

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>IDAHO COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>210 WEST STATE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>BOISE, ID 83702</b> <b>F Name and address of principal officer: ROBERT A. HOOVER</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>82-0425063</b> <b>E Telephone number</b> <b>208-342-3535</b> <b>G Gross receipts \$</b> <b>16,835,867.</b> <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <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>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>15</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>172</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>6,195,646.</b>	<b>7,460,170.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>63,204.</b>	<b>88,996.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,951,501.</b>	<b>1,732,063.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,210,351.</b>	<b>9,281,229.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>4,655,732.</b>	<b>5,548,935.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>624,449.</b>	<b>713,711.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>282,770.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>492,824.</b>	<b>1,115,612.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,773,005.</b>	<b>7,378,258.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>3,437,346.</b>	<b>1,902,971.</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)	<b>115,383,200.</b>	<b>123,487,107.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>15,671,970.</b>	<b>18,631,061.</b>
<b>22</b>		<b>99,711,230.</b>	<b>104,856,046.</b>

**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 <b>ROBERT A. HOOVER, PRESIDENT &amp; CEO</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIM HUNWARDSSEN, CPA</b>	Preparer's signature <b>KIM HUNWARDSSEN, CPA</b>	Date <b>05/15/15</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00484560</b>
	Firm's name <b>EIDE BAILLY LLP</b>				Firm's EIN <b>45-0250958</b>
	Firm's address <b>877 W. MAIN ST. STE. 800</b> <b>BOISE, ID 83702</b>				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 or note to any line 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 1,519,152. including grants of \$ 1,519,152. ) (Revenue \$ ) EDUCATION: ICF AWARDED 400 GRANTS TOTALING \$1,519,152 FOR EDUCATIONAL PROGRAMS FROM DAY CARE CENTERS TO SCHOLARSHIPS FOR COLLEGE STUDENTS. CULTURAL ORGANIZATIONS PROVIDED PROGRAMS AND EDUCATION TO KIDS OF ALL AGES TO LEARN ABOUT BALLET, SHAKESPEARE AND THE HISTORY OF THEIR TOWN/COUNTY. 139 GRANTS WERE SPECIFICALLY FOR SCHOLARSHIPS TOTALING \$264,612 FOR STUDENTS GOING TO COLLEGES BOTH IN IDAHO AND OUT OF STATE.

4b (Code: ) (Expenses \$ 1,521,035. including grants of \$ 1,521,035. ) (Revenue \$ ) SOCIAL SERVICES: ICF AWARDED 596 GRANTS FOR A TOTAL OF \$1,521,035 THROUGHOUT ALL 44 COUNTIES IN IDAHO. EXAMPLES OF GRANTS INCLUDE HELP WITH LOCAL BACKPACK FOOD PROGRAMS, WITH PURCHASING EQUIPMENT NEEDED IN RURAL AREAS TO PROVIDE INTERNET, SUPPORT OF GENERAL OPERATIONS IN LOCAL SHELTERS, ASSISTANCE WITH VETERANS PROGRAMS, AND HELP TO PURCHASE A REPLACEMENT VEHICLE FOR FOOD DISTRIBUTION TO SENIOR AND DISABLED INDIVIDUALS.

4c (Code: ) (Expenses \$ 934,624. including grants of \$ 934,624. ) (Revenue \$ ) ARTS & CULTURE: ICF AWARDED 211 GRANTS TO A VARIETY OF ORGANIZATIONS TOTALING \$934,624. GRANTS SUPPORTED A VARIETY OF ACTIVITIES SUCH AS A SUMMER YOUTH ORCHESTRA CAMP, A GREENBELT ART BENCH PROJECT, ENHANCEMENT OF MUSEUM EXHIBITS, HANDS ON ARTS LESSONS TO KIDS, AND THE SCANNING AND PRESERVATION OF HISTORIC PHOTOGRAPHS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,471,782. including grants of \$ 1,574,124. ) (Revenue \$ 88,996.)

4e Total program service expenses 6,446,593.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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
<b>4 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b covering topics like Form 1096, Form W-2G, Form W-3, and various IRS forms.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (27), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
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, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) MIKE MCBRIDE CHAIRMAN	1.00	X		X				0.	0.	0.
(2) BILL BERG VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) GREG BRAUN TREASURER	1.00	X		X				0.	0.	0.
(4) SUE THILO SECRETARY	1.00	X		X				0.	0.	0.
(5) BILL ALLEN DIRECTOR	1.00	X						0.	0.	0.
(6) STEVE CARR DIRECTOR	1.00	X						0.	0.	0.
(7) CANDI ALLPHIN DIRECTOR	1.00	X						0.	0.	0.
(8) TRENT CLARK DIRECTOR	1.00	X						0.	0.	0.
(9) GERARD CONNELLY DIRECTOR	1.00	X						0.	0.	0.
(10) JEAN ELSAESSER DIRECTOR	1.00	X						0.	0.	0.
(11) FRANCES ELLSWORTH DIRECTOR	1.00	X						0.	0.	0.
(12) SHANNON ERSTAD DIRECTOR	1.00	X						0.	0.	0.
(13) TOM KILLINGSWORTH DIRECTOR	1.00	X						0.	0.	0.
(14) DAN KLOCKO DIRECTOR	1.00	X						0.	0.	0.
(15) JOE MARSHALL DIRECTOR	1.00	X						0.	0.	0.
(16) MARK NYE DIRECTOR	1.00	X						0.	0.	0.
(17) DEBRA RIEDEL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) DENISE SMITH DIRECTOR	1.00	X						0.	0.	0.
(19) TRICIA SWARTLING DIRECTOR	1.00	X						0.	0.	0.
(20) ALAN VAN ORDEN DIRECTOR	1.00	X						0.	0.	0.
(21) MARC WALLACE DIRECTOR	1.00	X						0.	0.	0.
(22) CAROLINE TROY DIRECTOR	1.00	X						0.	0.	0.
(23) BRENDA SANFORD DIRECTOR	1.00	X						0.	0.	0.
(24) LINDA WATKINS DIRECTOR	1.00	X						0.	0.	0.
(25) RAY WOLFE DIRECTOR	1.00	X						0.	0.	0.
(26) ROBERT YUDITSKY 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.	8,497.
<b>d Total (add lines 1b and 1c)</b>								125,000.	0.	8,497.

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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) Name and business address	(B) Description of services	(C) 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) SANDRA FERY DIRECTOR	1.00	X						0.	0.	0.
(28) ROBERT HOOVER PRESIDENT & CEO	40.00			X				125,000.	0.	8,497.
Total to Part VII, Section A, line 1c .....								125,000.		8,497.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	109,464.				
	<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>	7,350,706.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,256,629.				
	<b>h Total.</b> Add lines 1a-1f .....		7,460,170.				
<b>Program Service Revenue</b>	<b>2 a</b> PORTFOLIO MANAGEMENT FEE .....	<b>Business Code</b>					
		529320	88,996.	88,996.			
	<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 .....		88,996.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,724,384.			1,724,384.	
	<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				
		7,562,317.					
		<b>b</b> Less: cost or other basis and sales expenses .....		7,554,638.			
		<b>c</b> Gain or (loss) .....		7,679.			
	<b>d</b> Net gain or (loss) .....		7,679.			7,679.	
	<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>b</b>				
		<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>b</b>					
	<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>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<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. ....			9,281,229.	88,996.	0.	1,732,063.	

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,548,935.	5,548,935.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	135,093.	6,755.	67,546.	60,792.
<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	452,038.	135,611.	271,223.	45,204.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,440.	3,732.	7,464.	1,244.
<b>9</b> Other employee benefits	60,732.	18,220.	36,439.	6,073.
<b>10</b> Payroll taxes	53,408.	16,022.	32,045.	5,341.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	8,529.		8,529.	
<b>c</b> Accounting	16,000.		16,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	41,245.			41,245.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,709.	5,313.	10,625.	1,771.
<b>12</b> Advertising and promotion	45,900.	13,770.	27,540.	4,590.
<b>13</b> Office expenses	29,789.	8,937.	17,873.	2,979.
<b>14</b> Information technology	44,538.	13,361.	26,723.	4,454.
<b>15</b> Royalties				
<b>16</b> Occupancy	9,128.	2,738.	5,477.	913.
<b>17</b> Travel	40,423.	12,127.	24,254.	4,042.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	24,177.	7,253.	14,506.	2,418.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	50,193.	15,058.	30,116.	5,019.
<b>23</b> Insurance	7,386.	2,216.	4,431.	739.
<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> ENDOWMENT FUND TRANSFER	612,492.	612,492.		
<b>b</b> DONOR & COMMUNITY RELAT	87,928.			87,928.
<b>c</b> MISCELLANEOUS	51,316.	15,395.	30,789.	5,132.
<b>d</b> REPAIRS & MAINTENANCE	18,217.	5,465.	10,930.	1,822.
<b>e</b> All other expenses	10,642.	3,193.	6,385.	1,064.
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,378,258.	6,446,593.	648,895.	282,770.
<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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	476,066.	<b>1</b>	646,041.
	<b>2</b> Savings and temporary cash investments .....	19,194,478.	<b>2</b>	18,840,803.
	<b>3</b> Pledges and grants receivable, net .....	159,014.	<b>3</b>	401,143.
	<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 .....	0.	<b>7</b>	97,133.
	<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> 1,361,688.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 336,255.	699,619.	<b>10c</b> 1,025,433.
	<b>11</b> Investments - publicly traded securities .....	94,641,749.	<b>11</b>	101,456,018.
	<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 .....	212,274.	<b>15</b>	1,020,536.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	115,383,200.	<b>16</b>	123,487,107.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	255,907.	<b>17</b>	174,980.
	<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 .....	15,363,376.	<b>21</b>	18,408,159.
	<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 .....	52,687.	<b>25</b>	47,922.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,671,970.	<b>26</b>	18,631,061.
<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 .....	99,552,216.	<b>27</b>	104,657,770.
	<b>28</b> Temporarily restricted net assets .....	159,014.	<b>28</b>	198,276.
	<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 .....	99,711,230.	<b>33</b>	104,856,046.	
<b>34</b> Total liabilities and net assets/fund balances .....	115,383,200.	<b>34</b>	123,487,107.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,281,229.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,378,258.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,902,971.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	99,711,230.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,255,890.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-14,045.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	104,856,046.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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
<b>b</b>	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		

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g 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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9867430.	13938294.	6138115.	6195646.	7460170.	43599655.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9867430.	13938294.	6138115.	6195646.	7460170.	43599655.
<b>5</b> 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) .....						14148506.
<b>6 Public support.</b> Subtract line 5 from line 4.						29451149.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	9867430.	13938294.	6138115.	6195646.	7460170.	43599655.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	702,205.	897,938.	1096286.	1506257.	1724384.	5927070.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						49526725.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	152,200.
<b>13 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**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	59.47 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	54.48 %
<b>16a 33 1/3% support test - 2014.</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 - 2013.</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"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</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 VI 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 - 2013.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.) .....						
<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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 .....



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization <b>IDAHO COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>82-0425063</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>585,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>403,786.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>181,970.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>435,759.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>314,241.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>405,036.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>IDAHO COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>82-0425063</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>1,554,632.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>156,965.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>830,587.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>559,233.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>IDAHO COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>82-0425063</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	STOCK _____ _____ _____	\$ 1,554,632.	12/31/14
10	STOCK _____ _____ _____	\$ 39,419.	12/31/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>IDAHO COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>82-0425063</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 .....	191	328
2 Aggregate value of contributions to (during year) .....	2,397,728.	7,094,428.
3 Aggregate value of grants from (during year) .....	1,326,991.	3,348,006.
4 Aggregate value at end of year .....	41,702,753.	81,784,353.
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 a 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) Revenue 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 Revenue 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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	79,052,511.	65,492,897.	55,952,839.	54,217,444.	44,462,969.
b Contributions	4,355,888.	2,838,382.	3,192,293.	6,771,504.	5,150,875.
c Net investment earnings, gains, and losses	5,178,737.	13,664,030.	9,088,544.	-1,683,443.	7,653,909.
d Grants or scholarships	2,729,329.	2,299,237.	2,103,376.	2,743,205.	2,586,819.
e Other expenditures for facilities and programs	612,492.				
f Administrative expenses	896,242.	643,561.	637,403.	609,461.	463,490.
g End of year balance	84,349,073.	79,052,511.	65,492,897.	55,952,839.	54,217,444.

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  .00 %
- c Temporarily restricted endowment  .00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	599,631.	175,700.		775,331.
b Buildings		339,816.	173,734.	166,082.
c Leasehold improvements				
d Equipment		217,579.	133,559.	84,020.
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 10c.)				1,025,433.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY LIABILITY	47,922.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,922.

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,538,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	3,255,890.	
	b Donated services and use of facilities	2b	1,763.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	3,257,653.	
3	Subtract line 2e from line 1		3	9,281,229.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,281,229.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,394,066.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,763.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	14,045.	
	e Add lines 2a through 2d	2e	15,808.	
3	Subtract line 2e from line 1		3	7,378,258.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,378,258.

**Part XIII Supplemental Information.**

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 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

**Part XIII** Supplemental Information (continued)

## 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, 2014, THE FOUNDATION WAS THE OWNER OF 69 AGENCY ENDOWMENT  
FUNDS, WITH A COMBINED VALUE OF \$18,408,159.

## PART V, LINE 4:

IDAHO COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF 519 INDIVIDUAL FUNDS  
ESTABLISHED FOR A VARIETY OF PURPOSES. GRANTS FROM ENDOWMENT FUNDS ARE  
APPROVED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE FOUNDATION'S  
BYLAWS AND POLICIES. 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 IS EXEMPT FROM INCOME TAXES AS DEFINED BY SECTION 501(C)(3)  
OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS ANNUALLY REQUIRED TO FILE  
A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS.  
IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS  
DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE.  
THE FOUNDATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS  
INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX  
RETURN (FORM 990-T) WITH THE IRS.

**Part XIII** Supplemental Information (continued)

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGE CHARGE OFF	14,045.
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**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 Domestic Organizations and Domestic Governments.** 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
AMERICAN RED CROSS OF GREATER IDAHO - 146 S COLE RD - BOISE, ID 83709	53-0196605	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES & GENERAL OPERATIONS
BALLET IDAHO, INC. 501 S 8TH STREET SUITE A BOISE, ID 83702	82-0301511	501(C)(3)	10,000.	0.			TO SUPPORT THE BALLET'S DANCE TRAINING AND EDUCATIONAL OUTREACH PROGRAMS FOR YOUTH.
BISHOP KELLY HIGH SCHOOL FOUNDATION - 7009 W. FRANKLIN - BOISE, ID 83709	82-0332399	501(C)(3)	15,000.	0.			GENERAL SUPPORT - EDUCATION
ADVOCATES FOR SURVIVORS OF DOMESTIC VIOLENCE & SEXUAL ASSAULT - PO BOX 3216 - HAILEY, ID 83333	94-3162848	501(C)(3)	31,500.	0.			GENERAL SUPPORT - SOCIAL SERVICES
BLAINE COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION - PO BOX 253 - HAILEY, ID 83340	94-3166817	501(C)(3)	5,000.	0.			GENERAL SUPPORT - EDUCATION
BOISE PHILHARMONIC ASSOCIATION, INC. - 516 SOUTH 9TH STREET - BOISE, ID 83702	82-6006000	501(C)(3)	174,894.	0.			TO SUPPORT THE POP SERIES AND THE SUBSCRIPTION CONCERTS.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **161.**

**3** Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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 308 S 24TH ST BOISE, ID 83702	82-0259387	501(C)(3)	65,006.	0.			TO SUPPORT THE BOISE RESCUE MISSION HOMELESS SHELTER FOR MEN, THE CITY LIGHT HOME FOR WOMEN AND
ADAMS EXCAVATING PO BOX 275 KIMBERLY, ID 83341			238,058.	0.			GENERAL SUPPORT - TO PAY OUTSTANDING INVOICES FOR TAX-EXEMPT SERVICES
BOISE STATE UNIVERSITY FOUNDATION 2225 UNIVERSITY DRIVE BOISE, ID 83725	82-6010706	501(C)(3)	73,674.	0.			GENERAL SUPPORT - ATHLETIC FOOTBALL COMPLEX
BRIGHAM YOUNG UNIVERSITY - IDAHO 525 SOUTH CENTER, MS 1610 REXBURG, ID 83460	82-0207699	501(C)(3)	5,433.	0.			2014 IEAF GRANT TO SUPPORT ACCESS TO POSTSECONDARY EDUCATION FOR UNDERSERVED STUDENTS
ANDRUS CENTER FOR PUBLIC POLICY PO BOX 852 BOISE, ID 83702	82-0465785	501(C)(3)	5,000.	0.			GENERAL SUPPORT - OPERATIONS
CITY OF POCATELLO 3101 AVENUE OF THE CHIEFS POCATELLO, ID 83204		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - PUBLIC PROJECTS FOR PARKS AND RECREATION
COLLEGE OF IDAHO 2112 CLEVELAND BLVD. CALDWELL, ID 83605	82-0200906	501(C)(3)	95,433.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
COLLEGE OF SOUTHERN IDAHO FOUNDATION - PO BOX 1238 - TWIN FALLS, ID 83303	82-0388193	501(C)(3)	13,713.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
ASSISTANCE LEAGUE OF BOISE 5825 GLENWOOD GARDEN CITY, ID 83714	82-0331595	501(C)(3)	5,000.	0.			TO SUPPORT OPERATION SCHOOL BELL.

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
ESTHER SIMPLOT PERFORMING ARTS ACADEMY - PO BOX 27 - BOISE, ID 83707	82-0446623	501(C)(3)	228,091.	0.			GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE
HOPE HOUSE, INC. PO BOX 550 MARSING, ID 83639	82-0352589	501(C)(3)	75,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
BELLEVUE PUBLIC LIBRARY PO BOX 825 BELLEVUE, ID 83313		GOVERNMENT ENTIT	25,000.	0.			TO EXPAND THE LIBRARY BUILDING AND PROGRAMMING.
IDAHO ASSISTIVE TECHNOLOGY PROJECT 121 WEST SWEET AVE, SUITE 125 MOSCOW, ID 83843		GOVERNMENT ENTIT	6,796.	0.			TO SUPPORT PROGRAMS PROVIDING ASSISTANCE TO INDIVIDUALS WITH DISABILITIES WHO NEED
IDAHO FALLS ARTS COUNCIL, INC. 498 A STREET IDAHO FALLS, ID 83402	82-0434714	501(C)(3)	37,657.	0.			2014 DISTRIBUTION TO SUPPORT THE WILLARD ARTS CENTER AND THE COLONIAL THEATER.
IDAHO FALLS SYMPHONY SOCIETY, INC. 440 N CAPITAL AVENUE, SUITE B IDAHO FALLS, ID 83402	82-6007411	501(C)(3)	13,910.	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)	5,000.	0.			GENERAL SUPPORT - FALL MUSICAL, THE CHILDREN'S CHOIR AND THE SUMMER THEATER.
IDAHO HUMANITIES COUNCIL 217 WEST STATE STREET BOISE, ID 83702	82-0315902	501(C)(3)	53,621.	0.			GENERAL SUPPORT - TO PROMOTE ARTS & CULTURE
IDAHO SHAKESPEARE FESTIVAL, INC. PO BOX 9365 BOISE, ID 83707	82-0316246	501(C)(3)	5,000.	0.			GENERAL SUPPORT - TO PROMOTE ARTS & 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
IDAHO STATE UNIVERSITY FOUNDATION - BOISE EXTENSION - 802 W. BANNOCK STREET, SUITE 200 - BOISE, ID 83702	82-6013543	501(C)(3)	10,297.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
LEARNING LAB, INC. 308 E. 36TH STREET GARDEN CITY, ID 83714	82-0461933	501(C)(3)	16,373.	0.			GENERAL SUPPORT - EDUCATION
LILLIAN VALLEY SCHOOL, INC. PO BOX 790 BLACKFOOT, ID 83221	82-0498146	501(C)(3)	84,325.	0.			GENERAL SUPPORT - EDUCATION
NORTHWEST NAZARENE UNIVERSITY, INC. - 623 S UNIVERSITY BLVD - NAMPA, ID 83686	82-0200907	501(C)(3)	15,430.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
PANHANDLE ALLIANCE FOR EDUCATION INC. - P.O. BOX 1675 - SANDPOINT, ID 83864	61-1416176	501(C)(3)	83,900.	0.			GENERAL SUPPORT - EDUCATION
PAYETTE LAKES SKI CLUB P.O. BOX 442 MCCALL, ID 83638	82-0153504	501(C)(3)	5,345.	0.			GENERAL SUPPORT - RECREATION
QUAKER HILL CONFERENCE INC. P.O. BOX 1181 MCCALL, ID 83638	82-0308372	501(C)(3)	5,701.	0.			GENERAL SUPPORT - SOCIAL SERVICES TO HELP UNDER-PRIVILEGED CHILDREN
SILVER WOOD GOOD SAMARITAN CENTER 405 W 7TH STREET SILVERTON, ID 83867	45-0228055	501(C)(3)	57,567.	0.			GENERAL SUPPORT - SOCIAL SERVICES
ST. LABRE INDIAN SCHOOL EDUCATIONAL ASSOCIATION - P.O. BOX 77 - ASHLAND, MT 59003	81-0244542	501(C)(3)	32,130.	0.			GENERAL SUPPORT - EDUCATION

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
TERRY REILLY HEALTH SERVICES 211 16 AVE N, PO BOX 9 NAMPA, ID 83653	82-0300537	501(C)(3)	7,500.	0.			GENERAL SUPPORT - HEALTH & SOCIAL SERVICES FOR NEW CLINIC FOR EXISTING DENTAL PRACTICE IN
TREASURE VALLEY FAMILY YMCA 1177 W STATE STREET BOISE, ID 83702	82-0200908	501(C)(3)	79,117.	0.			GENERAL SUPPORT FOR THE JOHN JACKSON ROCK CLIMBING TEAM
UNITED WAY OF TREASURE VALLEY 2340 S VISTA AVENUE BOISE, ID 83705	82-0299013	501(C)(3)	6,359.	0.			GENERAL SUPPORT - PUBLIC PROJECTS
UNIVERSITY OF IDAHO FOUNDATION PO BOX 443147 MOSCOW, ID 83844	82-6000945	501(C)(3)	44,281.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
UNIVERSITY OF IDAHO STUDENT FINANCIAL AID SERVICES - PO BOX 444291 - MOSCOW, ID 83844	23-7098404	GOVERNMENT ENTIT	15,822.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
WASHINGTON STATE UNIVERSITY-FINANCIAL AID - P.O. BOX 641068 - PULLMAN, WA 99164		GOVERNMENT ENTIT	7,911.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
BLAINE COUNTY COMMUNITY DRUG COALITION - 1050 FOX ACRES RD. STE 106 - HAILEY, ID 83333	61-1566372	GOVERNMENT ENTIT	12,500.	0.			GENERAL SUPPORT - SOCIAL SERVICES PERTAINING TO THE BRAVE PROGRAM
COLLEGE OF WESTERN IDAHO FOUNDATION - PO BOX 3010 - NAMPA, ID 83653	27-1159705	501(C)(3)	5,433.	0.			GENERAL SUPPORT - EDUCATION & SCHOLARSHIPS
BOISE ART MUSEUM 670 JULIA DAVIS DR BOISE, ID 83702	82-0256187	501(C)(3)	15,000.	0.			GENERAL SUPPORT - ARTS

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**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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HOSPICE OF THE WOOD RIVER VALLEY, INC. - PO BOX 4320 - KETCHUM, ID 83340	82-0397698	501(C)(3)	10,000.	0.			GENERAL SUPPORT - HEALTH & SOCIAL SERVICES
BOISE POLICE DEPARTMENT 333 MARK STALL PL BOISE, ID 83704		GOVERNMENT ENTIT	11,869.	0.			GENERAL SUPPORT - REIMBURSEMENT FOR EXPENSES INCURRED
OUR LADY OF THE LAKE CATHOLIC CHURCH - 501 CROSS ROAD, PO BOX 821 - MCCALL, ID 83638		501(C)(3)	10,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
BLAINE COUNTY HUNGER COALITION 121 HONEYSUCKLE STREET BELLEVUE, ID 83313	72-1582755	501(C)(3)	11,500.	0.			GENERAL SUPPORT - EDUCATION
BOISE PUBLIC LIBRARY 715 S CAPITOL BLVD BOISE, ID 83702		GOVERNMENT ENTIT	6,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
BOYS AND GIRLS CLUB OF ADA COUNTY 610 E. 42ND STREET GARDEN CITY, ID 83714	82-0481687	501(C)(3)	35,000.	0.			GENERAL SUPPORT - AFTER SCHOOL MEAL AND NUTRITION SUMMER PROGRAM
BLAINE COUNTY SENIORS COUNCIL, INC. - PO BOX 28 - HAILEY, ID 83333	82-0315917	501(C)(3)	8,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES FOR ALZHEIMERS AND OTHER DEMENTIAS
BOYS AND GIRLS CLUBS OF MAGIC VALLEY - 999 FRONTIER ROAD - TWIN FALLS, ID 83301	94-3176622	501(C)(3)	5,000.	0.			GENERAL SUPPORT - PUBLIC PROJECTS/ROBOTICS PROGRAM
BRUNEAU QUICK RESPONSE UNIT INC PO BOX 294 BRUNEAU, ID 83604	82-0449082	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES

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BUHL PUBLIC LIBRARY FOUNDATION 215 BROADWAY AVENUE NORTH BUHL, ID 83316	94-3051356	501(C)(3)	15,371.	0.			GENERAL SUPPORT - SOCIAL SERVICES
CAMP RAINBOW GOLD 216 W JEFFERSON BOISE, ID 83702	90-0961926	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES (LIBRARIES)
CAPITOL LANDSCAPE, INC. 1015 N 23RD STREET BOISE, ID 83702			7,920.	0.			GENERAL SUPPORT - SOCIAL SERVICES AND PAYMENT OF INVOICE
KINDERHAVEN, INC. PO BOX 2097 SANDPOINT, ID 83864	82-0491527	501(C)(3)	15,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
CARIBOU COUNTY 159 S MAIN STREET SODA SPRINGS, ID 83276		GOVERNMENT ENTIT	10,000.	0.			GENERAL SUPPORT - BUILDING HANDICAP ACCESSIBLE RESTROOM
PLANNED PARENTHOOD OF GREAT NORTHWEST - 1109 MAIN ST, STE 500 - BOISE, ID 83702	91-0686012	501(C)(3)	6,500.	0.			GENERAL SUPPORT - HEALTHCARE SERVICES
PORTNEUF GREENWAY FOUNDATION, INC. PO BOX 71 POCATELLO, ID 83204	82-0458456	501(C)(3)	9,125.	0.			GENERAL SUPPORT - ENVIRONMENTAL CONSERVATION
REEL RECOVERY 160 BROOKSIDE ROAD NEEDHAM, MA 02492	91-2193394	501(C)(3)	24,914.	0.			GENERAL SUPPORT - HEALTHCARE SERVICES
CHILDRENS'S VILLIAGE INC 1350 WEST HANLEY COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	27,250.	0.			GENERAL SUPPORT - EDUCATION AND PURCHASE OF NEW VAN

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**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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SALMON HIGH SCHOOL 401 S WARPATH SALMON, ID 83467		GOVERNMENT ENTIT	33,824.	0.			GENERAL SUPPORT - EDUCATION
CITZENS' COUNCIL FOR THE ARTS, INC. - PO BOX 901 - COEUR D'ALENE, ID 83814	51-0197066	501(C)(3)	5,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
COEUR D'ALENE BIBLE CHURCH 5350 N. 4TH ST COEUR D'ALENE, ID 83815	82-6027018	501(C)(3)	12,000.	0.			GENERAL SUPPORT - SUPPORT THE GENERAL FUND
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERTOWN, MD 21741	13-3433452	501(C)(3)	5,000.	0.			GENERAL SUPPORT - GENERAL OPERATIONS
EMANUEL MEDICAL CENTER FOUNDATION P.O. BOX 4484 PORTLAND, OR 97227	93-6095667	501(C)(3)	5,000.	0.			GENERAL SUPPORT - TO SUPPORT THE BURN CENTER
EMMETT COMMUNITY PLAYHOUSE, INC. PO BOX 883 EMMETT, ID 83617	20-1380706	501(C)(3)	5,000.	0.			GENERAL SUPPORT - EDUCATION
FAMILY ADVOCACY CENTER AND EDUCATION SERVICES - 417 S 6TH STREET - BOISE, ID 83702	20-4883532	501(C)(3)	5,000.	0.			GENERAL SUPPORT - EDUCATION
BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. - 88169 W VICTORY RD - BOISE, ID 83709	82-0400689	501(C)(3)	21,691.	0.			GENERAL SUPPORT - EDUCATION
FRIENDS OF UNFPA 370 LEXINGTON, SUITE 702 NEW YORK, NY 10017	13-3996346	501(C)(3)	5,000.	0.			GENERAL SUPPORT - PUBLIC PROJECTS & WOMEN'S FILM FESTIVAL

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CONCORDIA UNIVERSITY SCHOOL OF LAW 501 W FRONT ST BOISE, ID 83702	93-0391563	GOVERNMENT ENTIT	7,000.	0.			GENERAL SUPPORT - EDUCATION
GIRL SCOUTS OF SILVER SAGE COUNCIL, INC. - 1410 ETHERIDGE LANE - BOISE, ID 83704	82-0259644	501(C)(3)	6,215.	0.			GENERAL SUPPORT - SOCIAL SERVICES & VOLUNTEER TRAINING
GOOD SAMARITAN LEAGUE, INC. 3501 W STATE STREET BOISE, ID 83702	82-0201863	501(C)(3)	5,000.	0.			GENERAL SUPPORT - GENERAL OPERATIONS
HOSPICE OF NORTH IDAHO 9493 N GOVERNMENT WAY HAYDEN, ID 83835	82-0368366	501(C)(3)	5,000.	0.			GENERAL SUPPORT - HEALTH CARE GENERAL SUPPORT - SOCIAL SERVICES
IDAHO FFA FOUNDATION INC 3401 WEST PINE AVE MERIDIAN, ID 83680	82-0360159	501(C)(3)	11,012.	0.			GENERAL SUPPORT - PUBLIC PROJECTS PERTAINING TO LEADERSHIP TRAINING TOUR
IDAHO STATE UNIVERSITY FOUNDATION - BOISE EXTENSION - 802 W BANNOCK STREET SUITE 206 - BOISE, ID 83702	82-6013543	501(C)(3)	51,433.	0.			GENERAL SUPPORT - POST SECONDARY EDUCATION
INTERMOUNTAIN AQUATICS PO BOX 1115 DRIGGS, ID 83422			19,842.	0.			GENERAL SUPPORT - WORK RELATED TO KILPATRICK POND REVEGETATION PROJECT
CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVE BOISE, ID 83712	82-0201128	501(C)(3)	70,000.	0.			GENERAL SUPPORT - HEALTH & SOCIAL SERVICES
INTERNATIONAL MESSENGERS PO BOX 618 CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES

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CITY OF AMERICAN FALLS 550 N OREGON TRAIL AMERICAN FALLS, ID 83211		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - PUBLIC PROJECTS
IDAHO STATE HISTORICAL SOCIETY 2205 OLD PENITENTIARY RD BOISE, ID 83712		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - ARTS & CULTURE PERTAINING TO THE LINCOLN LEGACY FOUNDATION
IDAHO YOUTH RANCH 5465 W IRVING ST BOISE, ID 83706	82-0253346	501(C)(3)	10,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES GENERAL SUPPORT - SOCIAL SERVICES
CITY OF TROY SUMMER PROGRAM PO BOX 595 TROY, ID 83871		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - EDUCATION
INTERNATIONAL TEAMS 411 W RIVER ROAD ELGIN, IL 60123	06-6069820	501(C)(3)	24,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
OPERA IDAHO, INC. 513 S 8TH ST BOISE, ID 83702	23-7331238	501(C)(3)	5,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
ISLAMIC SOCIETY OF NORTH AMERICA 343 S 4TH AVE, SUITE 210 POCATELLO, ID 83201	82-0464954	501(C)(3)	10,000.	0.			GENERAL SUPPORT - HEALTH & SOCIAL SERVICES
I-ZING PUBLISHING PO BOX 116 BOISE, ID 83720			28,401.	0.			GENERAL SUPPORT - EDUCATION
ST. LUKE'S HEALTH FOUNDATION, LTD 190 E BANNOCK ST BOISE, ID 83712	81-0600973	501(C)(3)	211,391.	0.			GENERAL SUPPORT - HEALTH SERVICES

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JUNIOR ACHIEVEMENT OF IDAHO, INC. 1303 E CENTRAL DRIVE MERIDIAN, ID 83642	82-6008991	501(C)(3)	5,000.	0.			GENERAL SUPPORT - EDUCATION
KINDERHAVEN, INC. PO BOX 2097 SANDPOINT, ID 83864	82-0491527	501(C)(3)	15,000.	0.			GENERAL SUPPORT - EDUCATION
WOMEN'S AND CHILDREN'S ALLIANCE 720 W WASHINGTON ST BOISE, ID 83702	82-0204464	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
LAKE PEND OREILLE SCHOOL DISTRICT #84 - 901 N TRIANGLE DR - SANDPOINT, ID 83864		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - EDUCATION
CULINARY SKILLS TRAINING CENTER, INC. - PO BOX 6286 - BOISE, ID 83707	80-0008918	501(C)(3)	6,000.	0.			GENERAL SUPPORT - EDUCATION
LEE PESKY LEARNING CENTER 3324 ELDER STREET BOISE, ID 83705	13-3878574	501(C)(3)	25,000.	0.			GENERAL SUPPORT - EDUCATION AND ARTS & CULTURE
LOG CABIN LITERARY CENTER 801 S CAPITOL BOULEVARD BOISE, ID 83702	82-0488067	501(C)(3)	5,000.	0.			GENERAL SUPPORT - HEALTH
OLD TOWN ACTORS STUDIO 427 N MAIN ST POCATELLO, ID 83204	26-2885753	501(C)(3)	10,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
MAYO CLINIC 200 1ST STREET SW ROCHESTER, MN 55905	30-0107471	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES

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FENCING IN THE SCHOOLS 520 8TH AVE 2ND FLOOR NEW YORK, NY 10018	45-3576364	501(C)(3)	6,000.	0.			GENERAL SUPPORT - RECREATION
MCGHEE ELEMENTARY SCHOOL 636 WARNER AVENUE LEWISTON, ID 83501		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - EDUCATION
MCMILLEN LLC 1401 SHORELINE DRIVE, SUITE 101 BOISE, ID 83702			354,276.	0.			GENERAL SUPPORT - SOCIAL SERVICES
METROPOLITAN OPERA ASSOCIATION, INC. - 30 LINCOLN CENTER - NEW YORK CITY, NY 10023	13-1624087	501(C)(3)	7,500.	0.			GENERAL SUPPORT - ARTS & CULTURE
MINI-CASSIA COMMUNITY CHEST, INC. PO BOX 477 HEYBURN, ID 83331	82-0492481	501(C)(3)	16,500.	0.			GENERAL SUPPORT - LIBRARIES
GIRAFFE LAUGH, INC. 1191 W GRAND AVE BOISE, ID 83702	82-0481812	501(C)(3)	10,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
MOUNT HARRISON HERITAGE FOUNDATION 2100 PARKE AVE BURLEY, ID 83318	82-0428745	501(C)(3)	5,000.	0.			GENERAL SUPPORT - RECREATION
MULTNOMAH UNIVERSITY 8435 NE GLISAN ST. PORTLAND, OR 97220	93-0398802	501(C)(3)	6,000.	0.			GENERAL SUPPORT - HEALTH CARE GENERAL SUPPORT - SOCIAL SERVICES
ST. LUKE'S WOOD RIVER FOUNDATION, INC. - PO BOX 7005 - KETCHUM, ID 83340	23-7288535	501(C)(3)	20,000.	0.			GENERAL SUPPORT - HEALTH

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NAMI COEUR D'ALENE PO BOX 2068 COEUR D'ALENE, ID 83816	82-0530840	501(C)(3)	5,000.	0.			GENERAL SUPPORT - MENTAL HEALTH
NATIONAL ALLIANCE FOR THE MENTALLY ILL, WOOD RIVER VALLEY - PO BOX 95 - HAILEY, ID 83333	82-0530506	501(C)(3)	32,250.	0.			GENERAL SUPPORT - HEALTH CARE
SWIFTSURE RANCH THERAPEUDIC EQUESTRIAN CENTER - 114 CALYPSO LANE - BELLEVUE, ID 83313	82-0461587	501(C)(3)	25,000.	0.			GENERAL SUPPORT - RECREATION
THE CRISIS HOT LINE, INC. PO BOX 939 KETCHUM, ID 83340	82-0407349	501(C)(3)	20,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
PEND OREILLE ARTS COUNCIL, INC. PO BOX 1694 SANDPOINT, ID 83864	82-0350688	501(C)(3)	6,500.	0.			GENERAL SUPPORT - CULTURAL DIVERSITY EDUCATION
PRESBYTERIAN CHURCH OF THE BIG WOOD - PO BOX 660 - KETCHUM, ID 83340	82-0374595	501(C)(3)	10,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
HOMEDALE NEIGHBORHOOD, INC. PO BOX 512 HOMEDALE, ID 83628	21-0742040	501(C)(3)	24,836.	0.			GENERAL SUPPORT - SOCIAL SERVICES
PRIEST RIVER MINISTRIES INC. 45 S. MCKINLEY STE 114 PRIEST RIVER, ID 83856	51-0582172	501(C)(3)	10,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
EASTERN IDAHO TECHNICAL COLLEGE FOUNDATION - 1600 S 2500 E - IDAHO FALLS, ID 83404	94-3160729	501(C)(3)	5,433.	0.			GENERAL SUPPORT - EDUCATION

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MUSEUM OF IDAHO - BONNEVILLE COUNTY HISTORICAL SOCIETY - 200 NORTH EASTERN - IDAHO FALLS, ID 83402	82-0363177	501(C)(3)	20,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
SAINT ALPHONSUS MEDICAL CENTER NAMPA - 1512 12AVE RD - NAMPA, ID 83686	82-0200896	501(C)(3)	5,000.	0.			GENERAL SUPPORT - HEALTH & SOCIAL SERVICES
THE ART MUSEUM OF EASTERN IDAHO, INC. - PO BOX 1664 - IDAHO FALLS, ID 83403	48-1273754	501(C)(3)	7,018.	0.			GENERAL SUPPORT - ARTS & CULTURE
SALVATION ARMY NAMPA CORPS 403 12TH AVE S NAMPA, ID 83651	94-1156347	501(C)(3)	29,503.	0.			GENERAL SUPPORT - SOCIAL SERVICES
THE MENTORING NETWORK, INC. PO BOX 9412 NAMPA, ID 83652	83-0430291	501(C)(3)	16,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
SALMON HOCKEY ASSOCIATION PO BOX 581 SALMON, ID 83467	31-1681564	501(C)(3)	11,275.	0.			GENERAL SUPPORT - EDUCATION & YOUTH SPORTS
SAMARIA COMMUNITY FOUNDATION 4450 WEST 4500 SOUTH MALAD CITY, ID 83252	80-0395081	501(C)(3)	8,500.	0.			GENERAL SUPPORT - EDUCATION
SENIOR CITIZENS RECREATION CENTER OF CASSIA COUNTY INC. - 2421 OVERLAND AVENUE - BURLEY, ID 83318	82-0313170	501(C)(3)	8,000.	0.			GENERAL SUPPORT - HEALTH
SHELLEY COMMUNITY CHURCH PO BOX 546 SHELLEY, ID 83274		501(C)(3)	5,000.	0.			GENERAL SUPPORT - ARTS & CULTURE

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I-CARE AMERICA INC 66 CHARLES ST STE 445 BOSTON, MA 02114	26-2434362	501(C)(3)	7,500.	0.			GENERAL SUPPORT - HEALTH
IDAHO COUNTY RECYCLING 320 W MAIN ST GRANGEVILLE, ID 83530		GOVERNMENT ENTIT	7,000.	0.			GENERAL SUPPORT - CONSERVATION/ENVIRONMENT
IDAHO DIABETES YOUTH PROGRAMS, INC 1702 N 12 ST BOISE, ID 83702	31-1565651	501(C)(3)	35,286.	0.			GENERAL SUPPORT - SOCIAL SERVICES/HEALTH GENERAL SUPPORT - EDUCATION
SILVER VALLEY CHURCH OF THE NAZARENE - 631 S DIVISION ST - KELLOGG, ID 83837	82-0454152	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
SOCIETY OF ST. VINCENT DE PAUL NORTH IDAHO - 201 E HARRISON AVE - COEUR D'ALENE, ID 83814	82-0250389	501(C)(3)	5,000.	0.			GENERAL SUPPORT - RECREATION
ST. MARY'S PARISH SCHOOL 600 N ROBBINS ROAD BOISE, ID 83843		GOVERNMENT ENTIT	5,000.	0.			GENERAL SUPPORT - HEALTH
LEWIS-CLARK STATE COLLEGE 500 8TH AVE LEWISTON, ID 83501	82-6000935	501(C)(3)	5,433.	0.			GENERAL SUPPORT - EDUCATION
IDAHO HUMANE SOCIETY 4775 W DORMAN ST BOISE, ID 83705	82-0212536	501(C)(3)	10,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
ST. PIUS X CATHOLIC CHURCH 625 E HAYCROFT AVE COEUR D'ALENE, ID 83815		501(C)(3)	13,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES

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IDAHO METH PROJECT 304 N 8TH STREET BOISE, ID 83702	26-1177177	501(C)(3)	5,500.	0.			GENERAL SUPPORT - EDUCATION
IDAHO PUBLIC TELEVISION 1455 N ORCHARD ST BOISE, ID 83706		GOVERNMENT ENTIT	6,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
UNION GOSPEL MISSION ASSOCIATION OF SPOKANE - 1224 E TRENT AVE - SPOKANE, WA 99202	91-0613587	501(C)(3)	12,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES GENERAL SUPPORT - SOCIAL SERVICES
TETON COUNTY 235 S 5TH E DRIGGS, ID 83422	82-6000317	501(C)(3)	5,000.	0.			GENERAL SUPPORT - PUBLIC PROJECTS
THREE RIVERS RESOURCE CONSERVATION & DEVELOPMENT COUNCIL - PO BOX 2010 - POCATELLO, ID 83206	82-0457984	501(C)(3)	16,550.	0.			GENERAL SUPPORT - NATURE CONSERVATION GENERAL SUPPORT - EDUCATION
IDAHO STATE-CIVIC SYMPHONY ASSOCIATION, INC. - 1066 YELLOWSTONE AVE - POCATELLO, ID 83201	82-0344417	501(C)(3)	15,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
VALLEY PRIDE, INC PO BOX 1692 POCATELLO, ID 83204	11-3685593	501(C)(3)	10,000.	0.			GENERAL SUPPORT - EDUCATION
WARHAWK AIR MUSEUM 201 MUNICIPAL DR. NAMPA, ID 83687	94-3092941	501(C)(3)	6,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
MCPAWS INC 831 S 3RD ST MCCALL, ID 83638	82-0503942	501(C)(3)	10,685.	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
FRIENDS OF THE WEISER RIVER TRAIL, INC. - 9201 GRANDMASON PL - EAGLE, ID 83616	82-0495183	501(C)(3)	15,171.	0.			GENERAL SUPPORT - CONSERVATION/ENVIRONMENT
WOMEN'S WORLD HEALTH INITIATIVE PO BOX 9635 SALT LAKE CITY, UT 84109	26-3954097	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WOOD RIVER FOUNDATION, INC. PO BOX 345 SUN VALLEY, ID 83340	27-1651578	501(C)(3)	9,126.	0.			GENERAL SUPPORT - EDUCATION
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 30339	95-1831097	501(C)(3)	5,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
LAKE CITY COMMUNITY CHURCH 8810 LAWDALE AVE SOUTHWEST LAKEWOOD, WA 98498		GOVERNMENT ENTIT	9,020.	0.			GENERAL SUPPORT - SOCIAL SERVICES
NAMI-WOOD RIVER VALLEY, INC. PO BOX 95 HAILEY, ID 83333	82-0530506	501(C)(3)	7,500.	0.			GENERAL SUPPORT - SOCIAL SERVICES
NORTH IDAHO COLLEGE FOUNDATION INC. - 1000 W GARDEN AVE - COEUR D'ALENE, ID 83814	82-0337334	501(C)(3)	5,433.	0.			GENERAL SUPPORT - EDUCATION
PAYETTE JOINT SCHOOL DISTRICT #371 20 N 12TH STREET PAYETTE, ID 83661	82-6000862	GOVERNMENT ENTIT	47,051.	0.			GENERAL SUPPORT - EDUCATION
PCHD FOUNDATION, INC. 510 ROOSEVELT ST AMERICAN FALLS, ID 83211	31-1713617	501(C)(3)	10,000.	0.			GENERAL SUPPORT - CONSERVATION

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 NEIGHBORHOOD HOUSING SERVICES - 206 NORTH ARTHUR AVE - POCATELLO, ID 83204	82-0461673	501(C)(3)	20,000.	0.			GENERAL SUPPORT - PUBLIC PROJECT
SAINT ALPHONSUS REGIONAL MEDICAL CENTER FOUNDATION - 1055 N CURTIS ROAD - BOISE, ID 83706	82-0200895	501(C)(3)	100,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
SALMON PUBLIC SCHOOL FOUNDATION PO BOX 275 SALMON, ID 83467	94-3112559	501(C)(3)	25,790.	0.			GENERAL SUPPORT - EDUCATION
SALVATION ARMY 1904 W BANNOCK ST BOISE, ID 83702	94-1156347	501(C)(3)	39,503.	0.			GENERAL SUPPORT - SOCIAL SERVICES
SEATTLE UNIVERSITY 901 12TH AVE SEATTLE, WA 98122		GOVERNMENT ENTIT	9,000.	0.			GENERAL SUPPORT - EDUCATION
SENIOR SOLUTIONS INC. 3010 W STATE ST STE 120 BOISE, ID 83703	82-0297267	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
SHEPHERD'S HOME, INC PO BOX 2011 MCCALL, ID 83638	82-0490618	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
ST. MICHAEL'S CHURCH 76-5960 MAMALAHOA HIGHWAY HOLUALOA, HI 96740	94-2420948	501(C)(3)	15,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
ST. MICHAEL'S EPISCOPAL CATHEDRAL 518 N 8TH STREET BOISE, ID 83702	31-1629166	501(C)(3)	5,000.	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
STAR FRIENDS CHURCH 439 N STAR RD STAR, ID 83669	82-0329460	501(C)(3)	5,701.	0.			GENERAL SUPPORT - EDUCATION
THE HUNGER COALITION 121 HONEYSUCKLE STREET BELLEVUE, ID 83313	72-1582755	501(C)(3)	5,000.	0.			GENERAL SUPPORT - SOCIAL SERVICES
THE IDAHO FOODBANK 3562 S TK AVE BOISE, ID 83705	82-0425400	501(C)(3)	62,163.	0.			GENERAL SUPPORT - SOCIAL SERVICES PERTAINING TO THE SACK LUNCH PROGRAM
THE RIGHT APPROACH, LLC 8500 ELKHORN LN NAMPA, ID 83686			6,745.	0.			GENERAL SUPPORT - PUBLIC PROJECTS
TORCH OF FREEDOM FOUNDATION PO BOX 586 DRIPPING SPRINGS, TX 78620	74-2967066	501(C)(3)	6,500.	0.			GENERAL SUPPORT - EDUCATION
TREY MCINTYRE PROJECT 2285 E WARM SPRINGS AVE BOISE, ID 83712	65-1239526	501(C)(3)	5,000.	0.			GENERAL SUPPORT - ARTS & CULTURE
WEST SIDE SCHOOL DISTRICT #202 755 N WEST SIDE HWY DAYTON, ID 83232		GOVERNMENT ENTIT	87,661.	0.			GENERAL SUPPORT - ARTS & CULTURE
WOMEN'S GIFT ALLIANCE PO BOX 3031 COEUR D'ALENE, ID 83816			6,224.	0.			GENERAL SUPPORT - PUBLIC PROJECTS
WOOD RIVER COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC - 101 SADDLE ROAD - KETCHUM, ID 83340	82-0481436	501(C)(3)	5,000.	0.			GENERAL SUPPORT - RECREATION

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

DISBURSEMENT 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 AND THEIR RECOMMENDATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS GRANTS COMMITTEE, WITH ITS FINAL RECOMMENDATIONS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR ACTION. THE FOUNDATION REQUIRES PROOF OF 501(C) (3) STATUS OR OTHER SUCH DOCUMENTATION TO CONFIRM AN ORGANIZATION'S ELIGIBILITY TO RECEIVE CHARITABLE GRANTS. ICF REQUIRES END OF GRANT REPORTS FOR ALL GRANTS DISBURSED THROUGH THE REGIONAL GRANTS

**Part IV** Supplemental Information

PROGRAM. ICF ALSO AUDITS A NUMBER OF GRANTS MADE.

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOISE RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BOISE RESCUE MISSION HOMELESS SHELTER FOR MEN, THE CITY LIGHT HOME FOR WOMEN AND CHILDREN AND THE LIGHTHOUSE RESCUE MISSION OF NAMPA HOMELESS SHELTER FOR MEN.

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM YOUNG UNIVERSITY - IDAHO

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 IEAF GRANT TO SUPPORT ACCESS TO POSTSECONDARY EDUCATION FOR UNDERSERVED STUDENTS AND TO ENCOURAGE STUDENTS TO COMPLETE THEIR DEGREE OR CERTIFICATION PROGRAMS IN IDAHO.

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO ASSISTIVE TECHNOLOGY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS PROVIDING ASSISTANCE TO INDIVIDUALS WITH DISABILITIES WHO NEED ASSISTIVE TECHNOLOGY DEVICES.

NAME OF ORGANIZATION OR GOVERNMENT: TERRY REILLY HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT - HEALTH & SOCIAL SERVICES FOR NEW CLINIC FOR EXISTING DENTAL PRACTICE IN HOMEDALE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	24	1,794,544.	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	X	9	361,641.	ASSESSED VALUE
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 (NOTES RECEIVA)	X	2	100,444.	FMV AT CONTRIBUTION
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** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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.		

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

Schedule M (Form 990) (2014)



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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. THESE GRANTS ARE USED TO PURCHASE  
PLANTS AND MATERIALS FOR A SCHOOL CHILDREN SUPPORTED GREENHOUSE, TO  
PROVIDE EMERGENCY SERVICES TO VICTIMS OF HOUSE FIRES, TO PROVIDE  
PRESCRIPTION VOUCHERS FOR THE LOW INCOME AND UNINSURED, TO SUPPORT  
MEALS ON WHEELS PROGRAMS ACROSS THE STATE, AND TO PROVIDE BOOKS FOR  
LIBRARIES AROUND THE STATE.  
EXPENSES \$ 2,471,782. INCLUDING GRANTS OF \$ 1,574,124. REVENUE \$ 88,996

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO EXERCISE ALL OF THE POWERS OF  
THE BOARD OF DIRECTORS BETWEEN REGULARLY SCHEDULE BOARD MEETINGS. IN  
ADDITION, THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE ANNUAL REVIEW OF  
THE PERFORMANCE OF THE PRESIDENT. THE EXECUTIVE COMMITTEE CONSISTS OF THE  
CHAIRMAN OF THE BOARD, THE VICE CHAIR, THE TREASURER, THE SECRETARY, AND  
THE CHAIRMAN OF EACH STANDING COMMITTEE. THERE MUST BE AT LEAST ONE  
EXECUTIVE COMMITTEE MEMBER FROM EACH REGION.

FORM 990, PART VI, SECTION A, LINE 6:

ICF HAS A MEMBERSHIP COMPONENT TO ITS ORGANIZATION. MEMBERS, THROUGH A

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14



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

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.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE, AND 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. THE PRESIDENT MAKES RECOMMENDATIONS TO THE BOARD FOR STAFF OUTSIDE OF HIM/HERSELF. OUTSIDE SOURCES INCLUDING SALARY SURVEYS FROM THE COUNCIL ON FOUNDATIONS AND THE 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.

Name of the organization IDAHO COMMUNITY FOUNDATION, INC.	Employer identification number 82-0425063
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FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AND ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGE CHARGE OFF	-14,045.
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FORM 990, PART XII, LINE 2C:

THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE KISSLER FAMILY FOUNDATION - 26-0587332 1125 WEST AMITY ROAD BOISE, ID 83705	SUPPORTING ORGANIZATION	IDAHO	501(C)(3)	LINE 11A	N/A		X

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

Schedule R (Form 990) 2014

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**IDAHO COMMUNITY FOUNDATION, INC.**

**82-0425063**

Name and title of officer

**ROBERT A 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>9,281,229.</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 2014 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 2014 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 2014 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.

**82024207004**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 ▶ 05/15/15

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