIVER STREET<br>BOISE, ID 83702                 | 82-0491110 | 501(C)(3) - EXEM              | 39,616.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTH SERVICES           |
| IDAHO ASSISTIVE TECHNOLOGY PROJECT<br>121 WEST SWEET AVE, SUITE 125<br>MOSCOW, ID 83843 | 82-6000945 | 501(C)(3) - EXEM              | 6,615.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & TECHNOLOGY    |
| IDAHO FALLS ARTS COUNCIL, INC.<br>498 A STREET<br>IDAHO FALLS, ID 83402                 | 82-0434714 | 501(C)(3) - EXEM              | 15,286.                  | 0.                                |   |  | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |
| IDAHO FALLS SYMPHONY SOCIETY, INC.<br>450 A STREET<br>IDAHO FALLS, ID 83402             | 82-6007411 | 501(C)(3) - EXEM              | 13,502.                  | 0.                                |   |  | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |
| IDAHO FALLS YOUTH ARTS CENTRE, INC. - P.O. BOX 51751 - IDAHO FALLS, ID 83405            | 82-0450131 | 501(C)(3) - EXEM              | 7,500.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION/ARTS/MUSIC      |
| IDAHO HUMANITIES COUNCIL<br>217 WEST STATE STREET<br>BOISE, ID 83702                    | 82-0315902 | 501(C)(3) - EXEM              | 51,848.                  | 0.                                |   |  | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |
| IDAHO SHAKESPEARE FESTIVAL, INC.<br>PO BOX 9365<br>BOISE, ID 83707                      | 82-0316246 | 501(C)(3) - EXEM              | 14,953.                  | 0.                                |   |  | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |

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| IDAHO STATE UNIVERSITY FOUNDATION<br>- BOISE EXTENSION - 802 W. BANNOCK STREET, SUITE 200 - BOISE, ID 83702 | 82-6013543 | 501(C)(3) - EXEM              | 75,284.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION & SCHOLARSHIPS |
| LEARNING LAB, INC.<br>308 E. 36TH STREET<br>GARDEN CITY, ID 83714   | 82-0461933 | 501(C)(3) - EXEM              | 34,219.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                |
| LILLIAN VALLEY SCHOOL, INC.<br>PO BOX 790<br>BLACKFOOT, ID 83221  | 82-0498146 | 501(C)(3) - EXEM              | 57,037.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                |
| NORTHWEST NAZARENE UNIVERSITY,<br>INC. - 623 S UNIVERSITY BLVD -<br>NAMPA, ID 83686                         | 82-0200907 | 501(C)(3) - EXEM              | 15,500.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION & SCHOLARSHIPS |
| PANHANDLE ALLIANCE FOR EDUCATION<br>INC. - P.O. BOX 1675 - SANDPOINT,<br>ID 83864                           | 61-1416176 | 501(C)(3) - EXEM              | 84,631.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                |
| PAYETTE LAKES SKI CLUB<br>P.O. BOX 442<br>MCCALL, ID 83638  | 82-0153504 | 501(C)(3) - EXEM              | 10,725.                  | 0.                                |   |  | GENERAL SUPPORT -<br>RECREATION               |
| QUAKER HILL CONFERENCE INC.<br>P.O. BOX 1181<br>MCCALL, ID 83638  | 82-0308372 | 501(C)(3) - EXEM              | 5,608.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES          |
| SILVER WOOD GOOD SAMARITAN CENTER<br>405 W 7TH STREET<br>SILVERTON, ID 83867                                | 45-0228055 | 501(C)(3) - EXEM              | 56,543.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES          |
| ST. LABRE INDIAN SCHOOL<br>EDUCATIONAL ASSOCIATION - P.O. BOX<br>77 - ASHLAND, MT 59003                     | 81-0244542 | 501(C)(3) - EXEM              | 35,000.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TERRY REILLY HEALTH SERVICES<br>211 16 AVE N, PO BOX 9<br>NAMPA, ID 83653                    | 82-0300537 | 501(C)(3) - EXEM              | 8,175.                   | 0.                                |   |  | GENERAL SUPPORT - HEALTH & SOCIAL SERVICES |
| THREE RIVERS RESOURCE CONSERVATION & DEVELOPMENT COUNCIL - PO BOX 2010 - POCATELLO, ID 83206 | 82-0457984 | 501(C)(3) - EXEM              | 27,037.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS          |
| TREASURE VALLEY FAMILY YMCA<br>1177 W STATE STREET<br>BOISE, ID 83702                        | 82-0200908 | 501(C)(3) - EXEM              | 3,105,114.               | 0.                                |   |  | GENERAL SUPPORT - RECREATION               |
| UNITED WAY OF TREASURE VALLEY<br>2340 S VISTA AVENUE<br>BOISE, ID 83705                      | 82-0299013 | 501(C)(3) - EXEM              | 9,028.                   | 0.                                |   |  | GENERAL SUPPORT - HEALTH                   |
| UNIVERSITY OF IDAHO FOUNDATION<br>PO BOX 443147<br>MOSCOW, ID 83844                          | 82-6000945 | 501(C)(3) - EXEM              | 36,846.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |
| UNIVERSITY OF IDAHO STUDENT FINANCIAL AID SERVICES - PO BOX 443150 - MOSCOW, ID 83844        |            | GOVERNMENT ENTIT              | 23,851.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |
| WASHINGTON STATE UNIVERSITY-FINANCIAL AID - P.O. BOX 641068 - PULLMAN, WA 99164              |            | GOVERNMENT ENTIT              | 15,290.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |
| ASSISTANCE LEAGUE OF BOISE<br>PO BOX 140104<br>BOISE, ID 83714                               | 82-0331595 | 501(C)(3) - EXEM              | 8,728.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| COLLEGE OF WESTERN IDAHO FOUNDATION - PO BOX 3010 - NAMPA, ID 83653                          | 27-1159705 | 501(C)(3) - EXEM              | 11,500.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FIRST BOOK<br>406 N 10TH ST<br>COEUR D'ALENE, ID 83814                                     | 52-1779606 | 501(C)(3) - EXEM              | 9,000.                   | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION & READING           |
| HOSPICE OF THE WOOD RIVER VALLEY,<br>INC. - PO BOX 4320 - KETCHUM, ID<br>83340             | 82-0397698 | 501(C)(3) - EXEM              | 13,780.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTH<br>& SOCIAL SERVICES      |
| IDAHO NONPROFIT CENTER, INC.<br>1509 E TYRELL LANE, STE 100<br>BOISE, ID 83706             | 94-3419016 | 501(C)(3) - EXEM              | 10,000.                  | 0.                                |   |  | GENERAL SUPPORT -<br>GREATEST NEED FUND            |
| OUR LADY OF THE LAKE CATHOLIC<br>CHURCH - 501 CROSS ROAD, PO BOX<br>821 - MCCALL, ID 83638 |            | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES               |
| ST. JOSEPH'S CATHOLIC SCHOOL<br>825 W FORT ST<br>BOISE, ID 83702                           | 82-0200748 | 501(C)(3) - EXEM              | 7,000.                   | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                     |
| ST. VINCENT DE PAUL SALVAGE BUREAU<br>1311 N 1ST STREET<br>COEUR D'ALENE, ID 83814         | 82-0250389 | 501(C)(3) - EXEM              | 14,408.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES               |
| WOOD RIVER LAND TRUST<br>119 E BULLION ST<br>HAILEY, ID 83333                              | 82-0474191 | 501(C)(3) - EXEM              | 12,550.                  | 0.                                |   |  | GENERAL SUPPORT -<br>ENVIRONMENTAL<br>CONSERVATION |
| BLAINE COUNTY SENIORS COUNCIL,<br>INC. - PO BOX 28 - HAILEY, ID<br>83333                   | 82-0315917 | 501(C)(3) - EXEM              | 6,950.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES               |
| CITY OF BOISE<br>1104 ROYAL BLVD<br>BOISE, ID 83706  | 82-6000165 | GOVERNMENT ENTIT              | 5,388.                   | 0.                                |   |  | GENERAL SUPPORT - PUBLIC<br>PROJECTS               |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GEM COUNTY SENIOR CITIZENS, INC.<br>719 S JOHNS AVENUE<br>EMMETT, ID 83617                                  | 82-0391055 | 501(C)(3) - EXEM              | 10,000.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES           |
| HAWAII COMMUNITY FOUNDATION<br>PO BOX 464<br>HANA, HI 96713   | 99-0261283 | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES           |
| HIGHLAND HIGH SCHOOL<br>1800 BENCH ROAD<br>POCATELLO, ID 83201  |            | GOVERNMENT ENTIT              | 5,327.                   | 0.                                |   |  | GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE |
| KEMPTHORNE INSTITUTE FOR PUBLIC POLICY AND PHILANTHROPY - 816 W BANNOCK STREET, SUITE 303 - BOISE, ID 83702 | 26-2887573 | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES           |
| KINDERHAVEN, INC.<br>PO BOX 2097<br>SANDPOINT, ID 83864   | 82-0491527 | 501(C)(3) - EXEM              | 13,400.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES           |
| NATIONAL OREGON TRAIL CENTER<br>320 NORTH 4TH STREET<br>MONTPELIER, ID 83254                                | 82-0454703 | 501(C)(3) - EXEM              | 11,400.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                 |
| PLANNED PARENTHOOD OF GREAT NORTHWEST - 1109 MAIN ST, STE 500 - BOISE, ID 83702                             | 91-0686012 | 501(C)(3) - EXEM              | 15,240.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTHCARE SERVICES       |
| PORTNEUF GREENWAY FOUNDATION, INC.<br>PO BOX 71<br>POCATELLO, ID 83204                                      | 82-0458456 | 501(C)(3) - EXEM              | 19,956.                  | 0.                                |   |  | GENERAL SUPPORT - RECREATION                |
| REEL RECOVERY<br>160 BROOKSIDE ROAD<br>NEEDHAM, MA 02492  | 91-2193394 | 501(C)(3) - EXEM              | 20,000.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTHCARE SERVICES       |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ROSE ADVOCATES<br>PO BOX 527<br>WEISER, ID 83672  | 82-0425102 | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES            |
| SALMON HIGH SCHOOL<br>401 S WARPATH<br>SALMON, ID 83467                                   |            | GOVERNMENT ENTIT              | 18,651.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                  |
| ADAMS EXCAVATING<br>PO BOX 275<br>KIMBERLY, ID 83341                                      |            | OTHER ORGANIZATI              | 23,520.                  | 0.                                |   |  | GENERAL SUPPORT - ENVIRONMENTAL CONSERVATION |
| BROCKWAY ENGINEERING PLLC<br>2016 WASHINGTON STREET N #4<br>TWIN FALLS, ID 83301          |            | OTHER ORGANIZATI              | 6,697.                   | 0.                                |   |  | GENERAL SUPPORT - ENVIRONMENTAL CONSERVATION |
| AMERICAN CANCER SOCIETY, IDAHO DIVISION - 1676 S VISTA AVE -<br>BOISE, ID 83705           | 13-1788491 | 501(C)(3) - EXEM              | 7,650.                   | 0.                                |   |  | GENERAL SUPPORT - HEALTH                     |
| BASQUE MUSEUM & CULTURAL CENTER<br>611 W GROVE ST<br>BOISE, ID 83702                      | 82-0401368 | 501(C)(3) - EXEM              | 61,118.                  | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE             |
| BIG BROTHERS BIG SISTERS OF SOUTHWEST IDAHO - 110 N 27TH ST -<br>BOISE, ID 83705          | 82-0349401 | 501(C)(3) - EXEM              | 7,041.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                  |
| BOISE MUSIC WEEK<br>PO BOX 155<br>BOISE, ID 83701   | 82-6007761 | 501(C)(3) - EXEM              | 5,500.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                  |
| BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. - 88169 W VICTORY RD -<br>BOISE, ID 83709 | 82-0400689 | 501(C)(3) - EXEM              | 55,058.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                  |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CONCEPTS IN WRITING<br>3253 SCENIC DRIVE<br>BOISE, ID 83703                           |            | OTHER ORGANIZATI              | 14,060.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS          |
| CONCORDIA UNIVERSITY SCHOOL OF LAW<br>501 W FRONT ST<br>BOISE, ID 83702               |            | GOVERNMENT ENTIT              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION                |
| CONGREGATION AHAVATH BETH ISRAEL<br>11 N LATAH ST<br>BOISE, ID 83706                  | 31-1554282 | 501(C)(3) - EXEM              | 16,000.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| FRANZ WITTE LANDSCAPE CONTRACTING, INC. - 9770 W STATE ST - BOISE, ID 83714           |            | OTHER ORGANIZATI              | 98,460.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS          |
| GRANGEVILLE COMMUNITY FOUNDATION<br>LEGACY FUND - 210 W STATE ST -<br>BOISE, ID 83702 | 82-0425063 | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| HDR ENGINEERING, INC.<br>412 E PARKCENTER BLVD<br>BOISE, ID 83706                     |            | OTHER ORGANIZATI              | 58,626.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS          |
| IDAHO BLACK HISTORY MUSEUM, INC.<br>508 JULIA DAVIS DR<br>BOISE, ID 83702             | 82-0485302 | 501(C)(3) - EXEM              | 5,857.                   | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE           |
| IDAHO BOTANICAL GARDENS, INC.<br>2355 OLD PENITENTIARY RD<br>BOISE, ID 83712          | 82-0379274 | 501(C)(3) - EXEM              | 5,150.                   | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE           |
| IDAHO DENTAL FOUNDATION<br>8000 W USTICK RD<br>BOISE, ID 83704                        | 20-4755876 | 501(C)(3) - EXEM              | 38,100.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTH & SOCIAL SERVICES |

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| IDAHO FOODBANK WAREHOUSE, INC.<br>3562 S TK AVE<br>BOISE, ID 83705             | 82-0425400 | 501(C)(3) - EXEM              | 19,324.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| IDAHO RURAL PARTNERSHIP<br>700 W STATE ST<br>BOISE, ID 83702                   |            | GOVERNMENT ENTIT              | 6,000.                   | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS  |
| IDAHO STATE HISTORICAL SOCIETY<br>2205 OLD PENITENTIARY RD<br>BOISE, ID 83712  |            | GOVERNMENT ENTIT              | 6,000.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION        |
| IDAHO YOUTH RANCH<br>5465 W IRVING ST<br>BOISE, ID 83706                       | 82-0253346 | 501(C)(3) - EXEM              | 8,777.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| MERIDIAN EDUCATION FOUNDATION<br>PO BOX 563<br>MERIDIAN, ID 83680              | 82-0421800 | 501(C)(3) - EXEM              | 5,150.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION        |
| MERIDIAN UNITED METHODIST<br>240 E IDAHO AVE<br>MERIDIAN, ID 83642             |            | EXEMPT ENTITY                 | 5,910.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| OPERA IDAHO, INC.<br>513 S 8TH ST<br>BOISE, ID 83702                           | 23-7331238 | 501(C)(3) - EXEM              | 5,250.                   | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE   |
| ORGANIZATION ASSISTING THE HOMELESS STUDENT - 6098 TONKIN DR - BOISE, ID 83704 | 27-3313493 | 501(C)(3) - EXEM              | 16,200.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| SALVATION ARMY CALDWELL CORPS<br>1015 E CHICAGO ST<br>CALDWELL, ID 83605       | 94-1156347 | 501(C)(3) - EXEM              | 5,618.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ST. LUKE'S HEALTH FOUNDATION, LTD<br>190 E BANNOCK ST<br>BOISE, ID 83712                           | 81-0600973 | 501(C)(3) - EXEM              | 11,000.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTH                      |
| ST. MARY'S PARISH SCHOOL<br>2620 W STATE ST<br>BOISE, ID 83702                                     | 82-0200748 | 501(C)(3) - EXEM              | 8,775.                   | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                |
| THE SALVATION ARMY BOISE CORPS<br>1904 W BANNOCK ST<br>BOISE, ID 83702                             | 22-2406433 | 501(C)(3) - EXEM              | 14,586.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES          |
| WOMEN'S AND CHILDREN'S ALLIANCE<br>720 W WASHINGTON ST<br>BOISE, ID 83702                          | 82-0204464 | 501(C)(3) - EXEM              | 11,750.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES          |
| WOOD RIVER WOMEN'S CHARITABLE<br>FOUNDATION - 210 W STATE ST -<br>BOISE, ID 83702                  | 82-0425063 | 501(C)(3) - EXEM              | 5,075.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES          |
| BANNOCK COUNTY COMMISSIONERS<br>5500 S 5TH AVE<br>POCATELLO, ID 83204                              |            | GOVERNMENT ENTIT              | 20,000.                  | 0.                                |   |  | GENERAL SUPPORT -<br>CONSERVATION/ENVIRONMENT |
| IDAHO STATE UNIVERSITY<br>921 S 8TH AVE<br>POCATELLO, ID 83209                                     |            | GOVERNMENT ENTIT              | 23,494.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION                |
| IDAHO STATE-CIVIC SYMPHONY<br>ASSOCIATION, INC. - 1066<br>YELLOWSTONE AVE - POCATELLO, ID<br>83201 | 82-0344417 | 501(C)(3) - EXEM              | 10,000.                  | 0.                                |   |  | GENERAL SUPPORT - ARTS &<br>CULTURE           |
| OLD TOWN ACTORS STUDIO<br>427 N MAIN ST<br>POCATELLO, ID 83204                                     | 26-2885753 | 501(C)(3) - EXEM              | 9,000.                   | 0.                                |   |  | GENERAL SUPPORT - ARTS &<br>CULTURE           |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| POCATELLO ARTS COUNCIL<br>911 N 7TH AVE<br>POCATELLO, ID 83201                         |            | GOVERNMENT ENTIT              | 9,000.                   | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS  |
| SAGEBRUSH STEPPE REGIONAL LAND TRUST, INC. - PO BOX 1404 -<br>POCATELLO, ID 83201      | 82-6092501 | 501(C)(3) - EXEM              | 5,250.                   | 0.                                |   |  | GENERAL SUPPORT - RECREATION       |
| SOUTHEASTERN IDAHO COMMUNITY ACTION AGENCY - 641 NORTH 8TH ST -<br>POCATELLO, ID 83201 | 82-0290341 | 501(C)(3) - EXEM              | 47,595.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS  |
| BEAR LAKE MIDDLE SCHOOL<br>330 BOISE ST<br>MONTPELIER, ID 83254                        |            | GOVERNMENT ENTIT              | 5,500.                   | 0.                                |   |  | GENERAL SUPPORT - EDUCATION        |
| BLACKFOOT COMMUNITY CENTER, INC.<br>157 W SEXTON<br>BLACKFOOT, ID 83221                | 33-1170044 | 501(C)(3) - EXEM              | 14,000.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS  |
| SHELLEY COMMUNITY CHURCH<br>PO BOX 546<br>SHELLEY, ID 83274                            |            | EXEMPT ENTITY                 | 10,000.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| CITY OF KETCHUM<br>480 EAST AVE N<br>KETCHUM, ID 83340                                 |            | GOVERNMENT ENTIT              | 5,534.                   | 0.                                |   |  | GENERAL SUPPORT - RECREATION       |
| NAMI WOOD RIVER VALLEY<br>PO BOX 95<br>HAILEY, ID 83333                                | 82-0530506 | 501(C)(3) - EXEM              | 8,500.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| NURTURE<br>PO BOX 612<br>HIGHLAND PARK, IL 60035                                       | 26-3691492 | 501(C)(3) - EXEM              | 6,700.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ST. LUKE'S WOOD RIVER FOUNDATION, INC. - PO BOX 7005 - KETCHUM, ID 83340              | 23-7288535 | 501(C)(3) - EXEM              | 14,650.                  | 0.                                |   |  | GENERAL SUPPORT - HEALTH                   |
| SUN VALLEY ADAPTIVE SPORTS<br>PO BOX 6791<br>KETCHUM, ID 83340                        | 82-0512146 | 501(C)(3) - EXEM              | 30,000.                  | 0.                                |   |  | GENERAL SUPPORT - RECREATION               |
| SUN VALLEY SUMMER SYMPHONY<br>PO BOX 1914<br>SUN VALLEY, ID 83353                     | 82-0397940 | 501(C)(3) - EXEM              | 10,860.                  | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE           |
| SWIFTSURE RANCH THERAPEUDIC EQUESTRIAN CENTER - 114 CALYPSO LANE - BELLEVUE, ID 83313 | 82-0461587 | 501(C)(3) - EXEM              | 6,700.                   | 0.                                |   |  | GENERAL SUPPORT - HEALTH                   |
| THE CRISIS HOT LINE, INC.<br>PO BOX 939<br>KETCHUM, ID 83340                          | 82-0407349 | 501(C)(3) - EXEM              | 15,900.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| THE NATURE CONSERVANCY<br>950 W BANNOCK ST<br>BOISE, ID 83702                         | 53-0242652 | 501(C)(3) - EXEM              | 5,910.                   | 0.                                |   |  | GENERAL SUPPORT - CONSERVATION/ENVIRONMENT |
| WOOD RIVER YMCA<br>101 SADDLE RD<br>KETCHUM, ID 83340                                 | 82-0481436 | 501(C)(3) - EXEM              | 11,600.                  | 0.                                |   |  | GENERAL SUPPORT - RECREATION               |
| BOISE BASIN LIBRARY DISTRICT<br>123 MONTGOMERY ST<br>IDAHO CITY, ID 83631             |            | GOVERNMENT ENTIT              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - LIBRARIES                |
| PANHANDLE HEALTH DISTRICT 1<br>8500 N ATLAS RD<br>HAYDEN, ID 83835                    |            | GOVERNMENT ENTIT              | 25,000.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |

Schedule I (Form 990)



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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EASTERN IDAHO TECHNICAL COLLEGE FOUNDATION - 1600 S 2500 E - IDAHO FALLS, ID 83404                 | 94-3160729 | 501(C)(3) - EXEM              | 14,826.                  | 0.                                |   |  | GENERAL SUPPORT - EDUCATION        |
| MUSEUM OF IDAHO - BONNEVILLE COUNTY HISTORICAL SOCIETY - 200 NORTH EASTERN - IDAHO FALLS, ID 83402 | 82-0363177 | 501(C)(3) - EXEM              | 12,500.                  | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE   |
| REGIONAL COUNCIL FOR CHRISTIAN MINISTRY, INC. - PO BOX 2236 - IDAHO FALLS, ID 83403                | 82-0305800 | EXEMPT ENTITY                 | 7,080.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| THE ART MUSEUM OF EASTERN IDAHO, INC. - PO BOX 1664 - IDAHO FALLS, ID 83403                        | 48-1273754 | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - ARTS & CULTURE   |
| SALVATION ARMY NAMPA CORPS<br>403 12TH AVE S<br>NAMPA, ID 83651                                    | 94-1156347 | 501(C)(3) - EXEM              | 7,118.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| THE MENTORING NETWORK, INC.<br>PO BOX 9412<br>NAMPA, ID 83652                                      | 83-0430291 | 501(C)(3) - EXEM              | 5,500.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| CASSIA COUNTY COMMISSIONERS<br>1459 OVERLAND AVE<br>BURLEY, ID 83318                               | 82-0442974 | GOVERNMENT ENTIT              | 13,690.                  | 0.                                |   |  | GENERAL SUPPORT - LIBRARIES        |
| CITY LIFE INC<br>119 W MAIN<br>EMMETT, ID 83617  | 57-1166645 | 501(C)(3) - EXEM              | 6,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES  |
| CITY OF EMMETT<br>501 E MAIN ST<br>EMMETT, ID 83617  |            | GOVERNMENT ENTIT              | 13,647.                  | 0.                                |   |  | GENERAL SUPPORT - PUBLIC PROJECTS  |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FAMILY PROMISE OF NORTH IDAHO<br>PO BOX 3682<br>COEUR D'ALENE, ID 83816                 | 14-1971894 | 501(C)(3) - EXEM              | 11,100.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION          |
| FIRST JUDICIAL DISTRICT CASA<br>PROGRAM, INC. - 490 MEMORIAL -<br>IDAHO FALLS, ID 83402 | 82-0454547 | 501(C)(3) - EXEM              | 5,500.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES    |
| HOSPICE OF NORTH IDAHO, INC.<br>9493 N GOVERNMENT WAY<br>HAYDEN, ID 83835               | 82-0368366 | 501(C)(3) - EXEM              | 28,000.                  | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES    |
| THE WOMEN'S CENTER, INC.<br>850 NORTH 4TH ST<br>COEUR D'ALENE, ID 83814                 | 82-0341451 | 501(C)(3) - EXEM              | 5,750.                   | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION          |
| YOUNG LIFE<br>PO BOX 520<br>COLORADO SPRINGS, CO 80901                                  | 84-0385934 | 501(C)(3) - EXEM              | 6,400.                   | 0.                                |   |  | GENERAL SUPPORT -<br>RECREATION         |
| SALMON HOCKEY ASSOCIATION<br>PO BOX 581<br>SALMON, ID 83467                             | 31-1681564 | 501(C)(3) - EXEM              | 7,217.                   | 0.                                |   |  | GENERAL SUPPORT -<br>RECREATION         |
| MINI-CASSIA SHELTER FOR WOMEN AND<br>CHILDREN - PO BOX 334 - RUPERT, ID<br>83350        | 82-0531176 | 501(C)(3) - EXEM              | 5,500.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES    |
| LEWIS-CLARK STATE COLLEGE<br>500 8TH AVE<br>LEWISTON, ID 83501                          | 82-6000935 | GOVERNMENT ENTIT              | 6,311.                   | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION          |
| ONEIDA COUNTY LIBRARY<br>31 S 100 W<br>MALAD CITY, ID 83252                             |            | GOVERNMENT ENTIT              | 11,965.                  | 0.                                |   |  | GENERAL SUPPORT -<br>LIBRARIES & HEALTH |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| GEORGETOWN UNIVERSITY<br>3700 O ST NW<br>WASHINGTON, DC 20057                            |            | GOVERNMENT ENTIT              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION       |
| KTVB<br>5407 W FAIRVIEW AVE<br>BOISE, ID 83707   |            | OTHER ORGANIZATI              | 6,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES |
| PACIFIC LEGAL FOUNDATION<br>930 G ST<br>SACRAMENTO, CA 95814                             | 94-2197343 | 501(C)(3) - EXEM              | 5,000.                   | 0.                                |   |  | GENERAL SUPPORT - PUBLIC<br>PROJECTS |
| UNION GOSPEL MISSION ASSOCIATION<br>OF SPOKANE - 1224 E TRENT AVE -<br>SPOKANE, WA 99202 | 91-0613587 | EXEMPT ENTITY                 | 25,000.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION       |
| WENK ASSOCIATES INC.<br>1335 ELATI ST<br>DENVER, CO 80204                                |            | OTHER ORGANIZATI              | 9,317.                   | 0.                                |   |  | GENERAL SUPPORT - PUBLIC<br>PROJECTS |
| AMERICAN FALLS EDUCATION<br>FOUNDATION - 827 FORT HALL AVE -<br>AMERICAN FALLS, ID 83211 | 33-1120814 | OTHER ORGANIZATI              | 12,000.                  | 0.                                |   |  | GENERAL SUPPORT -<br>EDUCATION       |
| TETON VALLEY HEALTH CARE<br>FOUNDATION - 120 EAST HOWARD AVE -<br>DRIGGS, ID 83422       | 82-0471064 | 501(C)(3) - EXEM              | 7,000.                   | 0.                                |   |  | GENERAL SUPPORT - HEALTH             |
| LA POSADA, INC<br>355 4TH AVE W<br>TWIN FALLS, ID 83301                                  | 82-0468830 | 501(C)(3) - EXEM              | 6,000.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL<br>SERVICES |
| MAGIC VALLEY ARTS COUNCIL, INC<br>195 RIVER VISTA PL<br>TWIN FALLS, ID 83301             | 94-3087224 | 501(C)(3) - EXEM              | 5,316.                   | 0.                                |   |  | GENERAL SUPPORT - ARTS &<br>CULTURE  |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MCPAWS INC<br>831 S 3RD ST<br>MCCALL, ID 83638                                 | 82-0503942 | 501(C)(3) - EXEM              | 7,499.                   | 0.                                |   |  | GENERAL SUPPORT - SOCIAL SERVICES          |
| FRIENDS OF THE WEISER RIVER TRAIL, INC. - 9201 GRANDMASON PL - EAGLE, ID 83616 | 82-0495183 | 501(C)(3) - EXEM              | 7,729.                   | 0.                                |   |  | GENERAL SUPPORT - CONSERVATION/ENVIRONMENT |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: DISBURSEMENTS TO NON-PROFIT ORGANIZATIONS ARE REVIEWED BY THREE REGIONAL GRANTS PANELS MADE UP OF CITIZENS FROM EACH OF THE STATE'S THREE REGIONS. THESE GRANTS PANELS ARE ADVISORY ONLY, AND THEIR RECOMMENDATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS GRANTS COMMITTEE, WITH ITS FINAL RECOMMENDATIONS PRESENTED TO ICF'S FULL BOARD OF DIRECTORS FOR ACTION. THE FOUNDATION REQUIRES PROOF OF 501(C)(3) STATUS OR OTHER SUCH DOCUMENTATION TO CONFIRM THE ORGANIZATION'S ELIGIBILITY TO RECEIVE CHARITABLE CONTRIBUTIONS. ICF REQUIRES END-OF-GRANT REPORTS FOR ALL GRANTS DISBURSED THROUGH THE REGIONAL GRANTS PROGRAM. ICF ALSO AUDITS

**Part IV** Supplemental Information

A NUMBER OF GRANTS MADE.

REQUESTS FOR DISBURSEMENTS FROM DONOR ADVISED FUNDS ARE REVIEWED BY THE BOARD OF DIRECTORS GRANTS COMMITTEE WITH ITS FINAL RECOMMENDATIONS PRESENTED TO ICF'S FULL BOARD FOR ACTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **IDAHO COMMUNITY FOUNDATION, INC.** Employer identification number **82-0425063**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art .....   |                            |   |  |   |
| 2 Art - Historical treasures .....                                 |                            |   |  |   |
| 3 Art - Fractional interests .....                                 |                            |   |  |   |
| 4 Books and publications .....                                     |                            |   |  |   |
| 5 Clothing and household goods .....                               |                            |   |  |   |
| 6 Cars and other vehicles .....                                    |                            |   |  |   |
| 7 Boats and planes .....   |                            |   |  |   |
| 8 Intellectual property .....                                      |                            |   |  |   |
| 9 Securities - Publicly traded .....                               | X                          | 14  | 398,020.   | FMV AT CONTRIBUTION                                       |
| 10 Securities - Closely held stock .....                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests .....         |                            |   |  |   |
| 12 Securities - Miscellaneous .....                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures ..... |                            |   |  |   |
| 14 Qualified conservation contribution - Other .....               |                            |   |  |   |
| 15 Real estate - Residential .....                                 |                            |   |  |   |
| 16 Real estate - Commercial .....                                  |                            |   |  |   |
| 17 Real estate - Other .....                                       |                            |   |  |   |
| 18 Collectibles .....  |                            |   |  |   |
| 19 Food inventory .....  |                            |   |  |   |
| 20 Drugs and medical supplies .....                                |                            |   |  |   |
| 21 Taxidermy .....   |                            |   |  |   |
| 22 Historical artifacts .....                                      |                            |   |  |   |
| 23 Scientific specimens .....                                      |                            |   |  |   |
| 24 Archeological artifacts .....                                   |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |     |    |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number

82-0425063

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

GRANTING THE FUNDS FOR A BROAD VARIETY OF WORTHWHILE PROJECTS

STATEWIDE.

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

IDAHO COMMUNITY FOUNDATION'S OTHER PROGRAM SERVICES INCLUDE

CONSERVATION/ENVIRONMENT, EMERGENCY SERVICES, HEALTH SERVICES,

LIBRARIES, AND PUBLIC PROJECTS. INCLUDED IN THESE ARE GRANTS TO FOOD

BANKS, VOLUNTEER FIRE DEPARTMENTS, VOLUNTEER AND LOW INCOME EMERGENCY

HEALTH CLINICS, PUBLIC LIBRARIES, PUBLIC PLAYGROUNDS, ANIMAL SHELTERS,

AND RECYCLING PROGRAMS.

EXPENSES \$ 1,439,255. INCL GRANTS OF \$ 1,154,296. REVENUE \$ 1,908,259.

FORM 990, PART VI, SECTION A, LINE 6: ICF HAS A MEMBERSHIP COMPONENT TO

ITS ORGANIZATION. MEMBERS, THROUGH A NOMINAL DONATION, WILL BE ELIGIBLE TO

SERVE ON THE REGIONAL GRANTS PANELS, ELECT THE BOARD OF DIRECTORS, AND

SERVE AS AMBASSADORS OF GOOD WILL FOR THE BOARD. THE ANNUAL MEETING OF

MEMBERS IS HELD IN MAY OF EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS

ELECTRONICALLY SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW

PRIOR TO BEING FILED.



|  |  |
|--|--|
| Name of the organization<br>IDAHO COMMUNITY FOUNDATION, INC. | Employer identification number<br>82-0425063 |
|--|--|

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE, OR STAFF. THE BOARD, BY MAJORITY VOTE, SHALL DETERMINE WHETHER A DIRECTOR OR PRINCIPAL HAS A CONFLICT OF INTEREST AND WHETHER SUCH CONFLICTED PERSON SHOULD BE PRECLUDED FROM THE DISCUSSION OF OR ACTING UPON THE TRANSACTION. AN INTERESTED PERSON SHALL NOT VOTE OR PARTICIPATE IN DISCUSSIONS WHERE THE PERSON HAS A DIRECT CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR ALL EMPLOYEES INCLUDING THE CEO. OUTSIDE SOURCES INCLUDING SALARY SURVEYS FROM THE COUNCIL ON FOUNDATIONS AND IDAHO NONPROFIT CENTER ARE PROVIDED TO THE BOARD FOR COMPARISON STUDIES. THIS PROCESS IS PERFORMED ON AN ANNUAL BASIS AS PART OF THE ORGANIZATION'S BUDGET PREPARATION.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE POSTED ON THE ICF WEBSITE AND HARD COPIES ARE AVAILABLE IN THE OFFICE UPON REQUEST. OTHER PUBLIC DOCUMENTS ARE AVAILABLE IN THE OFFICE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 1A:  
THE EXECUTIVE COMMITTEE SHALL HAVE AND SHALL EXERCISE ALL OF THE POWERS OF THE BOARD BETWEEN MEETINGS AND SHALL CONDUCT AN ANNUAL REVIEW OF THE PERFORMANCE OF THE BOARD. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIRMAN OF THE BOARD, THE VICE CHAIRMAN, THE IMMEDIATE PAST CHAIRMAN, THE SECRETARY, THE TREASURER, AND THE CHAIRMAN OF EACH STANDING COMMITTEE.

Name of the organization  
IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number  
82-0425063

FORM 990, PART XII, LINE 2C:

NO CHANGE IN OVERSIGHT OR SELECTION PROCESS FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **IDAHO COMMUNITY FOUNDATION, INC.**  
Employer identification number: **82-0425063**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| THE KISSLER FAMILY FOUNDATION - 26-0587332<br>1125 WEST AMITY ROAD<br>BOISE, ID 83705 | SUPPORTING ORGANIZATION | IDAHO   | 501(C)(3)                     | LINE 11A  | N/A                                 |  | X  |
|   |                         |   |                               |   |                                     |  |    |
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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....  |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....  | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....   |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....  |     | X  |
| <b>f</b> Dividends from related organization(s) .....   |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....  |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....  |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....   |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....   |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                           |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                            |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                            |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....   |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....   |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....   |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....  |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....  |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| <b>(1) THE KISSLER FAMILY FOUNDATION</b> | C                             | 112,810.               | CASH DONATION                                |
| <b>(2)</b>                               |                               |                        |  |
| <b>(3)</b>                               |                               |                        |  |
| <b>(4)</b>                               |                               |                        |  |
| <b>(5)</b>                               |                               |                        |  |
| <b>(6)</b>                               |                               |                        |  |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner?; (k) Percentage ownership.



For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

**IDAHO COMMUNITY FOUNDATION, INC.**

**82-0425063**

Name and title of officer

**ROBERT HOOVER  
PRESIDENT & CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |                          |
|---|--|--------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>8046374</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....      | <b>5b</b> _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **EIDE BAILLY LLP** to enter my PIN **32988**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**82024200657**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **05/13/13**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**