Form	8868
(Rev.	January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN)				
print	IDAHO COMMUNITY FOUNDATION, INC.	82-0425063				
File by the due date fo filing your	Number, street, and room or suite no. If a P.O. box, see 210 WEST STATE STREET	e instruct	ions.			
return. See instructions	City, town or post office, state, and ZIP code. For a for BOISE, ID 83702	eign addı	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	D-T (corporation)	07				
	JUDITH RAMOS					
• The b	ooks are in the care of $\blacktriangleright$ 210 WEST STATE STREET	- BOISE	, ID 83702			
box  1 Ire the	is for a Group Return, enter the organization's four digit Gi If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the organ X calendar year2022 or tax year beginning he tax year entered in line 1 is for less than 12 months, che Change in accounting period	and atta	ch a list with the names and TINs of R 15, 2023 , to file return for: d ending	all memb	ers the extension is f	or.
	his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	tentative tax, less			٥
	y nonrefundable credits. See instructions.	anton arri	vefundable avadite and	<u>3a</u>	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069,			0	¢	0.
	timated tax payments made. Include any prior year overpa			3b	\$	0.
	Iance due. Subtract line 3b from line 3a. Include your pay				¢	0.
	ing EFTPS (Electronic Federal Tax Payment System). See i : If you are going to make an electronic funds withdrawal (o			<b>3c</b>	<b>\$</b>	
instruction	, , , , , , , , , , , , , , , , , , , ,	lifect det			u Foilli 6679-1E 101 p	ayment
	For Privacy Act and Paperwork Reduction Act Notice, s MAIL TO: DEPARTMENT OF THE TH INTERNAL REVENUE SEN OGDEN, UT 84201-004	REASURY RVICE C			Form <b>8868</b> (Re	ev. 1-2022)

223841 04-01-22

Form **990** 

### \*\* PUBLIC DISCLOSURE COPY \*\* 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and th							Open to Public Inspection
			lar year, or tax year beginning		ending		mepeeden
в	Check if applicable	C Name o	f organization			D Employer identifica	tion number
	Addres	SS TDAHO	COMMUNITY FOUNDATION, INC				
F	chang			•		82-0425063	
F	]change Initial		usiness as r and street (or P.O. box if mail is not (	delivered to street address)	Room/suite		
	return Final	210 WE	EST STATE STREET		110011/Suite	(208)342-3535	
	lreturn/ termin ated	-	own, state or province, country, an	d ZIP or foreign postal code		G Gross receipts \$	30,352,143.
	Ameno	-	, ID 83702	a zir or foreign postar code		H(a) Is this a group retu	
F	return Applic tion		nd address of principal officer: STE	VE BURNS		for subordinates?	
L	pendir	חמ	C ABOVE			H(b) Are all subordinates inclu	
1	Tax-exe	empt status:	X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 527		
	Websit		DAHOCF.ORG			H(c) Group exemption	
			X Corporation Trust	Association Other	L Year		State of legal domicile: ID
	art I	Summary					3
	1	Briefly describ	be the organization's mission or mo	st significant activities: TO ENR	ICH THE Ç	QUALITY OF LIFE	
Ce		THROUGHOUT		°			
Governance	2	Check this bo	x if the organization disc	continued its operations or dispo	sed of more	than 25% of its net asset	S.
Nel	3	Number of vo	ting members of the governing bod	ly (Part VI, line 1a)		3	17
		Number of inc	dependent voting members of the g				17
80	5		of individuals employed in calendar				17
/itie	6		of volunteers (estimate if necessary				100
Activities &	7 a		d business revenue from Part VIII, o			7a	0.
_	b	Net unrelated	business taxable income from Forr	m 990-T, Part I, line 11		7b	0.
						Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)			16,715,079.	20,346,640.
enu	9	Program servi	ice revenue (Part VIII, line 2g)			0.	0.
Revenue	10		come (Part VIII, column (A), lines 3,			11,396,062.	5,724,159.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)		0.	0.
			- add lines 8 through 11 (must equa			28,111,141.	26,070,799.
			milar amounts paid (Part IX, columr			10,236,865.	11,887,704.
			to or for members (Part IX, column			0.	0.
es	15		r compensation, employee benefits			1,431,720.	1,609,788.
Expenses	16a		undraising fees (Part IX, column (A)			0.	0.
ă	b		ing expenses (Part IX, column (D), I	/	871.	<b>E00 E00</b>	EC0 500
	1 "		es (Part IX, column (A), lines 11a-11			709,583.	762,502.
			es. Add lines 13-17 (must equal Parl			12,378,168. 15,732,973.	14,259,994.
		Revenue less	expenses. Subtract line 18 from lin	le 12		ginning of Current Year	11,810,805. End of Year
Net Assets or		Tatal assats //				229,667,754.	199,427,714.
Asse		·				225,493.	225,527.
let A	21		s (Part X, line 26)			229,442,261.	199,202,187.
	art II	Signature	fund balances. Subtract line 21 from Block			225,442,201.	199,202,107.
		-	I declare that I have examined this retur	n including accompanying schedule	e and etateme	ante and to the best of my k	nowledge and helief it is
			ned by: Declaration of preparer (other than offi				towicuge and bench, it is
	,		Buns		mon preparei	5/23/2	023
Sig	n	Signature of o				Date	
He			9FCE94F3 S, PRESIDENT & CEO				
110		Type or print n					
		Print/Type pre		Preparer's signature	[	Date Check	PTIN

			r ropuror o orginaturo		if		
Paid	ANN SWINDEL	L	ANN SWINDELL	05/23/23	3 self-employed	P01677409	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN 41-	0746749	
Use Only	Firm's address	101 S. CAPITOL BLVD., SUI	TE 1700				
		BOISE, ID 83702			Phone no. (208)	387 - 6400	
May the IF	RS discuss this	return with the preparer shown abo			X Yes	No	
						000	1

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO ENRICH THE QUALITY OF LIFE THROUGHOUT IDAHO. ICF OFFERS WAYS FOR		
	DONORS TO SUPPORT A CHERISHED CAUSE, COMMUNITY OR ORGANIZATION NOW AND		
	FOREVER, AND A STREAMLINED GRANT PROCESS THAT PROVIDES FINANCIAL		
	SUPPORT TO NONPROFIT PROJECTS AND INITIATIVES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es 🛛 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?	Y	es 🛛 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 m	easured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, <b>,</b> ,	
4a	(Code:) (Expenses \$ 11,837,386. including grants of \$ 11,211,136. ) (Revenue	\$	)
	MORE THAN 130 ORGANIZATIONS OPERATING PRIMARILY WITHIN THE STATE OF	· •	,
	IDAHO WERE THE RECIPIENTS OF GRANTS. ALMOST 1,500 INDIVIDUAL GRANTS		
	WERE AWARDED TO PROVIDE SUPPORT FOR GENERAL OPERATIONS AND SPECIFIC		
	PROJECTS. OF THESE OVER 450 WERE AWARDED FOR FAMILY HOMELESSNESS AND		
	BASIC NEEDS, OVER 470 FOR EDUCATIONAL OPPORTUNITIES, OVER 150 FOR		
	MENTAL AND PHYSICAL HEALTH AND 160 FOR ARTS AND CULTURE. THE REMAINING		
	GRANTS WERE FOR ACCESS TO SERVICES, PUBLIC PROJECTS, RECREATION,		
	CONSERVATION AND ENVIRONMENT.		
	CONSERVATION AND ENVIRONMENT.		
4b	(Code:) (Expenses \$714,422. including grants of \$676,568. ) (Revenue	\$	)
	170 EDUCATIONAL SCHOLARSHIPS TOTALING \$455,398 WERE PROVIDED DIRECTLY		
	TO EDUCATIONAL INSTITUTIONS FOR THE BENEFIT OF SPECIFIC INDIVIDUALS.		
	THESE SCHOLARSHIPS WERE AWARDED THROUGH COMPETITIVE PROGRAMS. AN		
	ADDITIONAL \$221,170 WAS GRANTED TO INSTITUTIONS TO PROVIDE SCHOLARSHIPS		
	TO THEIR STUDENTS AS DETERMINED THROUGH THEIR OWN SCHOLARSHIP PROGRAMS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
	Other program conview (Decaribe on Schedule C)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ )     (Revenue \$       T to the second	)	
4e	Total program service expenses12,551,808.	_	000 /
		Forn	1 <b>990</b> (2022)
232002	12-13-22 <b>3</b>		

	990 (2022) IDAHO COMMUNITY FOUNDATION, INC. 82-042506	53	Р	Page 3
Pai	T IV Checklist of Required Schedules			<del></del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	л	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b> ≁		- <u>*</u>
8				x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		x
с	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? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	
232003				(2022)
				、)

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	990 (2022) IDAHO COMMUNITY FOUNDATION, INC. 82-0425	063	Р	age <b>4</b>
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		77	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. <b>24b</b>		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. <b>25</b> a		
a	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? If "Yes," complete	0.51		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. <b>28b</b>		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV		x	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	. 29	~	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
2E -	Part V, line 1		X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 358		<u> </u>
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)? If "Yes" complete Schedule R. Part V. line 2	35b	x	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
38	Nates All Forms 2020 filese are used to complete Cabedula C	38	x	
Par		. 130		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	16	165	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	х	
22200	(gambling) winnings to prize winners?			(2022)
232004				(2022)

	990 (2022) IDAHO COMMUNITY FOUNDATION, INC.		82-042506	3	Р	age <b>5</b>				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	17							
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		x				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th									
	any contributions that were not tax deductible as charitable contributions?	-		6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributi									
Ň	were not tax deductible?		•	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		x				
				7a 7b		<u> </u>				
			uirod	10		<u> </u>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 92922	•		70		x				
-1	to file Form 8282?	1		7c						
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	1	-		x				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X				
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		├──				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e							
				8		X				
9	Sponsoring organizations maintaining donor advised funds.			9a		x				
а										
b				9b		X				
10	Section 501(c)(7) organizations. Enter:	I	I							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		I							
	Gross income from members or shareholders	<u>11a</u>								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1							
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		x				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			1				
	excess parachute payment(s) during the year?			15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		x				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	;							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									
232005	12-13-22			Form	990	(2022)				

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI			L**
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00		
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	e enig)	avana	010
	X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20				
20	JUDITH RAMOS - (208)342-3535 210 WEST STATE STREET, BOISE, ID 83702			

Form 990 (2022)	IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors							
Check if Sc	chedule O contains a response or note to any line in this Part VII							
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emplo	yees						
•	for all persons required to be listed. Report compensation for the calendar anization's <b>current</b> officers, directors, trustees (whether individuals or orga	, , ,						

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per weak biology and additional and attraction and biology and additional and attraction and organization (W-2/1098-MISC/ 1098-NEC)         Reportable compensation granization (W-2/1098-MISC/ 1098-NEC)         Estimated august attraction (W-2/1098-MISC/ 1098-NEC)           (1)         STEVE BURNS         40.00         x         1011.0667.00.77.712.           (2)         STEVE BURNS         40.00         x         1039-NEC)         0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(A)	(B)			(	C)			(D)	(E)	(F)
hours per veck         box, integration is being minimized and include organizations         compensation from from related organizations         compensation from related organizations         amount of the compensation from related organizations           (1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUN RANGE NELLEEN         40.00         x         191,667.         0.         7,712.           (2)         JUN RANGE NELLEEN         40.00         x         133,488.         0.         28,163.           (3)         CAR MALEEN NELLEEN         40.00         x         85,333.         0.         8,527.           (4)         CANDI ALLEP NEL         40.00         x         x         0.         0.         0.           (5)         STEVE BURNS         1.00         x         x         0.         0.         0.           (6)         FRANCES BLLSWORTH         1.00         x         x         0.         0.         0.         0.           (6)         FRANCES BLLSWORTH         1.00         x         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td>Name and title</td> <td>Average</td> <td>(do</td> <td></td> <td>Pos</td> <td>sitior</td> <td></td> <td>200</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	(do		Pos	sitior		200	Reportable	Reportable	Estimated
Week (ist ary organizations organizations (W2/1099-MISC)         Tom organization (W2/1099-MISC)         Tom organization (W2/109-MISC)         Tom organization (W2/109-MISC) <thttpsscale (W2/10-MISC)         Tom organizati</thttpsscale 		hours per	box	, unles	ss pe	rson i	is botl	n an	compensation	compensation	amount of
(1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUDY RAMOS         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         85,339.         0.         8,527.           (4)         CANDI ALLPHIN         1.00         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.         0.           (5)         STEVE CAR         1.00         x         x         0. <td< td=""><td></td><td>week</td><td></td><td>cer an I</td><td>id a d</td><td>lirecto</td><td>or/trus</td><td>tee)</td><td></td><td>from related</td><td></td></td<>		week		cer an I	id a d	lirecto	or/trus	tee)		from related	
(1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUDY RAMOS         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         85,339.         0.         8,527.           (4)         CANDI ALLPHIN         1.00         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.         0.           (5)         STEVE CAR         1.00         x         x         0. <td< td=""><td></td><td></td><td>ector</td><td></td><td></td><td></td><td></td><td></td><td></td><td>J. J. J</td><td></td></td<>			ector							J. J	
(1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUDY RAMOS         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         85,339.         0.         8,527.           (4)         CANDI ALLPHIN         1.00         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.         0.           (5)         STEVE CAR         1.00         x         x         0. <td< td=""><td></td><td></td><td>or di</td><td>ee</td><td></td><td></td><td>ated</td><td></td><td><b>v</b></td><td></td><td></td></td<>			or di	ee			ated		<b>v</b>		
(1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUDY RAMOS         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         85,339.         0.         8,527.           (4)         CANDI ALLPHIN         1.00         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.         0.           (5)         STEVE CAR         1.00         x         x         0. <td< td=""><td></td><td></td><td>ustee</td><td>truste</td><td></td><td>e</td><td>bens</td><td></td><td></td><td>1099-NEC)</td><td>-</td></td<>			ustee	truste		e	bens			1099-NEC)	-
(1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUDY RAMOS         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         85,339.         0.         8,527.           (4)         CANDI ALLPHIN         1.00         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.         0.           (5)         STEVE CAR         1.00         x         x         0. <td< td=""><td></td><td></td><td>ual tr</td><td>tional</td><td></td><td>n ploye</td><td>t com</td><td>_</td><td>1099-INEC)</td><td></td><td></td></td<>			ual tr	tional		n ploye	t com	_	1099-INEC)		
(1)         STEVE BURNS         40.00         x         191,667.         0.         7,712.           (2)         JUDY RAMOS         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         139,488.         0.         28,163.           (3)         CARA WALKEN NEILSEN         40.00         x         85,339.         0.         8,527.           (4)         CANDI ALLPHIN         1.00         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.         0.           (5)         STEVE CAR         1.00         x         x         0. <td< td=""><td></td><td></td><td>ndivid</td><td>nstituf</td><td>Officer</td><td>key en</td><td>Highes</td><td>ormei</td><td></td><td></td><td>organizations</td></td<>			ndivid	nstituf	Officer	key en	Highes	ormei			organizations
(2)         JUDY RAMOS         40.00         X         139,488         0.         28,163.           (3)         CARA MALKER NELLSEN         40.00         X         85,339.         0.         8,527.           (4)         CANDI ALLFHIN         1.00         X         85,339.         0.         8,527.           (4)         CANDI ALLFHIN         1.00         X         X         0.         0.         0.           (4)         CANDI ALLFHIN         1.00         X         X         0.         0.         0.         0.           (5)         STEVE CAR         1.00         X         X         0. </td <td>(1) STEVE BURNS</td> <td>40.00</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>	(1) STEVE BURNS	40.00				-		-			
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(3)         CARA WALKER NEILSEN         40.00         x         85,339.         0.         8,527.           PORMER VP, PHLI 4 CI         1.00         x         x         0.         0.         0.           CHAR         1.00         x         x         0.         0.         0.           CHAIR         1.00         x         x         0.         0.         0.           PAST CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           PAST CHAIR         1.00         x         x         0.         0.         0.           C10 FFOX         1.00         x         0.         0.         0.         0.           C1) JEFF FOX         1.00         x         0.         0.         0.         0.           C80 RO GALLEGOS         1.00         x         0.         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           C101 GEORGE JUETEN         1.00         X         X         0.         0.         0.	(2) JUDY RAMOS	40.00									
FORMER VP, PHIL & CI         1.00         X         85,339.         0.         8,527.           (4) CANDI ALDHIN         1.00         X         X         X         0.         0.         0.           CHAIR         X         X         X         0.         0.         0.         0.           PAST CHAIR         X         X         X         0.         0.         0.         0.           C(5) STVE CARR         1.00         X         X         0.         0.         0.         0.           PAST CHAIR         X         X         0.         0.         0.         0.         0.           C(7) JEPF FOX         1.00         X         0.         0.         0.         0.         0.           FORMER DIRECTOR         X         0.	VP, FINANCE AND OPERATIONS	1.00			х				139,488.	0.	28,163.
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(6)         FRANCES ELLSWORTH         1.00         x         0. <td>(5) STEVE CARR</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) STEVE CARR	1.00									
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(7) JEFF FOX       1.00       x       0.       0.       0.       0.         FORMER DIRECTOR       x       0.       0.       0.       0.       0.         (8) RON GALLEGOS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.         (9) TIM HAMILTON       1.00       x       x       0.       0.       0.       0.         TREASURER       x       x       x       0.       0.       0.       0.       0.         DIRECTOR       x       x       x       0.	(6) FRANCES ELLSWORTH	1.00									
FORMER DIRECTOR         X         X         0         0.         0.         0.         0.           (8) RON GALLEGOS         1.00         X         0. <td< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>			Х						0.	0.	0.
(8)         RON GALLEGOS         1.00         x         0         0.	(7) JEFF FOX	1.00									
DIRECTOR         x<			Х						0.	0.	0.
(9) TIM HAMILTON       1.00       x       x       0       0.       0.         TREASURER       1.00       x       x       0.       0.       0.         (10) GEORGE JUETTEN       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (11) TOM KILLINGSWORTH       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (12) KEVIN KING       1.00       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0       0.		1.00									
TREASURER         X         X         X         X         X         0.         0	DIRECTOR		Х						0.	0.	0.
(10) GEORGE JUETTEN         1.00         X         0         0. <td>(9) TIM HAMILTON</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) TIM HAMILTON	1.00									
DIRECTOR         X         X         0         0.			Х		Х				0.	0.	0.
(11) TOM KILLINGSWORTH       1.00       X       0       0.       0.         DIRECTOR       X       1.00       X       0.       0.       0.         (12) KEVIN KING       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0.       0.         (13) DAN KLOCKO       1.00       X       0       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0.       0.       0.         DIRECTOR       X       V       0.       0.       0.       0.       0.       0.         UTECTOR       X       X       V       0.       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.	(10) GEORGE JUETTEN	1.00									
DIRECTOR         x         x         0         0.	DIRECTOR		Х						0.	0.	0.
(12) KEVIN KING       1.00       x       0       0. </td <td>(11) TOM KILLINGSWORTH</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) TOM KILLINGSWORTH	1.00									
DIRECTOR         X         X         0         0.	DIRECTOR		Х						0.	0.	0.
(13) DAN KLOCKO       1.00       x       0       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.       0.         (14) LORI MCCANN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (15) ERIN NUXOLL       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.         (16) DOUG OPPENHEIMER       1.00       x       x       0.       0.       0.       0.         VICE CHAIR       1.00       x       x       0.       0.       0.       0.         (17) DANIELLE QUADE       1.00       x       x       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.	(12) KEVIN KING	1.00									
DIRECTOR         X         X         0         0.			Х						0.	0.	0.
(14) LORI MCCANN       1.00       x       0       0.       0.       0.       0.         DIRECTOR       x       1.00       x       0.       0.       0.       0.       0.         (15) ERIN NUXOLL       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.         (16) DOUG OPPENHEIMER       1.00       x       x       0.       0.       0.         VICE CHAIR       1.00       x       x       0.       0.       0.         (17) DANIELLE QUADE       1.00       x       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.	(13) DAN KLOCKO	1.00									
DIRECTORXX00.0.(15) ERIN NUXOLL1.001.00X00.DIRECTORXX0.0.0.(16) DOUG OPPENHEIMER1.00XX0.0.VICE CHAIRXXX0.0.(17) DANIELLE QUADE1.00X00.0.DIRECTORXX00.0.			Х						0.	0.	0.
(15) ERIN NUXOLL       1.00       1.00       0. <th< td=""><td>(14) LORI MCCANN</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	(14) LORI MCCANN	1.00									
DIRECTORX00.0.(16) DOUG OPPENHEIMER1.00XX0.0.VICE CHAIRXX0.0.0.(17) DANIELLE QUADE1.00X0.0.0.DIRECTORXX0.0.0.			Х						0.	0.	0.
(16) DOUG OPPENHEIMER1.00xx0.0.0.VICE CHAIRxxx0.0.0.0.(17) DANIELLE QUADE1.00xx0.0.0.DIRECTORxx0.0.0.0.		1.00									
VICE CHAIRXX0.0.0.(17) DANIELLE QUADE1.00X0.0.0.DIRECTORX0.0.0.0.			Х					L	0.	0.	0.
(17) DANIELLE QUADE         1.00         0. </td <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
DIRECTOR X 0. 0. 0.			Х		Х				0.	0.	0.
		1.00									
	DIRECTOR		Х						0.	0.	

232007 12-13-22

Form 990 (2022)

8

Form 99		TY FOUNDAT	ION	, II	NC.					82-042506	3	F	age <b>8</b>
Part V	Section A. Officers, Directors, Trust		oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	-		
	(A) Name and title	<b>(B)</b> Average hours per week	box	not ch , unles cer an	Posi neck i is per	rson i	than d is both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	1	<b>(F)</b> Estimat Imount other	of
		(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	ćey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or a	mpensa from th ganiza nd rela ganizat	ation ne tion ted
(18) D DIRECT	EBRA RIEDEL	1.00	x		0	×			0.	0.			٥.
	EIDI ROGERS	1.00	л				$\vdash$			0.			<u> </u>
	AT LARGE		x		х				0.	0.			Ο.
	. WALT SINCLAIR	1.00								-			
SECRET			х		x				0.	0.			Ο.
(21) M	ARY VAGNER	1.00											
DIRECT	OR		х						0.	0.			Ο.
(22) L	INDA WATKINS	1.00											
FORMER	DIRECTOR		х						0.	0.			0.
(23) S	TEPHEN WEEG	1.00											
DIRECT	OR		Х						0.	0.			0.
							-						
1b Su	ubtotal						1		416,494.	0.		44	402.
	otal from continuation sheets to Part VII								0.	0.			0.
d To	otal (add lines 1b and 1c)								416,494.	0.		44	402.
	otal number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			2
CC	ompensation from the organization											Yes	
	d the organization list any former officer,	-		•	•	•		Ŭ	• •				
	e 1a? If "Yes," complete Schedule J for su or any individual listed on line 1a, is the su										3		X
	nd related organizations greater than \$150	-							-	-	4	Х	
	d any person listed on line 1a receive or a												
	ndered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .				5		X
	n B. Independent Contractors												
	omplete this table for your five highest cor	•	•							•	tion f	rom	
	e organization. Report compensation for t (A)	ne calendar ye	ar e	nun	<u>y</u> w				(B)			(C)	
	Name and business	address	NO	NE					Description of s	ervices C		ensatio	n
								_					
	otal number of independent contractors (in	•	ot lin	nited	to		se lis 0	ted	above) who received mo	ore than			
\$1	00,000 of compensation from the organiz	ation					v				Forn	<b>990</b>	(2022)

232008 12-13-22

			<u> </u>		IITY FOU	NDATION, INC.			82-042506	3 Page <b>9</b>
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	ontains a	response	or note to any line	e in this Part VIII	(B)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b	68,162.				
D D D			Fundraising events		10 1c					
fts, r Ai			Related organizations		1d	2,671,000.				
, Gi Jila			Government grants (contri		1e					
Sin			All other contributions, gifts, g							
utio		•	similar amounts not included		1f	17,607,478.				
otl		a	Noncash contributions included in li		1g \$	4,372,772.				
Con		-	Total. Add lines 1a-1f				20,346,640.			
0.0						Business Code	, ,			
Ø	2	а								
vice	-	b								
Ser		c								
am		d								
Program Service Revenue		е								
Pro		f	All other program service r	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)				3,253,369.			3,253,369.
	4		Income from investment of							
	5		Royalties	<u></u>						
					) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a <sup>6</sup> , <sup>7</sup>	752,134.					
		b	Less: cost or other basis							
anı				7b 4,2						
evenue			· / //////////////////////////////////	7c 2,4						
Ê			Net gain or (loss)				2,470,790.			2,470,790.
Other	8	а	Gross income from fundraisin including \$		of					
			contributions reported on I	,						
		Ŀ	Part IV, line 18							
			Less: direct expenses							
	0		Net income or (loss) from f Gross income from gaming			1				
	э	d								
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from g							
	10		Gross sales of inventory, le							
	10	a	and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from s							
		<u> </u>				Business Code				
sno	11	а								
nec		b								
Miscellaneous Revenue		č								
lisc			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				26,070,799.	0.	0.	5,724,159.
23200	9 12	-13-								Form <b>990</b> (2022)

#### Form 990 (2022) IDAHO COMMUNITY FOUNDATION, INC.

# 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. Check if Schedule or the term in the part in term in the part in term in the part in term. Check if Schedule or term in terms Check if Schedule or term in terms</theck if Schedule or term in terms</th> Check

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,432,306.	11,432,306.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	455,398.	455,398.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	462,789.	76,504.	247,467.	138,818.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	870,144.	173,262.	443,411.	253,471.
8	Pension plan accruals and contributions (include			Т	
	section 401(k) and 403(b) employer contributions)	23,919.	5,147.	11,371.	7,401.
9	Other employee benefits	151,969.	21,258.	92,799.	37,912.
10	Payroll taxes	100,967.	18,689.	53,842.	28,436.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,060.		5,060.	
с	Accounting	27,738.		27,738.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	167,005.	166,999.	6.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	16,303.	4,317.	11,986.	
12	Advertising and promotion	91,037.	4,097.		86,940.
13	Office expenses	27,465.	9,547.	11,498.	6,420.
14	Information technology	138,646.	64,457.	47,608.	26,581.
15	Royalties				
16	Occupancy	8,805.	2,472.	4,064.	2,269.
17	Travel	58,994.	7,839.	9,031.	42,124.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100,683.	44,528.	25,641.	30,514.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,181.	11,843.	19,468.	10,870.
23	Insurance	57,615.	47,171.	6,702.	3,742.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSES	21,200.	6,204.	9,623.	5,373.
b	PROMISE TO GIVE RECOV.	-230.	-230.		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,259,994.	12,551,808.	1,027,315.	680,871.
26	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)				
232010	12-13-22				Form <b>990</b> (2022)

232010 12-13-22

Form **990** (2022)

#### 09070523 131839 A245762

art X		2022) IDAHO COMMUNITY FOUN Balance Sheet					425063 Page
		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			375,756.	1	421,85
2	2	Savings and temporary cash investments			8,964,564.	2	9,560,10
3	3	Pledges and grants receivable, net			39,849.	3	61,9
4	1	Accounts receivable, net				4	
5		Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial contri	ibutor, or 35%			
		controlled entity or family member of any of the		<i>,</i>		5	
6	3		Loans and other receivables from other disqualified persons (as defined				
	-	under section 4958(f)(1)), and persons described	•			6	
7	7	Notes and loans receivable, net			212,980.	7	124,4
8		Inventories for sale or use			,	8	,
g		Prepaid expenses and deferred charges			15,314.	9	78,7
		Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D	10a	1,079,790.			
	h	Less: accumulated depreciation		508,064.	613,907.	10c	571,7
11		Investments - publicly traded securities	218,851,995.	11	, 188,111,3		
12		Investments - other securities. See Part IV, line	, , , -	12	, ,		
13		Investments - program-related. See Part IV, line	400,117.	13	316,9		
14		Intangible assets	1	14	, ,		
15		Other assets. See Part IV, line 11			193,272.	15	180,4
16		Total assets. Add lines 1 through 15 (must equ			229,667,754.	16	, 199,427,7
17		Accounts payable and accrued expenses			225,493.	17	225,5
18		Grants payable			1	18	,
19		Deferred revenue		19			
20		Tax-exempt bond liabilities			20		
21		Escrow or custodial account liability. Complete		21			
22		Loans and other payables to any current or form				21	
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
23		Secured mortgages and notes payable to unrela	-			22	
24		Unsecured notes and loans payable to unrelate				23	
25		Other liabilities (including federal income tax, pa				24	
20	,	parties, and other liabilities not included on lines	-				
			,	· .		25	
26	2	of Schedule D Total liabilities. Add lines 17 through 25		·····	225,493.	26	225,5
20	<u>,</u>	Organizations that follow FASB ASC 958, che	ok boro	X		20	,-
		and complete lines 27, 28, 32, and 33.					
27	,				229,189,432.	27	199,015,7
28		Net assets with donor restrictions			252,829.	28	186,4
20	5	Organizations that do not follow FASB ASC 9				20	
		•	So, check i				
	<b>`</b>	and complete lines 29 through 33.				200	
29		Capital stock or trust principal, or current funds				29	
30		Paid-in or capital surplus, or land, building, or ed				30	
27 28 29 30 31 32		Retained earnings, endowment, accumulated in			229,442,261.	31	199,202,1
		Total net assets or fund balances				32	199,202,1
33	5	Total liabilities and net assets/fund balances .			229,667,754.	33	Form <b>990</b> (2

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       26,070,7         2       Total expenses (must equal Part IX, column (A), line 25)       2       14,259,5         3       Revenue less expenses. Subtract line 2 from line 1       3       11,810,6         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       229,442,2         5       Net unrealized gains (losses) on investments       5       -42,050,6	e 12
1Total revenue (must equal Part VIII, column (A), line 12)126,070,72Total expenses (must equal Part IX, column (A), line 25)214,259,93Revenue less expenses. Subtract line 2 from line 1311,810,64Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4229,442,25-42,050,6	
2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))5Net unrealized gains (losses) on investments	
2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))5Net unrealized gains (losses) on investments	
3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         5       Net unrealized gains (losses) on investments	/99.
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       229,442,2         5       Net unrealized gains (losses) on investments       5       -42,050,8	94.
5 Net unrealized gains (losses) on investments 5 -42,050,8	05.
• • • •	
	;79.
6 Donated services and use of facilities6	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	٥.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	.87.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a	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:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
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:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c 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?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	х
<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 on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2022)

S	CHE	DULE A		<b>Dublic Cha</b>	OMB No. 1545-0047					
(Fo	orm 9	990)			rity Status an					2022
					ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ
		t of the Treasury			ttach to Form 990 or Fo					Open to Public
		venue Service		Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection
Nar	ne o	f the organizati	on						Employer	identification number
_				COMMUNITY FOUND						82-0425063
Pa	art I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	orga	anization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990).)				
3			-		anization described in se			-		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat								
5		- •			llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	_	7		Complete Part II.)				<i>.</i> .		
6		7		-	nental unit described in					
7	X	_ ; .:: e::ga::: <b>_</b> a::		-	ntial part of its support fr	om a gove	ernmental	unit or from ti	ne general j	oublic described in
0		- ·		omplete Part II.)	(1)(A)(ui) (Complete Day					
8 9		- ·			(1)(A)(vi). (Complete Parties 170(b)(1)(A)(		nd in ooniu	notion with a	land grant	
э		-	-		in section 170(b)(1)(A)(in ulture (see instructions).		-		-	-
		university:	a non-land-g	grant college of agric			lame, city	, and state of	the college	
10		, · —	on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns membersh	in fees and	d aross receipts from
	L	-		•	t to certain exceptions; a				-	•
					(less section 511 tax) fro					-
				mplete Part III.)	,		•	, ,		
11		7			ively to test for public sat	ety. See	section 50	)9(a)(4).		
12		7			ively for the benefit of, to				rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ugh 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
á	• [	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	upporting
	_	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
ł		Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	~	()	t complete Part IV,						
C	; L				g organization operated				lly integrate	ed with,
	. г				). You must complete I					
C			-	•	orting organization oper				•	
					ation generally must sat				an attentiv	/eness
	. г				nplete Part IV, Sections				U. T	
e	• [				written determination from			турет, туре	п, туре п	
		nter the number	-		nally integrated supporti					
				about the supporte	nd organization(s)					
;	<u>, , ,</u>	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
_										
_										
Tot	ai									l

Schedule A	(Form 990) 2022	IDAHO COMMUNITY FOUNDATION	, INC.	82-0425063	Page <b>2</b>
Part II	Support Sch	edule for Organizations Described	in Sections	s 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,641,500.	13,390,461.	15,856,918.	16,715,079.	20,346,640.	77,950,598.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,641,500.	13,390,461.	15,856,918.	16,715,079.	20,346,640.	77,950,598.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,680,783.
6	Public support. Subtract line 5 from line 4.						68,269,815.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	11,641,500.	13,390,461.	15,856,918.	16,715,079.	20,346,640.	77,950,598.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
		3,938,492.	2,388,637.	2,570,865.	2,967,276.	3,253,369.	15,118,639.
•	and income from similar sources	3,330,152.	2,000,007.	2,3,0,003.	2,507,270.	3,233,303.	10,110,000.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						02 060 227
	Total support. Add lines 7 through 10						93,069,237.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	-					
80	organization, check this box and stor						
	ction C. Computation of Publi						73.35 %
	Public support percentage for 2022 (I					14	//
15	Public support percentage from 2021					15	64.64 %
16a	<b>33 1/3% support test - 2022.</b> If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-	-		-		
b	10% -facts-and-circumstances test	-					0% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A	(Form 990)	2022	IDAHO	COMMUNITY	FOUNDATION,	INC.
Part III	Support	Schedule fo	r Orga	nizations [	Described in	Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage			,      ,	
15	Public support percentage for 2022 (	line 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 2			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the	-					17 is not
	more than 33 $1/3\%$ , check this box a	-			• •		
b	<b>33 1/3% support tests - 2021.</b> If the	•					·
~~	line 18 is not more than 33 1/3%, che						n
	Private foundation. If the organization	JII GIG NOT CHECK A	box on line 14, 19	a, or 190, check t	nis box and see ins		
23202	23 12-09-22		16	5		Schedule	e A (Form 990) 2022

#### D2 IDAHO COMMUNITY FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

# Schedule A (Form 990) 2022 IDAHO Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	edule A (Form 990) 2022 IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Pa	ige <b>5</b>
	rt IV Supporting Organizations (continued)		1 0	ige <b>o</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	alon C. Type in Supporting Organizations			
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI 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.	2a		
b	Did the activities described on line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in <b>Part VI.</b>	3a	I	

**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* **Part VI** *the role played by the organization in this regard.* 

3b Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 IDAHO COMMUNITY FOUNDATION, INC.			82-0425063 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	anization (see
	· · · · ·			

instructions).

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 IDAHO COMMUNITY FOU	1			82-0425063	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)		
Secti	on D - Distributions				Current Y	ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	ection E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2022			IS	(iii) Distributa Amount for	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

P lii S	Supplemental Ir Part IV, Section A, lin ine 1; Part IV, Sectio Section D, lines 5, 6, See instructions.)	nes 1, 2, 3b, 3c, 4 n D, lines 2 and 3	b, 4c, 5a, 6, 9 3; Part IV, Sec	a, 9b, 9c, 11 tion E, lines <sup>-</sup>	a, 11b, and <sup>-</sup> 1c, 2a, 2b, 3a	11c; Part IV, S a, and 3b; Pa	Section B, lines irt V, line 1; Part	s 1 and 2; Part IV t V, Section B, lir	/, Section C, ne 1e; Part V,	,
232028 12-09-22										
70523 13				2	_			Schedule A	A (Form 990)	2022

## Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

ID#	82-0425063	
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	

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

501(c)(3) taxable private foundation

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

#### DocuSign Envelope ID: 1E0B8348-8004-49EA-80E6-6E3D713C78EA

	B (Form 990) (2022) organization	E	Page 2
			00.0405060
Part I	DMMUNITY FOUNDATION, INC. Contributors (see instructions). Use duplicate copies of Part I i	f additional space is peeded	82-0425063
			(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$448,05	S0.       Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,530,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,702,69	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$733,60	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$490,75	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$618,00	Person     X       Payroll        00.     Noncash       (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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09070523 131839 A245762

223452 11-15-22

#### DocuSign Envelope ID: 1E0B8348-8004-49EA-80E6-6E3D713C78EA

Name of o	rganization		Employer identification number
ДАНО СС	DMMUNITY FOUNDATION, INC.		82-0425063
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 contribution	(d) s Type of contribution
7		\$1,038,	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8		\$4,000,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9		\$1,422,	149.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
10		\$2,671,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$311,	736.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

#### 09070523 131839 A245762

223452 11-15-22

2022.03050 IDAHO COMMUNITY FOUNDATIO A2457621

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	B (Form 990) (2022)			Page
Name of o	rganization		Employ	er identification number
ІДАНО СС	MMUNITY FOUNDATION, INC.		82	-0425063
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
3	VARIOUS STOCKS			
		\$1,702	<u>,694.</u>	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
5	VARIOUS STOCKS			
		\$490	<u>,751.</u>	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
7	20,000 SHARES PCOR			
		\$1,038	<u>,100.</u>	11/07/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		   \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given			(d) Date received

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223453 11-15-22

Schedule B (Form 990) (2022)

Schedule B	8 (Form 990) (2022)			Page 4			
Name of or	ganization			Employer identification number			
IDAHO CON	MMUNITY FOUNDATION, INC.			82-0425063			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following li charitable, etc., contributions of <b>\$1,0</b>	ne entry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
-		(e) Transfer	of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
-		(e) Transfer	of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2022)

Departin	<b>1 990)</b> nent of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	nization answered "Yes" on Form 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a 1.ttach to Form 990.	, or 12b.		<b>ZUZZ</b> Open to Public
Internal	Revenue Service		0 for instructions and the latest in			Inspection
Name	e of the organization		TNO		Emplo	yer identification number 82-0425063
Par	t I Organiza	IDAHO COMMUNITY FOUNDATION, ations Maintaining Donor Advise			ounts	
1 41		n answered "Yes" on Form 990, Part IV, lin			ount	
		,,,	(a) Donor advised funds	(b)	Funds	and other accounts
1	Total number at er	nd of year		237		10
		f contributions to (during year)				665,950
		f grants from (during year)	, , ,			1,377,483
		t end of year				29,326,589
		on inform all donors and donor advisors in v				, ,
	-	on's property, subject to the organization's	•			X Yes No
6	Did the organization for charitable purp	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o ate benefit?	dvisors in writing that grant funds c r donor advisor, or for any other pu	an be used only	y g	
Par		ation Easements. Complete if the org				
1		servation easements held by the organization				
		of land for public use (for example, recrea		tion of a histori	cally im	portant land area
	Protection o	of natural habitat	Preserva	tion of a certifie	d histo	oric structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the	e form of a cons	ervatio	n easement on the last
	day of the tax year	r.		_	H	eld at the End of the Tax Yea
а	Total number of co	onservation easements		L	2a	
b	Total acreage rest	ricted by conservation easements			2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	L	2c	
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a			
	historic structure li	isted in the National Register		L	2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated	by the organiza	tion du	ring the tax
	year					
		where property subject to conservation eas				
		tion have a written policy regarding the per		ng of		
		forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing	g conservation	easem	ents during the year
_		<del></del>				
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	ling of violations, and enforcing cor	nservation ease	ments	during the year
~						
		vation easement reported on line 2(d) abov				
		)(4)(B)(ii)?				Ves No
9	,	be how the organization reports conservation		•		an the
		d include, if applicable, the text of the footr counting for conservation easements.	ote to the organization's infancial s	latements that	uescrit	bes the
	t III Organiza	ations Maintaining Collections of	Art. Historical Treasures.	or Other Sir	nilar /	Assets.
		f the organization answered "Yes" on Form				
	Complete II		, , , ,	ment and balan	ce shee	et works
Par		-	8 not to report in its revenue stater	none and balan		
Par 1a	If the organization	elected, as permitted under FASB ASC 95	· ·	h in furtherance	e of pul	blic
Par 1a	If the organization of art, historical tre	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	blic exhibition, education, or researc		e of pu	blic
Par 1a	If the organization of art, historical tre service, provide in	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar	olic exhibition, education, or researc ncial statements that describes thes	se items.		
Par 1a b	If the organization of art, historical tre service, provide in If the organization	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95	olic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statement	se items. t and balance s	heet w	orks of
Par 1a b	If the organization of art, historical tre service, provide in If the organization art, historical treas	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public	olic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statement	se items. t and balance s	heet w	orks of
Par 1a b	If the organization of art, historical tre- service, provide in If the organization art, historical treas provide the followi	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items:	olic exhibition, education, or researc ncial statements that describes thes 8, to report in its revenue statement e exhibition, education, or research i	se items. t and balance s in furtherance c	heet w	orks of c service,
Par 1a b	If the organization of art, historical tre service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items: ided on Form 990, Part VIII, line 1	olic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statement exhibition, education, or research i	se items. t and balance s in furtherance c	heet w f public	orks of c service,
Par 1a b	If the organization of art, historical tre- service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu- (ii) Assets include	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items:	olic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statement e exhibition, education, or research i	se items. t and balance s in furtherance c	heet w f public \$	orks of c service,
Par 1a b	If the organization of art, historical tre- service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu- (ii) Assets include If the organization	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items: ided on Form 990, Part VIII, line 1 ed in Form 990, Part X received or held works of art, historical tre	blic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statements exhibition, education, or research is asures, or other similar assets for fir	se items. t and balance s in furtherance c	heet w f public \$	orks of c service,
Par 1a b	If the organization of art, historical tre- service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu- (ii) Assets include If the organization the following amou	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items: ided on Form 990, Part VIII, line 1 ed in Form 990, Part X received or held works of art, historical tre unts required to be reported under FASB A	olic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statements exhibition, education, or research is asures, or other similar assets for fir SC 958 relating to these items:	se items. t and balance s in furtherance c nancial gain, pro	heet w f public \$ \$ ovide	orks of c service,
Par 1a b 2 a	If the organization of art, historical treas service, provide in If the organization art, historical treas provide the followi (i) Revenue include (ii) Assets include If the organization the following amount Revenue included	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items: ided on Form 990, Part VIII, line 1 ed in Form 990, Part X received or held works of art, historical tre- unts required to be reported under FASB A on Form 990, Part VIII, line 1	olic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statements e exhibition, education, or research i asures, or other similar assets for fir SC 958 relating to these items:	se items. t and balance s in furtherance c nancial gain, pro	heet w f public \$ \$ ovide	orks of c service,
Par 1a b 2 a b	If the organization of art, historical tre- service, provide in If the organization art, historical treas provide the followi (i) Revenue inclu- (ii) Assets included If the organization the following amou Revenue included Assets included in	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95 sures, or other similar assets held for public ing amounts relating to these items: ided on Form 990, Part VIII, line 1 ed in Form 990, Part X received or held works of art, historical tre unts required to be reported under FASB A	blic exhibition, education, or research ncial statements that describes thes 8, to report in its revenue statements exhibition, education, or research i asures, or other similar assets for fir SC 958 relating to these items:	se items. t and balance s in furtherance c nancial gain, pro	heet w f public \$ \$ \$	orks of c service,

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Sche		JNITY FOUNDATION	1			82-042		Pa	age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	c Preservation for future generations								
4	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 o	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990	D, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	t included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			•			
							Amount		
С	Beginning balance				1c				
d	Additions during the year				<u>1d</u>				
е	Distributions during the year				<u>1e</u>				
f	Ending balance				<b>1f</b>				
	Did the organization include an amount on F					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	<b>t V</b> Endowment Funds. Complete i						<i></i>		<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		
<b>1</b> a	Beginning of year balance	190,947,490.	161,112,746.		· · ·	882,442.	133,		
b	Contributions	9,358,547.	4,997,848.		· · ·	308,017.		160,3	
С	Net investment earnings, gains, and losses	-31,772,523.	32,208,796.		· ·	-10,			
d	Grants or scholarships	5,140,140.	4,883,431.	4,962,119.	4,3	869,816.	4,	197,9	910.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	1,738,904.	2,488,469.			36,716.		573,1	
g	End of year balance	161,654,470.	190,947,490.		149,2	270,446.	123,	882,4	<u>442.</u>
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	99.9000	_%						
b	Permanent endowment	%							
с	Term endowment1000	./ 0							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	the		Г		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
	Describe in Part XIII the intended uses of the to the total tended uses of tended uses of the total tended uses of tended		vment funds.						
Fai			Dout IV line 110 C	an Farm 000 Dart Y	( line 10				
	Complete if the organization answere					.	<u> </u>		
	Description of property	(a) Cost or of	• • •		Accumulat		(d) Book	value	÷
		basis (investm	Dasis	. ,	epreciatior	1		175 -	700
-	Land			175,700.	425	262		175,	
b	Buildings			831,289.	435,	263.		396,0	120.
	Leasehold improvements			72 001	70	0.01			
	Equipment			72,801.	12,	801.			0.
	Other						1	571 -	726
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part )	K. column (B), line 1	0c.)		<u>  </u>		571,	
						Schedule	D (Form	990)	2022

232052 09-01-22

#### IDAHO COMMUNITY FOUNDATION, INC. Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on 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)		
Total. (Colu	Imn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

(a) Description of liability (b) Book value 1 (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

82-0425063

Page 3

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Sche	edule D (Form 990) 2022 IDAHO COMMUNITY FOUNDATION, INC.		82-0425063	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 -1	0,856,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a -35	,182,050.		
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> -3	5,182,050.
3	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b> 2	4,325,858.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	137,003.		
b	Other (Describe in Part XIII.)	,607,938.		
с	Add lines <b>4a</b> and <b>4b</b>		4c	1,744,941.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			6,070,799.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exper	nses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		<b>1</b> 1	2,715,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b> 1	2,715,507.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	167,004.		
b	Other (Describe in Part XIII.) 4b 1	,377,483.		
с	Add lines <b>4a</b> and <b>4b</b>		4c	1,544,487.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)		5 1	4,259,994.
Pa	rt 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.

30

PART V, LINE 4:

THE ENDOWMENT FUNDS CONSIST OF OVER 500 INDIVIDUAL FUNDS ESTABLISHED BY

DONORS TO PROVIDE ANNUAL FUNDING FOR SPECIFIC ACTIVITIES AND GENERAL

OPERATIONS (THE ENDOWMENT). THE ENDOWMENT ALSO INCLUDES CERTAIN

UNRESTRICTED NET ASSETS DESIGNATED FOR ENDOWMENT BY THE BOARD. NET ASSETS

ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE

EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

ICF IS ORGANIZED AS AN IDAHO NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED

BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION

232054 09-01-22

Schedule D (Form 990) 2022 IDAHO COMMUNITY FOUNDATION, INC. Part XIII Supplemental Information (continued)	82-0425063	Page <b>5</b>
DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION		
DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO		
BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE ENTITY IS ANNUALLY		
REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM		
990) WITH THE IRS. IN ADDITION, THE ENTITY IS SUBJECT TO INCOME TAX ON NET		
INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE		
EXEMPT PURPOSES. WE HAVE DETERMINED THAT THE ENTITY 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.		
WE BELIEVE THAT THE ENTITY HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION		
TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE		
ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.		
WE 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.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
AGENCY REVENUE REPORTED IN REVENUES FOR TAX PURPOSES 1,607,938.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
AGENCY EXPENSES REPORTED IN EXPENSES FOR TAX PURPOSES 1,377,483.		
	Schedule D (Form	990) 2022

232055 09-01-22

CHEDULE I Form 990) epartment of the Treasury	Go	irants and Off vernments, ar ete if the organizatio	nd Individual	on Form 990, Par	ted States		OMB No. 1545-0047
ternal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
lame of the organization IDAHO COMM	UNITY FOUNDATION,	INC.					Employer identification number 82-0425063
Part I General Information on Gran	ts and Assistance						
<ol> <li>Does the organization maintain recorr criteria used to award the grants or a</li> <li>Describe in Part IV the organization's</li> </ol>	ssistance?						
Part II Grants and Other Assistance recipient that received more th	-				anization answered "א	/es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organizatio or government	n <b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BC - ABOVE AND BEYOND THE LASSROOM TETON VALLEY - PO BOX 16 - DRIGGS, ID 83422	83-1954130	501(C)(3)	6,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
DVOCATES FOR SURVIVORS OF OMESTIC VIOLENCE, INC PO BO 216 - HAILEY, ID 83333	94-3162848	501(C)(3)	27,800.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
DVOCATES FOR THE WEST, INC. O BOX 1612 OISE, ID 83701	06-1654062	501(C)(3)	10,412.	0.			SUPPORT GENERAL OPERATIONS FOR CONSERVATION/ENVIRONMEN
GELESS SENIOR CITIZENS O BOX 403 IMBERLY, ID 83341	82-0303448	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
ID FOR FRIENDS, INC. .O. BOX 4233 OCATELLO, ID 83205	82-0408063	501(C)(3)	8,152.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
MERICAN FALLS SCHOOL DISTRICT 381 - 827 FORT HALL AVENUE - MERICAN FALLS, ID 83211	82-6000865	501(C)(3)	27,338.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION

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

Schedule I (Form 990) IDAHO COMMUNIT							82-0425063 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	Γ
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - GREATER IDAHO CHAPTER - 5380 W. FRANKLIN RD BOISE, ID 83705	53-0196605	501(C)(3)	11,000.	0.			SUPPORT GENERAL OPERATIONS FOR EMERGENCY SERVICES
ARCH COMMUNITY HOUSING TRUST PO BOX 1292 KETCHUM, ID 83340	75-3167069	501(C)(3)	275,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
ASSISTANCE LEAGUE OF BOISE PO BOX 140104 BOISE, ID 83714	82-0331595	501(C)(3)	21,692.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
ATLANTA HISTORICAL SOCIETY, INC. 560 N 4TH E MOUNTAIN HOME, ID 83647	82-0392683	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
BALLET IDAHO, INC. 501 S 8TH STREET, STE A BOISE, ID 83702	82-0301511	501(C)(3)	71,513.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
BEAR LAKE SCHOOL DISTRICT NO. 33 EDUCATION FOUNDATION - 110 N 8TH ST MONTPELIER, ID 83254	46-4802621	501(C)(3)	5,028.	0.			PURCHASE EQUIPMENT NEEDEI TO TEACH PRINTMAKING AT BEAR LAKE HIGH
BEAR LAKE SENIOR CITIZENS INC 300 HOSPITAL PLAZA MONTPELIER, ID 83254	82-0061002	501(C)(3)	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
BIG BROTHERS BIG SISTERS OF SOUTHWEST IDAHO - 7609 EMERALD ST. - BOISE, ID 83704	82-0349401	501(C)(3)	10,850.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
BINGHAM CRISIS CENTER FOR WOMEN, INC - 288 N. SHILLING AVENUE - BLACKFOOT, ID 83221	82-0367425	501(C)(3)	10,700.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP KELLY HIGH SCHOOL							
FOUNDATION - 7009 W FRANKLIN ROAD							SUPPORT GENERAL
- BOISE, ID 83709	82-0332399	501(C)(3)	6,000.	0.			OPERATIONS FOR EDUCATION
BLAINE COUNTY CHARITABLE FUND,							SUPPORT GENERAL
INC PO BOX 265 - HAILEY, ID							OPERATIONS FOR SOCIAL
83333-0201	84-5158057	501(C)(3)	39,300.	0.			SERVICES
BLAINE COUNTY HUNGER COALITION,							SUPPORT GENERAL
INC 110 HONEYSUCKLE ST -							OPERATIONS FOR SOCIAL
BELLEVUE, ID 83313-5095	72-1582755	501(C)(3)	112,964.	0.			SERVICES
BLAINE COUNTY SCHOOL DISTRICT							
EDUCATION FOUNDATION - P.O. BOX				_			SUPPORT GENERAL
253 - HAILEY, ID 83333	94-3166817	501(C)(3)	43,609.	0.			OPERATIONS FOR EDUCATION
BLAINE COUNTY SENIORS' COUNCIL,							SUPPORT GENERAL
INC P.O. BOX 28 - HAILEY, ID							OPERATIONS FOR SOCIAL
83333	82-0315917	501(C)(3)	14,250.	0.			SERVICES
BOGUS BASIN SKI EDUCATION							
FOUNDATION - 1675 W HILL RD SUITE							SUPPORT GENERAL
A - BOISE, ID 83702	82-6026584	501(0)(3)	37,059.	0.			OPERATIONS FOR RECREATION
R B018E, 19 03702	02 0020304	501(0)(3)	57,055.				OTENATIONS FOR RECREATIC
BOISE BAROQUE, INC.							SUPPORT GENERAL
P.O. BOX 45937							OPERATIONS FOR ARTS &
BOISE, ID 83711	04-3731037	501(C)(3)	15,000.	0.			CULTURE
BOISE ART MUSEUM, INC.							SUPPORT GENERAL
670 JULIA DAVIS DRIVE							OPERATIONS FOR ARTS &
BOISE, ID 83702	82-0256187	501(C)(3)	16,250.	0.			CULTURE
BOISE CONTEMPORARY THEATER							SUPPORT GENERAL
854 FULTON STREET		501(0)(2)	14.000	_			OPERATIONS FOR ARTS &
BOISE, ID 83702	82-0508146	put(C)(3)	14,000.	0.			CULTURE

Schedule I (Form 990) IDAHO COMMUNIT	1						82-0425063 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOISE COUNTY PO BOX 1300 IDAHO CITY, ID 83631-1300	82-6000284	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
BOISE LITTLE THEATER, INC 100 EAST FORT STREET BOISE, ID 83702	82-0296429	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
BOISE PHILHARMONIC ASSOCIATION, INC. – 516 SOUTH 9TH STREET, STE C – BOISE, ID 83702	82-6006000	501(C)(3)	168,011.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
BOISE PHILHARMONIC FOUNDATION 516 S 9TH STREET BOISE, ID 83702	82-0528616	501(C)(3)	94,682.	0.			SUPPORT BOISE PHILHARMONIC ASSOCIATION
BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC - 8169 W VICTORY RD - BOISE, ID 83709	82-0400689	501(C)(3)	52,937.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
BOISE RESCUE MISSION, INC. PO BOX 1494 BOISE, ID 83701	82-0259387	501(C)(3)	266,941.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
BOISE STATE UNIVERSITY FOUNDATION 2225 UNIVERSITY DRIVE BOISE, ID 83706	82-6010706	501(C)(3)	104,015.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
BONNER COMMUNITY HOUSING AGENCY PO BOX 321 SANDPOINT, ID 83864	26-0890497	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
BONNER COUNTY HOMELESS TASK FORCE INC - 330 S FLORENCE AVENUE - SANDPOINT, ID 83864	82-0452673	501(C)(3)	43,735.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

Schedule I (Form 990)         IDAHO         COMMUNIT           Part II         Continuation of Grants and Other A	1		and Domestic Go	vernments (Sch	edule I (Form 990) Pa		82-0425063 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BONNER COUNTY ROAD AND BRIDGE DEPARTMENT - 1500 HIGHWAY 2 SUITE 101 - SANDPOINT, ID 83864		501(C)(3)	137,997.	0.			SUPPORT MAINTENANCE OF ROADS AND BRIDGES IN BONNER COUNTY
BONNER GENERAL HOSPITAL FOUNDATION, INC. – 520 N THIRD AVENUE – SANDPOINT, ID 83864	26-1418351	501(C)(3)	6,737.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU STREET BONNERS FERRY, ID 83805		501(C)(3)	20,000.	0.			SUPPORT THE COMMUNITY CLINIC'S MENTAL HEALTH PROGRAMMING
BOUNDARY COUNTY SCHOOL DISTRICT #101 - 7188 OAK ST - BONNERS FERRY, ID 83805		501(C)(3)	7,000.	0.			SUPPORT FIRST TEAM 2130 ALPHA+
BOYS AND GIRLS CLUB OF ADA COUNTY 610 E. 42ND STREET GARDEN CITY, ID 83714	82-0481687	501(C)(3)	13,177.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
BOYS AND GIRLS CLUB OF NAMPA, INC. 316 STAMPEDE DR NAMPA, ID 83687	82-0504332	501(C)(3)	11,739.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
BREAKING CHAINS ACADEMY OF DEVELOPMENT - 1703 3RD ST N - NAMPA, ID 83687-4447	81-1454072	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
BRIGHAM YOUNG UNIVERSITY - IDAHO 525 SOUTH CENTER, MS 1610 REXBURG, ID 83460-0405	82-0207699	501(C)(3)	6,369.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
CAMP RAINBOW GOLD, INC. 216 W JEFFERSON BOISE, ID 83702	90-0961926	501(C)(3)	110,214.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH

Schedule I (Form 990) IDAHO COMMUNIT	1			(* .			82-0425063 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASCADE MEDICAL CENTER FOUNDATION, INC PO BOX 964 - CASCADE, ID 83611	82-0391765	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
CASCADE SCHOOL DISTRICT #422 PO BOX 291 CASCADE, ID 83611-0291	82-6000907	501(C)(3)	49,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
CATCH 503 AMERICANA BOULEVARD BOISE, ID 83702	27-3483457	501(C)(3)	37,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
CDA ACT PO BOX 1505 COEUR D'ALENE, ID 83816	83-1531225	501(C)(3)	6,500.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVENUE BOISE, ID 83712	82-0201128	501(C)(3)	91,336.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
CHILDREN'S MUSEUM OF THE MAGIC VALLEY, INC PO BOX 2139 - TWIN FALLS, ID 83303-2139	83-2068910	501(C)(3)	11,384.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
CHILDREN'S VILLAGE FOUNDATION, INC. – 1350 WEST HANLEY – COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	19,250.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
CITY OF BOISE 1104 ROYAL BLVD BOISE, ID 83706	82-6000165	501(C)(3)	19,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
CITY OF BOISE, PARKS AND RECREATION - 1104 ROYAL BOULEVARD - BOISE, ID 83706		501(C)(3)	100,000.	0.			SUPPORT WORK FOR JULIA DAVIS EAST RESTROOM

Schedule I (Form 990) IDAHO COMMUNIT							82-0425063 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CASCADE PO BOX 649 CASCADE, ID 83611-0649	82-6000173	501(C)(3)	9,240.	0.			SUPPORT PLANNING WORK FO THE CITY'S COMPREHENSIVE PLAN
CITY OF EMMETT 501 EAST MAIN STREET EMMETT, ID 83617		501(C)(3)	50,000.	0.			MATCHING SUPPORT OF CITY OF EMMETT'S SPLASH PAD A THE CITY PARK
CITY OF KETCHUM PO BOX 2315 KETCHUM, ID 83340	82-6001390	501(C)(3)	20,000.	0.			SUPPORT KETCHUM FIRE DEPARTMENT'S BACKCOUNTRY RESCUE PROGRAM
CLUB, INC. 1820 E 17TH STREET, SUITE 150 IDAHO FALLS, ID 83404-6436	94-3076071	501(C)(3)	6,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
COEUR D'ALENE ROTARY ENDOWMENT FOUNDATION - PO BOX 444 - COEUR D'ALENE, ID 83814	26-1725990	501(C)(3)	12,306.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
COEUR D'ALENE SCHOOL DISTRICT #271 1400 N NORTHWOOD CENTER COURT COEUR D'ALENE, ID 83815	82-6000811	501(C)(3)	40,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDIN FOR BORAH ELEMENTARY
COLLEGE OF EASTERN IDAHO 1600 S 25TH EAST IDAHO FALLS, ID 83404-5788	94-3160729	501(C)(3)	35,380.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
COLLEGE OF IDAHO, INC. 2112 CLEVELAND BOULEVARD BOX 39 CALDWELL, ID 83605	82-0200906	501(C)(3)	123,165.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
COLLEGE OF SOUTHERN IDAHO PO BOX 1238 TWIN FALLS, ID 83303-1238		501(C)(3)	20,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION

Schedule I (Form 990) IDAHO COMMUNI							82-0425063 Page
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLEGE OF SOUTHERN IDAHO FOUNDATION, INC - PO BOX 1238 - TWIN FALLS, ID 83303	82-0388193	501(C)(3)	91,395.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
COLLEGE OF WESTERN IDAHO MS 1000 PO BOX 3010 NAMPA, ID 83687	26-0684268	501(C)(3)	12,367.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
COLUMBIA BASIN COLLEGE FOUNDATION 2600 N 20TH AVENUE PASCO, WA 99301	91-1307538	501(C)(3)	8,000.	0.			NORTHWEST HEALTH SCIENC SCHOLARSHIP INITIATIVE SCHOLARSHIPS
COMMUNITY CANCER SERVICES 1215 MICHIGAN STREET, STE B SANDPOINT, ID 83864	71-0899963	501(C)(3)	13,344.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
COMMUNITY HEALTH CLINIC INC 211 16TH AVENUE NORTH NAMPA, ID 83687	82-0300537	501(C)(3)	12,671.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
COMMUNITY LIBRARY NETWORK 8385 NORTH GOVERNMENT WAY HAYDEN LAKE, ID 83835-9280		501(C)(3)	9,000.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS
CONCORDIA UNIVERSITY 1282 CONCORDIA AVENUE SAINT PAUL, MN 55104	41-0696906	501(C)(3)	18,000.	0.			SCHOLARSHIPS FOR THE PORTLAND NURSING PROGRA
CONGREGATION AHAVATH BETH ISRAEL 11 N LATAH BOISE, ID 83706-2621	31-1554282	501(C)(3)	6,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
COUNTY OF LEMHI, SALMON SCHOOL DISTRICT #291 - 1501 BEAN LANE - SALMON, ID 83467	82-6000821	501(C)(3)	8,700.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIC

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISCOVERY CENTER OF IDAHO, INC							
131 MYRTLE ST							SUPPORT GENERAL
BOISE, ID 83702	94-3047492	501(C)(3)	8,387.	0.			OPERATIONS FOR EDUCATION
EASTERN IDAHO COMMUNITY ACTION							SUPPORT GENERAL
PARTNERSHIP - 935 E LINCOLN RD -				_			OPERATIONS FOR SOCIAL
IDAHO FALLS, ID 83401	82-0297279	501(C)(3)	8,676.	0.			SERVICES
EASTERN OWYHEE COUNTY LIBRARY							
PO BOX 100							SUPPORT GENERAL
GRAND VIEW, ID 83624	82-0337606	501(C)(3)	8,000.	0.			OPERATIONS FOR LIBRARIE
,			,				
EASTERN WASHINGTON UNIVERSITY							NORTHWEST HEALTH SCIENC
FOUNDATION - 102 HARGREAVES HALL -							SCHOLARSHIP INITIATIVE
CHENEY, WA 99004	91-1019819	501(C)(3)	8,000.	0.			SCHOLARSHIPS
ELDERLY OPPORTUNITY AGENCY, INC.							
134 N WASHINGTON AVENUE							SUPPORT GENERAL
EMMETT, ID 83617-2973	82-0306372	501(C)(3)	17,500.	0.			OPERATIONS FOR RECREATION
EMMETT COMMUNITY PLAYHOUSE, INC							SUPPORT GENERAL
PO BOX 883							OPERATIONS FOR ARTS &
EMMETT, ID 83669	20-1380706	501(C)(3)	20,638.	0.			CULTURE
·							
EMMETT HIGH SCHOOL							
721 W. 12TH STREET							SUPPORT GENERAL
EMMETT, ID 83617		501(C)(3)	11,000.	0.			OPERATIONS FOR EDUCATION
EMMETT PUBLIC LIBRARY							
275 SOUTH HAYES							SUPPORT GENERAL
EMMETT, ID 83617	82-6000188	501(C)(3)	6,376.	0.			OPERATIONS FOR LIBRARIE
	02 0000100	551(0)(5)	0,378.	0.			DI BIARITONO FOR DIBRARIES
EMMETT PUBLIC SCHOOL FOUNDATION,							
INC 1070 MELROSE DRIVE -							SUPPORT GENERAL
EMMETT, ID 83617	94-3208093	501(C)(3)	22,678.	Ο.			OPERATIONS FOR EDUCATIO

Schedule I (Form 990) IDAHO COMMUNIT	,						82-0425063 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	irt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWER HUMANITY 1030 E SUBLETTE STREET POCATELLO, ID 83201	81-1467702	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
ESTHER SIMPLOT PERFORMING ARTS ACADEMY - P.O. BOX 27 - BOISE, ID 83707	82-0446623	501(C)(3)	314,879.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
EVERYBODY HOUSE 360 SHOSHONE STREET EAST FWIN FALLS, ID 83301	85-4166686	501(C)(3)	11,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
FAMILY ADVOCACY CENTER AND EDUCATION SERVICES - 417 S 6TH STREET - BOISE, ID 83702	20-4883532	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
FAMILY ADVOCATES, INC 3010 W STATE STREET, STE 104 BOISE, ID 83703	82-0344205	501(C)(3)	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
FAMILY JUSTICE CENTER FOUNDATION OF IDAHO, INC 524 3RD STREET S, BOX 115 - NAMPA, ID 83651	26-4423289	501(C)(3)	24,022.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
FAMILY SERVICES ALLIANCE OF SOUTHEAST IDAHO - 355 S ARTHUR - POCATELLO, ID 83204	82-0200909	501(C)(3)	5,436.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
FESTIVAL AT SANDPOINT, INC PO BOX 695 SANDPOINT, ID 83864	82-0372810	501(C)(3)	15,000.	0.			PROVIDE FREE ACCESS TO MUSIC EDUCATION PROGRAM
FIRST PRESBYTERIAN CHURCH OF IDAHO FALLS – 325 ELM STREET – IDAHO FALLS, ID 83402	23-6393377	501(C)(3)	10,751.	0.			MAINTAINING CHURCH PROPERTY AND MAKING CAPITAL IMPROVEMENTS

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST STEP 4 LIFE RECOVERY CENTER, LTD 903 D STREET, SUITE 201 - LEWISTON, ID 83501-1886	83-2521142	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
FLOURISH FOUNDATION PO BOX 2429 KETCHUM, ID 83340	27-4446378	501(C)(3)	9,900.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
FOUNDATION FOR IDAHO HISTORY, INC. PO BOX 664 BOISE, ID 83701	80-0031592	501(C)(3)	11,950.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS
FREMONT JOINT SCHOOL DISTRICT #215 945 W 1ST N ST. ANTHONY, ID 83445-1201	82-6000751	501(C)(3)	10,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDING FOR HENRY'S FORK
FRIENDS OF THE BRADY CHAPEL LTD 242 WEST LEWIS STREET POCATELLO, ID 83204	88-2751558	501(C)(3)	9,000.	0.			RESTORE AND PROTECT THE ORIGINAL STAINED-GLASS WINDOWS
FRIENDS OF WEISER RIVER TRAIL, INC PO BOX 472 COUNCIL, ID 83612-0472	82-0495183	501(C)(3)	48,536.	0.			SUPPORT GENERAL OPERATIONS FOR RECREATION
FRUITLAND SCHOOL DISTRICT #373 PO BOX A FRUITLAND, ID 83619-9000	82-6000854	501(C)(3)	82,863.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
GARDEN CITY LIBRARY FOUNDATION 6015 GLENWOOD STREET GARDEN CITY, ID 83714-1347	82-0479365	501(C)(3)	7,436.	0.			SUPPORT GENERAL OPERATIONS FOR LIBRARIES
GEM COUNTY RECREATION DISTRICT PO BOX 631 EMMETT, ID 83617	82-0449556	501(C)(3)	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR RECREATION

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GIRAFFE LAUGH, INC. 4094 W. CHINDEN BLVD. GARDEN CITY, ID 83714	82-0481812	501(C)(3)	27,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
GIVING CUPBOARD 4563 E 75 N RIGBY, ID 83442	82-4061940	501(C)(3)	7,670.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
GONZAGA UNIVERSITY 502 E. BOONE AVENUE COLLEGE HALL, SPOKANE, WA 99258-0072	91-0236600	501(C)(3)	26,939.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
GRACE EPISCOPAL CHURCH OF NAMPA 911 4TH STREET SOUTH NAMPA, ID 83651	82-0200897	501(C)(3)	11,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
GRACE JOINT SCHOOL DISTRICT #148 PO BOX 347 GRACE, ID 83241-0347	82-6000730	501(C)(3)	12,375.	0.			PLANT 30 NEW TREES AROUNI THE NEW ELEMENTARY SCHOOL
GRANGEVILLE ELEMENTARY/MIDDLE SCHOOL - 400 S IDAHO AVE - GRANGEVILLE, ID 83530-1420	59-3838651	501(C)(3)	7,000.	0.			SUPPORT THE GEMS BAND
HABITAT FOR HUMANITY OF NORTH IDAHO, INC 176 W WYOMING AVENUE - HAYDEN, ID 83835-9609	82-0425146	501(C)(3)	17,668.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
HEART 2 HAND BINGHAM FOOD PANTRY, INC PO BOX 546 - SHELLEY, ID 83274	85-4161383	501(C)(3)	12,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
HERITAGE HEALTH 1090 W PARK PLACE COEUR D'ALENE, ID 83814	94-3036820	501(C)(3)	18,241.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH

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HIGHER GROUND SUN VALLEY INC.							
PO BOX 6791							SUPPORT GENERAL
KETCHUM, ID 83340	82-0512146	501(C)(3)	19,175.	0.			OPERATIONS FOR RECREATION
HOMEDALE JOINT SCHOOL DISTRICT							
#370 - 116 E OWYHEE AVENUE -		F01(a)(2)	CF 000	0			SUPPORT GENERAL
HOMEDALE, ID 83628-3227	82-6000860	501(C)(3)	65,000.	0.			OPERATIONS FOR EDUCATION
HOMEDALE NEIGHBORHOOD, INC.							
PO BOX 512							
HOMEDALE, ID 83628	21-0742040	501(C)(3)	30,253.	0.			SUPPORT SCHOLARSHIPS
	21 0/12010	501(0)(3)	50,255.	<u>.</u>			
HOSPICE OF THE WOOD RIVER VALLEY							
INC - PO BOX 4320 - KETCHUM, ID							SUPPORT GENERAL
83340	82-0397698	501(C)(3)	8,384.	0.			OPERATIONS FOR HEALTH
IDAHO ASSOC. FOR THE EDUCATION OF							
YOUNG CHILDREN - 4355 W EMERALD							
STREET, SUITE 250 - BOISE, ID							SUPPORT GENERAL
83706	82-0409133	501(C)(3)	11,000.	0.			OPERATIONS FOR EDUCATION
IDAHO CONSERVATION LEAGUE, INC							SUPPORT GENERAL
PO BOX 844	00 0040450	501 ( 2) ( 2)	0.007				OPERATIONS FOR
BOISE, ID 83701	82-6042478	501(C)(3)	8,287.	0.			CONSERVATION/ENVIRONMENT
IDAHO DIABETES YOUTH PROGRAMS, INC							
5439 W KENDALL STREET							SUPPORT GENERAL
BOISE, ID 83706-1229	31-1565651	501(0)(2)	55,878.	0.			OPERATIONS FOR HEALTH
BOISE, ID 83708-1229	31-1303031	501(C)(3)	55,878.	0.			OPERATIONS FOR HEALTH
IDAHO DIAPER BANK, INC.							SUPPORT GENERAL
621 E KING ST STE 100							OPERATIONS FOR SOCIAL
MERIDIAN, ID 83642	46-5573014	501(C)(3)	12,350.	0.			SERVICES
			· · ·				
IDAHO FALLS ARTS COUNCIL, INC.							SUPPORT GENERAL
498 A STREET							OPERATIONS FOR ARTS &
IDAHO FALLS, ID 83402	82-0434714	501(C)(3)	37,970.	Ο.			CULTURE

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO FALLS PUBLIC LIBRARY 457 BROADWAY IDAMO FALLS ID 83402	82-6000205	501(0)(3)	8,228.	0.			SUPPORT GENERAL OPERATIONS FOR LIBRARIE
IDAHO FALLS, ID 83402 IDAHO FALLS RESCUE MISSION 840 PARK AVENUE IDAHO FALLS, ID 83402	94-3142060		6,476.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
IDAHO FALLS SOUP KITCHEN 301 S BOULEVARD IDAHO FALLS, ID 83401	14-1892228	501(C)(3)	10,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
IDAHO FALLS SYMPHONY SOCIETY, INC 440 N CAPITAL AVENUE, SUITE B IDAHO FALLS, ID 83402	82-6007411	501(C)(3)	28,404.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
IDAHO FALLS YMCA 155 N. CORNER AVENUE IDAHO FALLS, ID 83402	82-0222174	501(C)(3)	12,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
IDAHO FFA FOUNDATION INC 3401 WEST PINE AVE MERIDIAN, ID 83642	82-0360159	501(C)(3)	16,029.	0.			SUPPORT GENERAL OPERATIONS AND CONFERENCES
IDAHO FISH AND WILDLIFE FOUNDATION PO BOX 2254 BOISE, ID 83701	82-0439782	501(C)(3)	5,069.	0.			SUPPORT GENERAL OPERATIONS FOR CONSERVATION/ENVIRONMEN
IDAHO FOODBANK WAREHOUSE 3630 E. COMMERCIAL COURT MERIDIAN, ID 83642	82-0425400	501(C)(3)	634,543.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
IDAHO HUMANE SOCIETY, INC. 1300 S BIRD STREET BOISE, ID 83709-1556	82-0212536	501(C)(3)	11,742.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO HUMANITIES COUNCIL 217 W STATE STREET BOISE, ID 83702	82-0315902	501(C)(3)	65,235.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
IDAHO NONPROFIT CENTER, INC. 5257 W FAIRVIEW AVENUE, SUITE 260 BOISE, ID 83706-1766	94-3419016	501(C)(3)	15,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
IDAHO PUBLIC TELEVISION, INC 1455 NORTH ORCHARD BOISE, ID 83706-2239	82-0400218	501(C)(3)	50,521.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
IDAHO REGIONAL ROBOTICS, INC. 573 E WHITEHALL STREET MERIDIAN, ID 83642	81-1568647	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
IDAHO SHAKESPEARE FESTIVAL, INC. P.O. BOX 9365 BOISE, ID 83707	82-0316246	501(C)(3)	11,674.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
IDAHO STATE UNIVERSITY FOUNDATION - BOISE EXTENSION - 802 W BANNOCK STREET SUITE 206 - BOISE, ID 83702	82-6013543	501(C)(3)	76,758.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
IDAHO STEM ACTION CENTER FOUNDATION - 802 W BANNOCK STREET, STE 900 - BOISE, ID 83702-5846	82-2903945	501(C)(3)	211,083.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
IDAHO TRAILS ASSOCIATION PO BOX 165 BOISE, ID 83701	36-4667290	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR CONSERVATION/ENVIRONMENT
IDAHO YOUTH RANCH INC 5465 W IRVING STREET BOISE, ID 83706	82-0253346	501(C)(3)	204,440.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

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TNACTNE TRANC BOUNDABION INC							
IMAGINE IDAHO FOUNDATION, INC. PO BOX 3084							SUPPORT GENERAL
	85-2713318	501(C)(3)	100 000	0.			OPERATIONS FOR EDUCATION
KETCHUM, ID 83340	85-2715518	501(C)(5)	100,000.	0.			OPERATIONS FOR EDUCATION
INTERNATIONAL MESSENGERS							
PO BOX 618							SUPPORT RIVER OF LIFE IN
CLEAR LAKE, IA 50428-0618	41-1652782	501(C)(3)	6,000.	0.			ROMANIA
ISLAMIC CENTER OF BOISE							SUPPORT PUBLIC PROJECTS
3077 CHRISTINE STREET							THROUGH PROJECT
BOISE, ID 83704	82-0521453	501(C)(3)	5,375.	0.			NEIGHBORLY
JANNUS, INC.							SUPPORT GENERAL
1607 WEST JEFFERSON ST							OPERATIONS FOR SOCIAL
BOISE, ID 83702	81-6035382	501(C)(3)	32,617.	0.			SERVICES
JEFFERSON SCHOOL DISTRICT 251							IDAHO COALITION FOR
3850 E 300 N							COMMUNITY SCHOOLS FUNDIN
RIGBY, ID 83442		501(C)(3)	40,000.	0.			FOR ELEMENTARY AND HIGH
		501(0)(5)	40,000.				FOR EDEMENTART AND HIGH
KANIKSU LAND TRUST, INC.							SUPPORT GENERAL
PO BOX 2123							OPERATIONS FOR ARTS &
SANDPOINT, ID 83864	47-0898549	501(C)(3)	6,000.	0.			CULTURE
· · · ·							
KIDS KLUB, INC							
PO BOX 124							SUPPORT GENERAL
GRANGEVILLE, ID 83530	82-0498679	501(C)(3)	6,077.	0.			OPERATIONS FOR EDUCATION
VIDE NOINEATH FIND							
KIDS MOUNTAIN FUND 1630 HEROIC ROAD							SUPPORT THE ROTARIPPERS
	00 0070140	501(0)(2)	6 600	_			
HAILEY, ID 83333	82-0373142	DUT(C)(3)	6,500.	0.			LEASE PACKAGE
KINDERHAVEN, INC.							SUPPORT GENERAL
PO BOX 2097							OPERATIONS FOR SOCIAL
SANDPOINT, ID 83864-0900	82-0491527	501(C)(3)	21,266.	0.			SERVICES

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KOOTENAI ELEMENTARY SCHOOL							
301 SPRAGUE STREET, GENERAL DELIVER KOOTENAI, ID 83840	82-0508739	501(C)(3)	9,800.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
KOOTENAI HEALTH FOUNDATION, INC.							
2003 KOOTENAI HEALTH WAY							SUPPORT GENERAL
COEUR D' ALENE, ID 83814	82-0380784	501(C)(3)	18,741.	0.			OPERATIONS FOR HEALTH
KUNA JOINT SCHOOL DISTRICT #3							SUPPORT KUNA EARLY
711 E PORTER STREET							LEARNING AND MY PLACE
KUNA, ID 83634	82-6001275	501(C)(3)	10,000.	0.			PRESCHOOL
LA POSADA, INC							SUPPORT GENERAL
355 4TH AVE W							OPERATIONS FOR SOCIAL
TWIN FALLS, ID 83301	82-0468830	501(C)(3)	19,020.	0.			SERVICES
LAKELAND JOINT SCHOOL DISTRICT							
#272 - 15506 N WASHINGTON STREET -							FUNDING FOR MOUNTAIN VIE
RATHDRUM, ID 83858	82-6000812	501(C)(3)	10,000.	0.			ALTERNATIVE HIGH SCHOOL
LAND TRUST OF THE TREASURE VALLEY							SUPPORT GENERAL
708 W FRANKLIN STREET							OPERATIONS FOR
BOISE, ID 83702	84-1380693	501(C)(3)	86,412.	0.			CONSERVATION/ENVIRONMENT
LAPWAI SCHOOL DISTRICT 341							PURCHASE MATERIALS AND
PO BOX 247							SUPPORT STAFF TO MAINTAI
LAPWAI, ID 83540	82-6000843	501(C)(3)	12,000.	0.			READING INTERVENTIONS
LATINOS IN ACTION, INC.							SUPPORT LIA PROGRAM
PO BOX 790							EXPANSION IN THE MAGIC
SANDY, UT 84091	26-4304427	501(C)(3)	20,000.	0.			VALLEY
LEAP CHARITIES, INC.							SUPPORT GENERAL
1220 S VISTA AVE							OPERATIONS FOR SOCIAL
BOISE, ID 83705	26-1738122	501(C)(3)	313,500.	٥.			SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING LAB, INC. 308 E 36TH STREET GARDEN CITY, ID 83714	82-0461933	501(C)(3)	57,502.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
LEE PESKY LEARNING CENTER 3324 ELDER STREET BOISE, ID 83705-4713	13-3878574	501(C)(3)	7,800.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
LEWIS-CLARK STATE COLLEGE FOUNDATION - 500 8TH AVENUE - LEWISTON, ID 83501	82-0396878	501(C)(3)	7,024.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
LIFE'S KITCHEN INC. PO BOX 45632 BOISE, ID 83711-5632	80-0008918	501(C)(3)	9,750.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
LINCOLN COUNTY 111 W B STREET SUITE C SHOSHONE, ID 83352	82-6000308	501(C)(3)	25,000.	0.			SUPPORT THE LEDGE BUSINESS INCUBATOR
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201-1881	39-0806251	501(C)(3)	10,000.	0.			SUPPORT THE DEPARTMENT OF ORTHODONTICS
MCPAWS, INC. PO BOX 1375 MCCALL, ID 83638	82-0503942	501(C)(3)	18,876.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
MEMORIAL COMMUNITY CENTER, INC. PO BOX 405 415 WELLINGTON PLACE HOPE, ID 83836-0405	82-0381652	501(C)(3)	23,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
MEN'S SECOND CHANCE LIVING PO BOX 2398 HAILEY, ID 83333	82-4647969	501(C)(3)	20,000.	0.			SUPPORT MSCL HOUSE OPERATIONS

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MERCY HOUSING, INC. 1600 BROADWAY STREET SUITE 2000 DENVER, CO 80202	47-0646706	501(C)(3)	10,000.	0.			SUPPORT THE FORD FISH FUND
METROPOLITAN OPERA ASSOCIATION, INC. – 30 LINCOLN CENTER – NEW YORK CITY, NY 10023	13-1624087	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
MINIDOKA COUNTY JOINT SCHOOL DISTRICT #331 - 310 10TH STREET - RUPERT, ID 83350-1690	82-6000837	501(C)(3)	40,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDIN FOR WEST MINICO MIDDLE
MONTPELIER COMMUNITY FOUNDATION, INC 830 WASHINGTON STREET - MONTPELIER, ID 83254	62-0607518	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS
MOUNT ANGEL ABBEY 1 ABBEY DRIVE SAINT BENEDICT, OR 97373	93-0386869	501(C)(3)	10,000.	0.			SUPPORT THE MONASTERY FUND
MOUNTAIN HOME SCHOOL DISTRICT 193 470 N 3RD E MOUNTAIN HOME, ID 83647-2831	82-6000742	501(C)(3)	40,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDIN FOR BENNET MOUNTAIN
MOUNTAIN HUMANE PO BOX 1496 HAILEY, ID 83333	82-0351171	501(C)(3)	515,441.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
MOUNTAIN VIEW SCHOOL DISTRICT # 244 - 910 S D STREET - GRANGEVILLE, ID 83530	59-3838651	501(C)(3)	10,140.	0.			SUPPORT PURCHASES FOR WOOD SHOP, BOOKS AND HYGIENE SUPPLIES FOR GEM
MUSEUM OF IDAHO 200 N EASTERN AVENUE IDAHO FALLS, ID 83402	82-0363177	501(C)(3)	7,468.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION

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MUSEUM OF NORTH IDAHO, INC. PO BOX 812 COEUR D'ALENE, ID 83816-0812	23-7161777	501(C)(3)	9,817.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
MUSIC CONSERVATORY OF SANDPOINT, INC. – PO BOX 907 – SANDPOINT, ID 83864	27-1017841	501(C)(3)	14,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
MUSICIANS WEST, INC. PO BOX 1142 POCATELLO, ID 83204	82-0439213	501(C)(3)	8,168.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
MUSTARD SEED MINISTRIES, INC. 1631 GRANDVIEW DRIVE N TWIN FALLS, ID 83301	84-1613090	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
NAMI COEUR D'ALENE, INC. PO BOX 1082 COEUR D'ALENE, ID 83816-1082	82-0530840	501(C)(3)	9,457.	0.			SUPPORT PUBLIC PROJECTS THROUGH PROJECT NEIGHBORLY
NAMI FAR NORTH, INC. PO BOX 2415 SANDPOINT, ID 83864-0913	26-0283018	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
NAMI IDAHO NAMI IDAHO 1985 E 25TH STREET IDAHO FALLS, ID 83404	82-0511926	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
NEIGHBORWORKS POCATELLO 206 N. ARTHUR P.O. BOX 1146 POCATELLO, ID 83204	82-0461673	501(C)(3)	8,475.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS
NELL J. REDFIELD MEMORIAL HOSPITAL 150 NORTH 200 WEST MALAD CITY, ID 83252	82-6000428	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DAY PRODUCTS AND RESOURCES 1704 N. MAIN STREET POCATELLO, ID 83204	82-0302299	501(C)(3)	9,300.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS
NEW PLYMOUTH HIGH SCHOOL 207 S. PLYMOUTH AVENUE NEW PLYMOUTH, ID 83655		501(C)(3)	6,821.	0.			SUPPORT SCHOLARSHIPS
NEZ PERCE COUNTY HISTORICAL SOCIETY - 0306 3RD STREET - LEWISTON, ID 83501	82-6008847	501(C)(3)	9,718.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
NEZ PERCE SCHOOL DISTRICT #302 PO BOX 279 614 2ND AVENUE NEZPERCE, ID 83543-0279	82-6001370	501(C)(3)	28,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDIN
NORTH FREMONT EDUCATION FOUNDATION, INC 3641 HIGHWAY 32 - ASHTON, ID 83420-5731	82-0445261	501(C)(3)	155,595.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
NORTH IDAHO COLLEGE FOUNDATION, INC - 1000 W. GARDEN AVE - COEUR D'ALENE, ID 83814	82-0337334	501(C)(3)	6,617.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
NORTH IDAHO STEM CHARTER ACADEMY PO BOX 434 RATHDRUM, ID 83858	27-1042057	501(C)(3)	20,000.	0.			PURCHASE ONE STAR LAB PLANETARIUM AND SOFTWARE PLUS TRAINING
NORTHWEST ASSOCIATION FOR BLIND ATHLETES - PO BOX 61489 - VANCOUVER, WA 98666	26-0244283	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR RECREATIO
NORTHWEST NAZARENE UNIVERSITY, INC. – 623 S UNIVERSITY BLVD – NAMPA, ID 83686	82-0200907	501(C)(3)	34,367.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTUS SCHOOL DISTRICT #135							
25257 NOTUS ROAD							IDAHO COALITION FOR
CALDWELL, ID 83607	82-6002944	501(C)(3)	30,000.	0.			COMMUNITY SCHOOLS FUNDIN
OFFICE MOMS & DADS							SUPPORT GENERAL
101 E 8TH STREET STE 270							OPERATIONS FOR SOCIAL
VANCOUVER, WA 98660-3399	32-0476680	501(C)(3)	12,500.	0.			SERVICES
VARCOUVER, WA SOUGO 5555	52 04/0000	501(0)(3)	12,500.				DERVICED
ONEIDA COUNTY LIBRARY							
PO BOX 185							SUPPORT GENERAL
MALAD, ID 83252	82-6004222	501(C)(3)	17,000.	0.			OPERATIONS FOR LIBRARIES
ONEIDA CRISIS CENTER, INC							SUPPORT GENERAL
PO BOX 174							OPERATIONS FOR SOCIAL
MALAD, ID 83252	20-3758880	501(C)(3)	6,200.	0.			SERVICES
ONEREFUGEE							COLLEGE READINESS TO HIG
101 S 200 E SUITE 200							SCHOOL SENIORS FROM
	16 1220270	501(0)(2)	15 000	0.			
SALT LAKE CITY, UT 84111	46-4328379	501(C)(3)	15,000.	0.			REFUGEE BACKGROUNDS
OPERA IDAHO, INC							SUPPORT GENERAL
515 SOUTH 9TH STREET							OPERATIONS FOR ARTS &
BOISE, ID 83702-7006	23-7331238	501(C)(3)	76,611.	0.			CULTURE
PANHANDLE ALLIANCE FOR EDUCATION,							
INC - PO BOX 1675 - SANDPOINT, ID							SUPPORT GENERAL
83864	61-1416176	501(C)(3)	165,115.	0.			OPERATIONS FOR EDUCATION
PANHANDLE ANIMAL SHELTER							
FRIENDS OF THE SHELTER, INC 870							SUPPORT GENERAL
KOOTENAI CUT-OFF ROAD - PONDERAY,							OPERATIONS FOR SOCIAL
ID 83852	94-3071245	501(C)(3)	8,902.	0.			SERVICES
PAYETTE LAKES SKI CLUB							
PO BOX 442							SUPPORT GENERAL
MCCALL, ID 83638		501(C)(3)	12,462.	0.			OPERATIONS FOR RECREATIO

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PCHD FOUNDATION, INC.							BEAUTIFY THE OUTDOOR
510 ROOSEVELT AVENUE							AREAS OF POWER COUNTY
AMERICAN FALLS, ID 83211-1362	31-1713617	501(C)(3)	10,000.	0.			HOSPITAL DISTRICT
PEND OREILLE ARTS COUNCIL, INC							
PO BOX 1694							SUPPORT GENERAL
SANDPOINT, ID 83864	82-0350688	501(C)(3)	16,500.	0.			OPERATIONS FOR EDUCATION
PLANNED PARENTHOOD OF GREAT							
NORTHWEST - 2001 E MADISON STREET							SUPPORT GENERAL
- SEATTLE, WA 98122	91-0686012	501(C)(3)	8,766.	0.			OPERATIONS FOR HEALTH
PORTNEUF GREENWAY FOUNDATION							SUPPORT RAMP TO IMPROVE
P.O. BOX 71							ACCESS TO AMPHITHEATER .
POCATELLO, ID 83204	82-0458456	501(C)(3)	20,000.	0.			NATURE AREA
			,	- •			BEAUTIFY AND PROVIDE
PORTNEUF VALLEY PARTNERS, INC.							NATURAL ELEMENTS TO
, РО ВОХ 1374							CENTRAL DOWNTOWN
POCATELLO, ID 83204	11-3685593	501(C)(3)	10,000.	0.			POCATELLO
PRESTON EDUCATION FOUNDATION							
105 E. 2ND S.							SUPPORT GENERAL
PRESTON, ID 83263	84-1416850	501(C)(3)	6,019.	0.			OPERATIONS FOR EDUCATION
PRESTON SCHOOL DISTRICT #201							
105 E 2ND S				_			SUPPORT GENERAL
PRESTON, ID 83263	82-6000749	501(C)(3)	27,694.	0.			OPERATIONS FOR EDUCATION
PRIEST LAKE COMMUNITY EDUCATION							PROVIDE FREE PRESCHOOL,
FOUNDATION, INC 799 HAGMAN ROAD							READY FOR KINDERGARTEN
- NORDMAN, ID 83848	45-4775779	501(C)(3)	10,000.	0.			CLASSES AND SUPPORT
QUAKER HILL CONFERENCE INC							HELP UNDER-PRIVILEGED
PO BOX 1181							CHILDREN ATTEND THE
MCCALL, ID 83638	82-0308372	501(C)(3)	6,637.	0.			FRIENDS CHURCH CAMPS

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(a) 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	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL COUNCIL FOR CHRISTIAN MINISTRY, INC PO BOX 2236 -							SUPPORT GENERAL OPERATIONS FOR SOCIAL
IDAHO FALLS, ID 83403	82-0305800	501(C)(3)	11,876.	0.			SERVICES
REXBURG FREE CLINIC							
PO BOX 409							SUPPORT GENERAL
REXBURG, ID 83440	82-4216508	501(C)(3)	5,545.	0.			OPERATIONS FOR HEALTH
RIRIE HIGH SCHOOL							
PO BOX 568							SUPPORT GENERAL
RIRIE, ID 83443		501(C)(3)	6,847.	0.			OPERATIONS FOR EDUCATION
RISING STARS THERAPEUTIC RIDING							
CENTER INC - 3068 E 3400 N - TWIN							SUPPORT GENERAL
FALLS, ID 83301	27-1255281	501(C)(3)	6,000.	0.			OPERATIONS FOR HEALTH
ROCKLAND SCHOOL DISTRICT #382							PROVIDE SPACE FOR
PO BOX 119							STUDENTS AND RESIDENTS T
ROCKLAND, ID 83271	82-6000866	501(C)(3)	15,000.	0.			DISPLAY THEIR TALENTS
ROOTS FOREST SCHOOL							
PO BOX 2785							SUPPORT GENERAL
MCCALL, ID 83638	82-3932159	501(C)(3)	6,000.	0.			OPERATIONS FOR EDUCATION
ROSE ADVOCATES							SUPPORT GENERAL
P.O. BOX 527							OPERATIONS FOR EMERGENCY
WEISER, ID 83672	82-0425102	501(C)(3)	10,000.	0.			SERVICES
SAFE PASSAGES							SUPPORT GENERAL
850 NORTH 4TH STREET							OPERATIONS FOR SOCIAL
COEUR D'ALENE, ID 83814	82-0341451	501(C)(3)	37,255.	0.			SERVICES
SAFETY NET SPOKANE							SUPPORT GENERAL
PO BOX 13706							OPERATIONS FOR SOCIAL
SPOKANE VALLEY, WA 99213	45-5010888	501(C)(3)	29,409.	0.			SERVICES

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SALMON HIGH SCHOOL							
401 S. WARPATH							SUPPORT MUSIC DEPARTMENT
SALMON, ID 83467		501(C)(3)	41,618.	0.			AND WRESTLING TEAM
SALMON HOCKEY ASSOCIATION							
PO BOX 581							SUPPORT GENERAL
SALMON, ID 83467	31-1681564	501(C)(3)	13,872.	0.			OPERATIONS FOR RECREATION
SALMON PUBLIC SCHOOL FOUNDATION,							
INC PO BOX 275 - SALMON, ID							
83467	94-3112559	501(C)(3)	45,900.	0.			SUPPORT SCHOLARSHIPS
SALVATION ARMY POCATELLO CORPS							SUPPORT GENERAL
400 NORTH FOURTH POCATELLO, ID 83201	94-1156347	501(0)(3)	7,000.	0.			OPERATIONS FOR EMERGENCY SERVICES
	J4 1130347	501(0)(5)	7,000.	0.			
SAMARIA COMMUNITY FOUNDATION							SUPPORT GENERAL
4450 WEST 4500 SOUTH							OPERATIONS FOR PUBLIC
MALAD CITY, ID 83252	80-0395081	501(C)(3)	8,950.	0.			PROJECTS
SANDPOINT AREA SENIORS, INC.							SUPPORT GENERAL
820 MAIN STREET							OPERATIONS FOR ARTS &
SANDPOINT, ID 83864-1880	82-0418894	501(C)(3)	6,300.	Ο.			CULTURE
;							
SANDPOINT COMMUNITY RESOURCE							
CENTER - PO BOX 2522 - SANDPOINT,							SUPPORT GENERAL
ID 83864	27-1833740	501(C)(3)	15,000.	0.			OPERATIONS FOR HEALTH
SCHOOL DISTRICT NO. 150 EDUCATION							
FOUNDATION INC 250 E 2ND S -							
SODA SPRINGS, ID 83276	82-0402812	501(C)(3)	10,533.	0.			SUPPORT SCHOLARSHIPS
SELWAY BITTERROOT FOUNDATION INC.							
PO BOX 1886							SUPPORT FOR WILDERNESS
BOISE, ID 83701	27-2868220	501(C)(3)	6,156.	0.			FELLOWS

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SEVENTH JUDICIAL DISTRICT CASA PROGRAM - 490 MEMORIAL DR STE B-1 - IDAHO FALLS, ID 83402-3600	82-0454547	501(C)(3)	6,700.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SHEPHERD'S HOME, INC. PO BOX 2011 MCCALL, ID 83638	82-0490618	501(C)(3)	9,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SHOSHONE SCHOOL DISTRICT #312 61 E HWY 24 SHOSHONE, ID 83352	82-6003374	501(C)(3)	9,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
SHOSHONE-BANNOCK TRIBES PO BOX 306 FORT HALL, ID 83203	82-0197554	501(C)(3)	11,328.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SILVER WOOD GOOD SAMARITAN CENTER 405 W 7TH STREET SILVERTON, ID 83867	45-0228055	501(C)(3)	112,170.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SIMPLY HOPE FAMILY OUTREACH INC. 304 HENSEN AVENUE BURLEY, ID 83318	83-3377088	501(C)(3)	17,007.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SIXTH JUDICIAL DISTRICT CASA PROGRAM, INC - 836 E CENTER - POCATELLO, ID 83201	82-0446108	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SNAKE RIVER SCHOOL DISTRICT #52 103 S 900 W BLACKFOOT, ID 83221-6065	82-6000615	501(C)(3)	9,769.	0.			PURCHASE 21 NEW VIOLINS, VIOLAS, AND CELLOS FOR THE ORCHESTRA PROGRAM
SPUR FOUNDATION PO BOX 6184 KETCHUM, ID 83340	81-2375057	501(C)(3)	100,000.	0.			SUPPORT THE WARM SPRINGS PRESERVE PROJECT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S SOCIETY OF ST. VINCENT DE PAUL - 707 N 8TH STREET - BOISE, ID 83702	82-0504886	501(C)(3)	9,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
ST. KATHARINE DREXEL PO BOX 821 MCCALL, ID 83638	82-0200748	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS AND BUILDING FUND
ST. LABRE INDIAN SCHOOL EDUCATIONAL ASSOCIATION - PO BOX 77 - ASHLAND, MT 59003	81-0244542	501(C)(3)	40,864.	0.			HELP RENOVATE AND REMODE SHILOH YOUTH HOME
ST. LUKE'S EPISCOPAL CHURCH 270 N PLACER AVE IDAHO FALLS, ID 83402-4021	31-1629166	501(C)(3)	7,359.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
ST. LUKE'S HEALTH FOUNDATION, LTD 190 E BANNOCK STREET BOISE, ID 83712	81-0600973	501(C)(3)	49,013.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
ST. MARIES JOINT SCHOOL DISTRICT #41 - 240 S 11TH STREET - ST. MARIES, ID 83861	82-6000612	501(C)(3)	22,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
ST. MARK'S CATHOLIC SCHOOL 7503 W NORTHVIEW STREET BOISE, ID 83704-7235	82-0200748	501(C)(3)	6,000.	0.			SUPPORT SCHOLARSHIPS
ST. MARY CATHOLIC SCHOOL 2620 W STATE STREET BOISE, ID 83702	82-0200748	501(C)(3)	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
ST. PAUL'S CATHOLIC STUDENT CENTER 1915 UNIVERSITY DR BOISE, ID 83706	82-0200748	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS EPISCOPAL CHURCH PO BOX 1070 SUN VALLEY, ID 83353	82-0457605	501(C)(3)	8,310.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
STAR FRIENDS CHURCH 439 N STAR RD STAR, ID 83669	82-0329460	501(C)(3)	6,638.	0.			SUPPORT LITTLE MIRACLES PRESCHOOL AND KINDERGARTEN
STEPPING STONES, INC. PO BOX 8397 MOSCOW, ID 83843	82-0364143	501(C)(3)	47,867.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
SUN VALLEY CENTER FOR THE ARTS, INC PO BOX 656 - SUN VALLEY, ID 83353-0656	23-7113276	501(C)(3)	5,569.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
SWIFTSURE RANCH THERAPEUTIC EQUESTRIAN CENTER, INC 114 CALYPSO LANE - BELLEVUE, ID 83313-5010	82-0461587	501(C)(3)	14,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
TEACH FOR AMERICA, INC. 1224 1ST STREET SOUTH NAMPA, ID 83651	13-3541913	501(C)(3)	7,500.	0.			SUPPORT RECRUITING AND DEVELOPING LEADERS IN IDAHO EDUCATION
TESH INC 3327 W INDUSTRIAL LOOP COEUR D'ALENE, ID 83815	82-0297105	501(C)(3)	25,453.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
TETON VALLEY EDUCATION FOUNDATION PO BOX 1111 DRIGGS, ID 83422	54-2181870	501(C)(3)	15,000.	0.			PROVIDE LANGUAGE SUPPORT FOR STUDENTS
TETON VALLEY MENTAL HEALTH COALITION, INC 76 N MAIN STREET, SUITE 206 - DRIGGS, ID 83422	46-2634094	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

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THE ALLIANCE OF IDAHO 251 CRANBROOK DRIVE HAILEY, ID 83333-8728	85-2965458	501(C)(3)	31,300.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE ART MUSEUM OF EASTERN IDAHO, INC - 300 S CAPITAL AVENUE - IDAHO FALLS, ID 83402	48-1273754	501(C)(3)	13,943.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS & CULTURE
THE CABIN 801 S CAPITOL BOULEVARD BOISE, ID 83702	82-0488067	501(C)(3)	6,717.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
THE CHURCH OF CHRIST IN BOISE, INC PO BOX 140754 - BOISE, ID 83714	82-0517551	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE COMMUNITY LIBRARY ASSOCIATION, INC P.O. BOX 2168 - KETCHUM, ID 83340	82-0290944	501(C)(3)	9,400.	0.			SUPPORT GENERAL OPERATIONS FOR LIBRARIES
THE CRISIS HOT LINE, INC. PO BOX 939 KETCHUM, ID 83340	82-0407349	501(C)(3)	20,800.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE EVANGELICAL CHURCH PO BOX 1117 CLACKAMAS, OR 97015		501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE FAMILY MEDICINE RESIDENCY OF IDAHO, INC 777 N RAYMOND STREET - BOISE, ID 83704	20-5934739	501(C)(3)	42,224.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
THE HOME PARTNERSHIP FOUNDATION INC - PO BOX 7899 - BOISE, ID 83707	75-3162969	501(C)(3)	30,450.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JESSE TREE OF IDAHO, INC. 1121 W MILLER STREET BOISE, ID 83702	82-0534777	501(C)(3)	381,567.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE LITERACY PROJECT OF NORTH IDAHO – 15000 W DELMAR CT – RATHDRUM , ID 83858	85-0966364	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
THE MENTORING NETWORK, INC 711 N. DOVER CT. NAMPA, ID 83651	83-0430291	501(C)(3)	25,025.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
THE NATURE CONSERVANCY OF IDAHO, INC - 116 FIRST AVENUE NORTH - HAILEY, ID 83333	53-0242652	501(C)(3)	7,869.	0.			SUPPORT GENERAL OPERATIONS FOR CONSERVATION/ENVIRONMENT
THE SALVATION ARMY - TWIN FALLS 348 4TH AVENUE NORTH TWIN FALLS, ID 83301	33-0399466	501(C)(3)	12,081.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE SALVATION ARMY BOISE CORPS 9492 W. EMERALD STREET BOISE, ID 83704	94-1156347	501(C)(3)	140,270.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE SALVATION ARMY CALDWELL CORPS PO BOX 579 CALDWELL, ID 83606	94-1156347	501(C)(3)	51,387.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE SALVATION ARMY COEUR D'ALENE KROC CENTER - 1765 W GOLF COURSE ROAD - COEUR D'ALENE, ID 83815	94-1156347	501(C)(3)	12,652.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
THE SALVATION ARMY NAMPA CORPS 403 12TH AVE SOUTH NAMPA, ID 83651	94-1156347	501(C)(3)	89,275.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION

Schedule I (Form 990) IDAHO COMMUNIT	Y FOUNDATION,	INC.					82-0425063 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREASURE VALLEY COMMUNITY COLLEGE 650 COLLEGE BOULEVARD ONTARIO, OR 97914-3423		501(C)(3)	14,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIO
, TREASURE VALLEY FAMILY YMCA 1050 WEST STATE STREET BOISE, ID 83702	82-0200908		228,100.	0.			SUPPORT GENERAL OPERATIONS FOR RECREATI
TWIN FALLS OPTIMIST YOUTH HOUSE INC. – 239 3RD AVENUE N – TWIN FALLS, ID 83301	83-1319663	501(C)(3)	24,903.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
TWIN FALLS SCHOOL DISTRICT #411 201 MAIN AVENUE WEST TWIN FALLS, ID 83301	82-6000892	501(C)(3)	10,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDI FOR BICKEL ELEMENTARY
TWIN FALLS SCHOOL DISTRICT 411 EDUCATIONAL FDN PO BOX 1182 - TWIN FALLS, ID 83303	82-0447895	501(C)(3)	5,191.	0.			SUPPORT THE WATKINS FAMILY SPORTS ENDOWMENT
UNION GOSPEL MISSION ASSOCIATION OF SPOKANE - PO BOX 4066 - SPOKANE, WA 99220	91-0613587	501(C)(3)	6,250.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
UNITED CHURCH OF RELIGIOUS SCIENCE LIGHT ON THE MOUNTAINS - PO BOX 1195 - SUN VALLEY, ID 83353	82-0418228	501(C)(3)	5,300.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
UNITED WAY OF IDAHO FALLS AND BONNEVILLE COUNTY - 330 SHOUP AVE STE 202 - IDAHO FALLS, ID 83402	82-0233588	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS
UNITED WAY OF NORTH IDAHO 501 E LAKESIDE AVENUE, SUITE 3 COEUR D'ALENE, ID 83814	82-0232729	501(C)(3)	11,000.	0.			PROVIDE SCHOLARSHIPS TO FAMILIES WITHIN THE ALI THRESHOLD

Schedule I (Form 990) IDAHO COMMUNIT	,		and Domostic Co	warmanta (Sabi	adula I (Earm 900) Da		82-0425063 Page 1
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTH CENTRAL IDAHO PO BOX 65 TWIN FALLS, ID 83303-0065	82-0256978	501(C)(3)	13,889.	0.			SUPPORT GENERAL OPERATIONS FOR RECREATION
UNITED WAY OF SOUTHEASTERN IDAHO, INC - PO BOX 911 - POCATELLO, ID 83204	82-0209625	501(C)(3)	25,250.	0.			SUPPORT PUBLIC PROJECTS THROUGH PROJECT NEIGHBORLY
UNITED WAY OF TREASURE VALLEY PO BOX 7963 BOISE, ID 83707	82-0299013	501(C)(3)	15,597.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
UNIVERSITY OF IDAHO 875 PERIMETER DRIVE, MS 4291 MOSCOW, ID 83844-4291		501(C)(3)	10,273.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
UNIVERSITY OF IDAHO FOUNDATION, INC 875 PERIMETER DRIVE MS3143 - MOSCOW, ID 83844-3143	23-7098404	501(C)(3)	203,033.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN STREET URBANA, IL 61822	37-6006007	501(C)(3)	100,000.	0.			SUPPORT DEPARTMENT OF NEUROLOGY AND REHABILITATION
UNIVERSITY OF UTAH SCHOLARSHIP OFFICE 201 SOUTH 1460 EAST, RM 135 - SALT LAKE CITY, UT 84112		501(C)(3)	108,053.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH
VALLEY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC PO BOX 2365 - MCCALL, ID 83638	61-1730140	501(C)(3)	15,000.	0.			SUPPORT DISCOUNTED OR FREE ATTENDANCE FOR EARL CHILDHOOD PROGRAMS
VALLEY MISSION 408 N. ARTHUR AVENUE POCATELLO, ID 83204	82-1818409	501(C)(3)	25,000.	0.			SUPPORT GENERAL OPERATIONS FOR PUBLIC PROJECTS

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	82-0425063 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES AGAINST VIOLENCE INC. PO BOX 2444 TWIN FALLS, ID 83303-2444	82-0372006	501(C)(3)	30,499.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
WAPELLO ELEMENTARY SCHOOL 195 E 350 N BLACKFOOT, ID 83221	82-6000616	501(C)(3)	10,000.	0.			DEVELOP A BEAUTIFUL AND FUNCTIONING LANDSCAPE WITH SECURE SCHOOL YARD
WARREN E. MCCAIN MIDDLE SCHOOL 400 N IOWA AVENUE PAYETTE, ID 83661		501(C)(3)	56,129.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
WASSMUTH CENTER FOR HUMAN RIGHTS 777 S 8TH STREET BOISE, ID 83702	82-0490848	501(C)(3)	11,098.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
WEST ADA EDUCATION FOUNDATION 1303 CENTRAL DRIVE MERIDIAN, ID 83642	82-0421800	501(C)(3)	13,579.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
WEST JAPAN MISSION, INC. 347 N. BUFFALO ST. WARSAW, IN 46580	83-3655954	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
WEST SIDE SCHOOL DISTRICT #202 EDUCATION FOUNDATION INC - PO BOX 39 - DAYTON, ID 83232-0039	37-1523397	501(C)(3)	107,855.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION
WEST VALLEY HUMANE SOCIETY 5801 GRAYE LANE CALDWELL, ID 83607	20-8179233	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
WILDER SCHOOL DISTRICT NO 133 419 HUFF ROAD WILDER, ID 83676	82-6003336	501(C)(3)	10,000.	0.			IDAHO COALITION FOR COMMUNITY SCHOOLS FUNDIN

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMEN FOR WOMEN INTERNATIONAL 000 M STREET NW, SUITE 200 VASHINGTON, DC 20036	52-1838756	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
OMEN'S AND CHILDREN'S ALLIANCE 20 W WASHINGTON ST OISE, ID 83702-5535	82-0204464	501(C)(3)	80,000.	0.			SUPPORT GENERAL OPERATIONS FOR SOCIAL SERVICES
OOD RIVER COMMUNITY YOUNG MEN'S THRISTIAN ASSOCIATION, INC - PO TOX 6801 - KETCHUM, ID 83340	82-0481436	501(C)(3)	9,134.	0.			SUPPORT GENERAL OPERATIONS FOR RECREATIO
OOD RIVER FIRE AND RESCUE TREFIGHTERS ASSOCIATION - 117 E ALNUT STREET - HAILEY, ID 83333	82-0537805	501(C)(3)	18,526.	0.			SUPPORT THE CHAIN OF SURVIVAL
OOD RIVER LAND TRUST 19 E BULLION ST AILEY, ID 83333-8770	82-0474191	501(C)(3)	14,750.	0.			SUPPORT GENERAL OPERATIONS FOR CONSERVATION/ENVIRONMEN
ORLD CENTRAL KITCHEN INCORPORATED 00 MASSACHUSETTS AVE NW, 7TH FLOOR NASHINGTON, DC 20001-5654	27-3521132	501(C)(3)	16,002.	0.			SUPPORT UKRAINIAN FOOD RELIEF PROJECTS
YAKIN WARRIOR FOUNDATION 249 W. BAY STREAM COURT GARDEN CITY, ID 83714	27-1674941	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATION

## Schedule I (Form 990) 2022 IDAHO COMMUNITY FOUNDATION, INC.

82-0425063

Page 2

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

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
170	455,398.	0.		
	recipients	recipients cash grant	recipients cash grant 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:

GRANT DISBURSEMENTS CAN BE REQUESTED BY AN ADVISOR OR THROUGH COMPETITIVE

GRANT PROGRAMS. REGIONAL GRANT PROGRAMS EXIST TO SUPPORT A VARIETY OF

COMMUNITY NEEDS OR FOR EDUCATIONAL SCHOLARSHIPS. REGIONAL GRANT FUNDS ARE

DETERMINED BY REGIONAL COUNCILS MADE UP OF VOLUNTEER COMMUNITY MEMBERS FROM

EACH OF THE STATE'S REGIONS. GRANT RECOMMENDATIONS MADE BY REGIONAL

COUNCILS ARE APPROVED BY THE BOARD OF DIRECTORS. DUE DILIGENCE IS CONDUCTED

TO CONFIRM AN ORGANIZATION'S ELIGIBILITY TO RECEIVE CHARITABLE GRANTS.

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SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47	
(Fo	For certain Officers, Directors, Trustees, Key Employees, and Highest			20	20		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2022			
Depa	tment of the Treasury		Open to	n to Public			
	al Revenue Service	Inspection					
Nam	e of the organization	1	Employer ic		on nui	mber	
		IDAHO COMMUNITY FOUNDATION, INC.	82-04	425063			
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	i i i i i i i i i i i i i i i i i i i					
	Travel for com						
	_	ation and gross-up payments					
		spending account Personal services (such as maid, chauffer	ir, chet)				
h	If any of the house	on line to an abacked did the exception follow a written policy recording powerst or					
b		on line 1a are checked, did the organization follow a written policy regarding payment or		46			
2		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	inustees, and onice			2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.	01110				
	X Compensation						
		compensation consultant X Compensation survey or study					
	·	ther organizations X Approval by the board or compensation of	ommittee				
			ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	•	e payment or change-of-control payment?		4a		x	
b						x	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?				X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:					
а	The organization?			. 5a		x	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	et earnings of:					
а	The organization?			. 6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
				8		x	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n <b>990</b> )	) 2022	

232111 10-18-22

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) STEVE BURNS	(i)	191,667.	0.	0.	6,000.	1,712.	199,379.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JUDY RAMOS	(i)	139,488.	0.	0.	4,303.	23,860.	167,651.	0.	
VP, FINANCE AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								

Schedule J (Form 990) 2022

Page 2

chedule J (Form 990) 2022	IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page
Part III Supplemental Informat	ion		
rovide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, a	nd for Part II. Also complete this part for any additional inform	ation.

OMB No. 1545-0047

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82-0425063

or 30.

ΖU

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Name of the organization

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

трано	COMMUNTTY	FOUNDATION	TNC
TDAILO	COMMUNITI	FOUNDATION,	THC.

Par	rt I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu			3
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	Х	26	4,372,772.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization	-	•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
					1		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the	ne initial coi	ntribution, and whi	ch isn't required to be used f	or			
	exempt purposes for the entire holding period?					30a	_	<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties o	r related or	ganizations to solic	cit, process, or sell noncash				
-	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	r for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule N	1 (Form 990) 2022	IDAHO COMMUNITY FOUNDATION, INC.		82-0425063 Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	<b>Information.</b> Provide the information require t I, column (b), the number of contributions, the nu dditional information.	d by Part I, lines 30b, 32b, and 33, an Imber of items received, or a combina	d whether the organization ation of both. Also complete
32142 09-09-;	22			Schedule M (Form 990) 2022
		71		

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	IDAHO COMMUNITY FOUNDATION, INC.	Employer 82-04	identification number 25063
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE COMM	ITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD, THE VICE		
CHAIR, THE IMMEDIA	TE PAST CHAIR (SO LONG AS HE OR SHE IS A CURRENT		
DIRECTOR), THE SEC	RETARY, AND THE TREASURER AND, AT THE DISCRETION OF THE		
CHAIR OF THE EXECU	TIVE COMMITTEE, IF BELIEVED APPROPRIATE AT THE TIME, A		
MEMBER-AT-LARGE TO	BE SELECTED BY THE CHAIR OF THE EXECUTIVE COMMITTEE,		
SUBJECT TO APPROVA	L OF A MAJORITY OF THE EXECUTIVE COMMITTEE MEMBERS.		
EXCEPT AS LIMITED	BY LAW OR IN THE ARTICLES OF INCORPORATION OR THESE		
BYLAWS, THE PURPOS	E OF THE EXECUTIVE COMMITTEE IS TO AUTHORIZE AND ACT FOR		
	REGULAR MEETINGS UPON MATTERS WHICH, IN THE JUDGMENT OF		
THE EXECUTIVE COMM	ITTEE, REQUIRE ACTION PRIOR TO THE NEXT REGULAR MEETING		
OF THE BOARD, BUT	DO NOT REQUIRE CALLING A SPECIAL MEETING OF THE BOARD.		
FORM 990, PART VI,	SECTION A, LINE 6:		
THE MEMBERSHIP OF	THE FOUNDATION SHALL CONSIST OF (I) NATURAL PERSONS WHO		
RESIDE IN IDAHO AN	D OTHER STATES OR COUNTRIES, AND (II) ORGANIZATIONS WHICH		
OPERATE IN IDAHO,	IN EACH CASE THAT CONTRIBUTE TO THE MISSION OF THE		
FOUNDATION. THE ME	MBERSHIP INCLUDES INDIVIDUALS AND ORGANIZATIONS FROM THE		
FIELDS OF EDUCATIO	N, PHILANTHROPY, COMMERCE, LABOR, BUSINESS, AND THE		
PROFESSIONS AND WH	O REPRESENT THE BROAD PUBLIC INTEREST. THE FOUNDATION		
WILL STRIVE TO MAI	NTAIN MEMBERSHIP IN ALIGNMENT WITH THE DISTRIBUTION OF		
POPULATION ACROSS	THE STATE SO THAT EACH REGION HAS EQUITABLE		
REPRESENTATION AND	OPPORTUNITY TO PARTICIPATE IN REGIONAL COUNCILS, THE		
BOARD AND OTHER AC	TIVITIES OF THE FOUNDATION. MEMBERSHIP IN THE FOUNDATION		
SHALL BE PERSONAL,	NON-TRANSFERABLE, AND SHALL NOT SURVIVE THE DEATH OF ANY		
	ISSUANCE OF MEMBERSHIP BY THE FOUNDATION CONVEYS NO eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	ule O (Form 990) 2022
232211 10-28-22			

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization IDAHO COMMUNITY FOUNDATION, INC.	Employer identification number 82-0425063
PROPERTY RIGHT TO ANY INDIVIDUAL OR ORGANIZATIONAL MEMBER. A CONTRIBUTION	
TO THE FOUNDATION SHALL NOT BE A REQUIREMENT OF MEMBERSHIP, ALTHOUGH A	
NOMINAL MEMBERSHIP DONATION, AS SET BY THE BOARD, MAY BE REQUIRED FOR THE	
PURPOSE OF ESTABLISHING MEMBERSHIP.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS ELECT MEMBERS OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY IS PROVIDED ELECTRONICALLY TO ALL DIRECTORS FOR REVIEW PRIOR TO	
BEING FILED. THE AUDIT SUBCOMMITTEE REVIEWS A DRAFT DURING A MEETING PRIOR	
TO THE REST OF THE DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, MEMBERS OF COMMITTEE,	
AND STAFF. THE BOARD, BY MAJORITY VOTE, SHALL DETERMINE WHETHER A DIRECTOR	
HAS A CONFLICT OF INTEREST AND WHETHER SUCH CONFLICTED PERSON SHOULD BE	
PRECLUDED FROM THE DISCUSSION OF OR ACTING UPON THE ISSUE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE PRESIDENT & CEO	
AND APPROVES COMPENSATION FOR ALL EMPLOYEES. THE PRESIDENT & CEO MAKES	
RECOMMENDATIONS FOR THE COMPENSATION OF ALL OTHER STAFF. OUTSIDE SOURCES	
INCLUDING SALARY SURVEYS FROM THE COUNCIL ON FOUNDATIONS AND IDAHO	
NONPROFIT CENTER ARE PROVIDED TO THE BOARD FOR COMPARISON STUDIES. THIS	
PROCESS IS PERFORMED ON AN ANNUAL BASIS AS PART OF THE ORGANIZATION'S	
BUDGET PREPARATION.	

Schedule O (Form 990) 2022		Page
Name of the organization IDAHO COMMUNITY FOUNDATIO	DN, INC.	Employer identification number 82-0425063
FORM 990, PART VI, SECTION C, LINE 19:		
THE MOST CURRENT AUDITED FINANCIAL STATEMENTS	AND IRS FORM 990 ARE	
AVAILABLE ON THE ORGANIZATION'S WEBSITE. ADDI:	TIONAL INFORMATION IS	
AVAILABLE UPON REQUEST.		
232212 10-28-22		Schedule O (Form 990) 202
	74	MUNITY FOUNDATIO A2457

SCHEDULE R	<b>Related Organizations and Unrelated Partnerships</b>	I	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.		2022
	Attach to Form 990.	I	Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organizat	ion	Employer ide	entification number
	IDAHO COMMUNITY FOUNDATION INC.	82-0425	5063

IDAHO COMMUNITY FOUNDATION, INC.

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

	I	1	1	1	I
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

## 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 Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE KISSLER FAMILY FOUNDATION - 26-0587332	SUPPORTING ORGANIZATION OF						
1125 WEST AMITY ROAD	IDAHO COMMUNITY				IDAHO COMMUNITY		
BOISE, ID 83705	FOUNDATION, INC.	IDAHO	501(C)(3)	LINE 12A, I	FOUNDATION, INC.	х	
	-						
	-						

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

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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.

		-	( ))	()	(0)	()			(1)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes		K-1 (Form 1065)	Yes I	10
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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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled ttity?
		country)						Yes	No
									$\square$

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art V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b Gift, grant, or capital contribution to related organization(s)	1b		Х
c Gift, grant, or capital contribution from related organization(s)		x	
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			Х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)			Х
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)	4		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)	A .		X
p Reimbursement paid to related organization(s) for expenses	1p		x
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		х

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE KISSLER FAMILY FOUNDATION	с	2,671,000.	CASH
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

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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)	(b)	(c)	(d)	(	e)	(f)	(g)	(	h)	(i)	(i	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501 ( org	e all rs sec. c)(3) s.?	Share of total income	Share of end-of-year assets	Disp tic alloci	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Percent jing er? owners
		country)	sections 512-514)	Yes	No	Income	assets	Yes	No	(Form 1065)	Yes NO	10
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chedule R (Form 990) 2022 IDAHO COMMUNITY FOUNDATION, INC. Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
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