** 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)

Department of the Treasury

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.

		2023 calendar year, or tax year beginning	and	ending			
			anu	citality	D F	Nover identifi	nation number
a B C	heck if oplicable				LD Emp	pioyer identific	cation number
	Addre chang Name	IDAHO COMMUNITY FOUNDATION, INC.				82-0425063	
	_chang ⊤Initial			l	1		
	_return ∏Final	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite		phone number	
	return termir				1	208)342-353	
_	ated	City or town, state or province, country, and	ZIP or foreign postal code			receipts \$	24,338,918.
	return	BOISE, ID 63/02				this a group re	
	_tion pendi	F Name and address of principal officer: 51241	BURNS		1	r subordinates	—
_		SAME AS C ABOVE			1		cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527		•	list. See instructions
	Vebsi			T		oup exemption	
		5. gameaton	sociation Other	L Year	of formati	on: 1988 N	1 State of legal domicile: ID
Pa	rt I	Summary					
ø	1	Briefly describe the organization's mission or most	significant activities: TO ENR	ICH THE Ç	UALITY	OF LIFE	
auc		THROUGHOUT IDAHO.					
Activities & Governance	2	_	ntinued its operations or dispos	sed of more	than 25%	1 1	
Š		Number of voting members of the governing body	, , ,				15
∞ ∞		Number of independent voting members of the government					15
es		Total number of individuals employed in calendar y					20
ĭ₹		Total number of volunteers (estimate if necessary)					100
Act		Total unrelated business revenue from Part VIII, co					0.
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11				0.
				_		r Year	Current Year
<u>o</u>					2	0,346,640.	12,831,744.
enc						0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,				5,724,159.	7,447,679.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)			0.	-20,561.
		Total revenue - add lines 8 through 11 (must equal				6,070,799.	20,258,862.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1	1,887,704.	11,289,824.
		Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,			0.	0.
es		Salaries, other compensation, employee benefits (F				1,609,788.	1,830,670.
Expenses		Professional fundraising fees (Part IX, column (A), I				0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line		366.			
ш		Other expenses (Part IX, column (A), lines 11a-11d,				762,502.	737,590.
		Total expenses. Add lines 13-17 (must equal Part I				4,259,994.	13,858,084.
	19	Revenue less expenses. Subtract line 18 from line	12			1,810,805.	6,400,778.
s or				Ве		f Current Year	End of Year
sset	20	, , , , , , , , , , , , , , , , , , , ,			19	9,427,714.	229,038,456.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				225,527.	273,287.
Ž:	22	Net assets or fund balances. Subtract line 21 from	line 20		19	9,202,187.	228,765,169.
	rt II	Signature Block					
		Ities of perjury, I declare that I have examined this return,					knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than office		nich preparer	nas any k	nowledge. 6/7/2	2024
		Steve Burns, President &	LEV			Date	
Sigr		Signature of office D7019FCE94F3				Date	
Her	Э	STEVE BURNS, PRESIDENT & CEO					
		Type or print name and title		J r	Date	I ALC: F	PTIN
		Print/Type preparer's name	Preparer's signature			Check if	- '
Paid			ANN SWINDELL	10	6/07/24	our umploy	
Prep		Firm's name CLIFTONLARSONALLEN LLP	4500			Firm's EIN	41-0746749
Use	Unly	Firm's address 101 S. CAPITOL BLVD., SUI	PE 1700				0) 205 6402
		BOISE, ID 83702				Phone no. (20	8) 387-6400
May	the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

		32-0425063	Page 4
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
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	Yes	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res	LA NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes," describe these changes on Schedule O.	res	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	sured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	o total oxpolicos, al	
 4а	(Code:) (Expenses \$ 11,203,549. including grants of \$ 10,560,405.) (Revenue \$ \$)
	MORE THAN 755 ORGANIZATIONS OPERATING PRIMARILY WITHIN THE STATE OF		
	IDAHO WERE THE RECIPIENTS OF GRANTS. OVER 1,500 INDIVIDUAL GRANTS WERE		
	AWARDED TO PROVIDE SUPPORT FOR GENERAL OPERATIONS AND SPECIFIC		
	PROJECTS. OF THESE ALMOST 470 WERE AWARDED FOR EDUCATIONAL AND ECONOMIC		
	OPPORTUNITIES, OVER 350 FOR HEALTH AND WELLNESS, OVER 230 FOR COMMUNITY		
	BENEFIT, OVER 210 FOR HOUSING STABILITY, ALMOST 180 FOR ARTS AND		
	CULTURE AND ALMOST 90 FOR ENVIRONMENT AND ANIMAL WELFARE.		
4b	(Code:) (Expenses \$)
	178 EDUCATIONAL SCHOLARSHIPS TOTALING \$509,303 WERE PROVIDED DIRECTLY		
	TO EDUCATIONAL INSTITUTIONS FOR THE BENEFIT OF SPECIFIC INDIVIDUALS.		
	THESE SCHOLARSHIPS WERE AWARDED THROUGH COMPETITIVE PROGRAMS. AN		
	ADDITIONAL \$220,116 WAS GRANTED TO INSTITUTIONS TO PROVIDE SCHOLARSHIPS		
	TO THEIR STUDENTS AS DETERMINED THROUGH THEIR OWN SCHOLARSHIP PROGRAMS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4-1	Other presumes any image (December on Cabarlula O.)		
4d	Other program services (Describe on Schedule O.)	V	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 11,977,679.		
4e	Total program service expenses 11,977,679.	Earm C	990 (2023)
		1 01111 9	(2023)

IDAHO COMMUNITY FOUNDATION, INC. 82-0425063 <u> Page</u> **3** Form 990 (2023) Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2023)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

82-0425063

Pal	Crecklist 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			$\overline{}$
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
		240		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١.,		
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		202		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
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	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	├
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	х	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		\vdash
55		36		X
27	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	30		
37	• .			x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Da	Note: All Form 990 filers are required to complete Schedule 0	38	Х	Щ_
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	¥ 12-21-23	Form	990	(2023)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 2 29 2	Pai	Statements Regarding Other IRS Fillings and Tax Compliance (continued)								
be that least one is reported on line 2a, dit the organization file all regular deseral employment tax returns? 32				Yes	No					
b if all east one is reported on line 2a, did the organization file all required federal employment tax returns?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Sa		filed for the calendar year ending with or within the year covered by this return 2a 20								
b If "Yes," that it filled a Form 1980 T for this year? If "No" to line 30, provide an explaination on Schedule O 4a 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 freeling country (such as a bank account, securities account, or other financial accounts? 5b If "Yes," either the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5a Was the organization as party to a prohibited tax shelter transaction? 5b If "Yes," did the sognization file Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b If "Yes," did the organization file Form 1888-17 6c If "Yes," to line Sa or 5b, did the organization file Form 1888-17 6d Does the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization receive an apyment in excess of \$15 make party as a contribution and party for goods and services provided? 7c Did the organization receive an apyment in excess of \$15 make party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Z d 8f Yes, "indicate the number of Forms 8282 filed during the year 9 Did the sponsoring organization services and contribution of causified intellectual property, did the	b		2b	Х						
4a 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, securise account, or other financial accounts ("BAR). 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 Accounts ("BAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes" in the fact of St, did the organization that it was read to a party to a prohibited tax shelter transaction? 5c If "Yes" in the fact of St, did the organization in the Form 888-17. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6b If "Yes," indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7c Organization received a payment in excess of \$76 made partly as a contribution of any and partly for goods and services provided to the payor? 7c Organization received a contribution of the value of the goods or services provided? 7c If If Yes," indicate the number of forms 8622 filed during the year 9c Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7c Z X 7d If the organization received a contribution of across, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring			3a		X					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," eith the hame of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxobile party notify the organization that it was or is a party to a prohibitod tax shelter transaction? 6b Z 6 If "Yes," to line Sa or Sb, did the organization file Form 8888-77 6c If "Yes," to line Sa or Sb, did the organization file Form 8888-77 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a form 1098-07 7 Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a form 1098-07 7 Did the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Did the sponsoring organization make a dis	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
b if "Yes," enter the name of the foreign country Sa was the organization and price of period by the organization foreign and the was or is a party to a prohibited tax shetter transaction at any time during the tax year? Sa Was the organization and the organization that it was or is a party to a prohibited tax shetter transaction? Sb Z if "Yes" to lie Sa or 5b, did the organization the forem 8886.7 Sc C if "Yes" to lie Sa or 5b, did the organization the organization the forem 8886.7 Sc C if "Yes" to lie Sa or 5b, did the organization the organization the forem 8886.7 Sc C if "Yes" did the organization in the organization that was not tax deductibles of scharable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charables contributions and party for goods and services provided to the party. 7 Organizations that may receive deductible combibutions under section 170(c). a bit the organization notify the donor only the donor only the donor only the organization and party for goods and services provided? 7 If I "Yes," indicate the number of Forms 8282 filed during the year. 10 If the organization received a contribution of qualified intellectual property, did the organization foreign to goods or services provided? 11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 If I the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 13 Section 501(c)(12) organizations make any taxabel distributions under section 4966? 14 Section 501(c)(12) organizations make any taxabel distributions under section 4966? 15 Section 501(c)(12) organizations because a distribution to a donor, donor advised fund maintained by the sponsoring organization make and distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxabel distributions und	4a									
See instructions for filing requirements for FincRH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X 5c I "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c C I "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c C I "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c C I was a second to the organization and second to the s		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	b	• • • • • • • • • • • • • • • • • • • •								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886-17 8 Does the organization have annual gross recipits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If "Yes," did the organization include with every solicitation and express statement that such contributions or gitts were not tax deductible? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," did the organization on the value of the goods or services provided? 11 If yes, "did the organization on the value of the goods or services provided? 12 If Yes," did the organization on the value of the goods or services provided? 13 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 14 If yes, and the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 15 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 16 If the organization maniataning donor advised funds. 17 If yes, and the organization maniataning donor advised funds. 18 John the organization in a maniataning donor advised funds. 19 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Gross recome from members or shareholders 11 Je Gross recome from members or shareholders 11 Je Gross recome from members or shareholders 10 Gross income from met		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
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Form **990** (2023)

IDAHO COMMUNITY FOUNDATION, INC. Form 990 (2023)

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b 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? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

JUDITH RAMOS - (208)342-3535 210 WEST STATE STREET, BOISE, ID 83702

State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

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Form 990 (2023) IDAHO COMMUNITY FOUNDATION, INC. 82-0425063 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Cei ai		II ecto	i / ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001120,	and related
	below	idual	tution	ъ.	Key employee	est co loyee	Je.	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) STEVE BURNS	40.00	1								
PRESIDENT & CEO	1.00			Х				212,000.	0.	8,658.
(2) JUDY RAMOS	40.00	1								
VP, FINANCE & OPS	1.00			Х				150,518.	0.	28,974.
(3) CANDI ALLPHIN	1.00	1								
PAST CHAIR		Х		Х				0.	0.	0.
(4) MARY JO AMBROSIANI	1.00	1								
DIRECTOR		Х						0.	0.	0.
(5) CURRY ANDREWS	1.00	1								
DIRECTOR		Х						0.	0.	0.
(6) STEVE CARR	1.00	1								
DIRECTOR		Х						0.	0.	0.
(7) FRANCES ELLSWORTH	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) RON GALLEGOS	1.00	1								
DIRECTOR		Х						0.	0.	0.
(9) TIM HAMILTON	1.00	1								
TREASURER		Х		Х				0.	0.	0.
(10) GEORGE JUETTEN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) TOM KILLINGSWORTH	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) KEVIN KING	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(13) DAN KLOCKO	1.00	ł								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) LORI MCCANN	1.00	∤							_	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) ERIN NUXOLL	1.00	١,,								0
DIRECTOR	1 00	Х						0.	0.	0.
(16) DOUG OPPENHEIMER	1.00	-		ļ "						_
CHAIR (17) DANIELLE QUADE	1 00	Х		Х		-		0.	0.	0.
· · ·	1.00	↓							_	^
DIRECTOR	<u> </u>	Х		<u> </u>			<u> </u>	0.	0.	0.

Form 990 (2023)

82-0425063

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Part VII Section A. Officers, Directors, True	ustees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not check more th						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DEBRA RIEDEL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) HEIDI ROGERS SECRETARY	1.00	x		х				0.	0.	0.
(20) J. WALT SINCLAIR	1.00									
/ICE CHAIR		х		х				0.	0.	0.
(21) MARY VAGNER	1.00									
DIRECTOR		Х						0.	0.	0.
(22) STEPHEN WEEG	1.00									
MEMBER AT LARGE		Х		Х				0.	0.	0.
		1								
1b Subtotal			I		_	·	362,518.	0.	37,632.	
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								362,518.	0.	37,632.
2 Total number of individuals (including but								ceived more than \$100.	000 of reportable	

compensation from the organization

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to those listed		

Form **990** (2023)

Form 990 (2023) IDAHO COMM

IDAHO COMMUNITY FOUNDATION, INC.

82-0425063

Page 9

Pai	LV	Ш	_								
			Check if Schedule O	conta	ains a r	response	or note to any	line in this Part VIII . (A)	(B)	(C)	
								Total revenue	Related or exempt		Revenue excluded
								Total Tovolido	function revenue	business revenue	from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						1a		_			
3ra Iou			Membership dues			1b	57,81				
s, (Am			Fundraising events			1c	33,73	_			
a Gif		d	Related organizations			1d	644,00	<u>8.</u>			
S, imi			Government grants (contr			1e		_			
tio S		f	All other contributions, gifts,	grant	s, and						
ibu the			similar amounts not included	abov	е	1f	12,096,19				
dat		g	Noncash contributions included in	lines 1	a-1f	1g \$	3,505,01				
<u>ठ</u> ह		h	Total. Add lines 1a-1f					12,831,744.			
							Business Cod	le			
e	2	а									
e Ķ		b									
Sch		С									
ran }ev		d									
Program Service Revenue		е									
<u>-</u>		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (include	•			•				
			other similar amounts)					4,364,393.	•		4,364,393.
	4 Income from investment of tax-exempt bond pro-		proceeds								
	5		Royalties								
					(i)	Real	(ii) Persona				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of			ecurities	(ii) Other	_			
			assets other than inventory	7a	7,1	02,217	•	_			
		b	Less: cost or other basis								
ne			and sales expenses	7b	4,0	18,931	•	_			
Revenue			Gain or (loss)								
			Net gain or (loss)					3,083,286.			3,083,286.
the	8	а	Gross income from fundraising								
₽			including \$			·					
			contributions reported on		-		10.56				
			Part IV, line 18				_				
			Less: direct expenses				61,12				20 561
			Net income or (loss) from		•						-20,561.
	9	а	Gross income from gamin								
			Part IV, line 19					_			
			Less: direct expenses				0				
			Net income or (loss) from				······				
	10	а	Gross sales of inventory, I								
			and allowances					_			
			Less: cost of goods sold				•				
-		С	Net income or (loss) from	sales	ot inv	entory		.			
ပ္ခ							Business Cod	ie			
Miscellaneous Revenue	11							1	1	+	
llan		b								+	
sce Re		C C	All other receives					1		1	
Ξ̈́			All other revenue								
		е	Total rayanua Con instruction						0.	0.	7 /27 119
	12		Total revenue. See instruction	JIIS				. 40,430,002.	· i	1	7,427,118.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,780,521.	10,780,521.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	509,303.	509,303.		
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,	401 000	44 221	246 100	110 570
	trustees, and key employees	401,000.	44,231.	246,190.	110,579
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,101,737.	218,875.	550 115	222 747
7	Other salaries and wages	1,101,/3/.	210,0/3.	550,115.	332,747
8	Pension plan accruals and contributions (include	30,384.	6,526.	14,005.	9,853
0	section 401(k) and 403(b) employer contributions)	183,509.	27,848.	99,605.	56,056
9	Other employee benefits	114,040.	19,969.	61,533.	32,538
10 11	Payroll taxes Fees for services (nonemployees):	114,040.	19,909.	01,333.	32,330
	` ' ' '				
a b	Management	2,508.		2,508.	
	Legal	30,019.		30,019.	
		,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	205,168.	202,552.	2,616.	
	Other. (If line 11g amount exceeds 10% of line 25,			- /	
9	column (A), amount, list line 11g expenses on Sch O.)	3,320.	3,320.		
12	Advertising and promotion	62,181.	10,567.	16,946.	34,668
13	Office expenses	44,724.	16,903.	17,090.	10,731
14	Information technology	142,825.	36,337.	70,167.	36,321
15	Royalties	,	,	,	,
16	Occupancy	11,315.	2,729.	5,657.	2,929
17	Travel	72,113.	16,507.	24,448.	31,158
18	Payments of travel or entertainment expenses	·	·	,	·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,536.	8,571.	13,863.	9,102
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,956.	8,431.	17,478.	9,047
23	Insurance	63,280.	50,983.	8,103.	4,194
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 O.)				
а	MISCELLANEOUS EXPENSES	33,539.	13,774.	12,322.	7,443
b	PROMISE TO GIVE RECOV.	106.	-268.	374.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,858,084.	11,977,679.	1,193,039.	687,366
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)				

Form **990** (2023)

Form 990 (2023) IDAHO CO

Pai	rt X	Balance Sheet							
		Check if Schedule O contains a response or	note to any lin	e in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			421,851.	1	550,285.		
	2	Savings and temporary cash investments		9,560,100.	2	11,510,268.			
	3	Pledges and grants receivable, net			61,982.	3	8,700.		
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any currer							
		trustee, key employee, creator or founder, su							
		controlled entity or family member of any of	controlled entity or family member of any of these persons						
	6	Loans and other receivables from other disq	ualified person						
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6			
S.	7	Notes and loans receivable, net			124,488.	7	103,967		
Assets	8	Inventories for sale or use				8			
As	9	Duran side as an area and defermed also as an			78,785.	9	34,607		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	1,079,790.					
	b	Less: accumulated depreciation		543,021.	571,726.	10c	536,769		
	11	Investments - publicly traded securities			188,111,392.	11	215,778,911		
	12	Investments - other securities. See Part IV, li				12			
	13	Investments - program-related. See Part IV, li		316,905.	13	350,920			
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			180,485.	15	164,029		
	16	Total assets. Add lines 1 through 15 (must e			199,427,714.	16	229,038,456		
	17	Accounts payable and accrued expenses	225,527.	17	273,287				
	18	Grants payable		18					
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Comple				21			
ģ	22	Loans and other payables to any current or f	ormer officer,	director,					
<u> </u>		trustee, key employee, creator or founder, su	ıbstantial cont	ributor, or 35%					
Liabilities		controlled entity or family member of any of	these persons			22			
5	23	Secured mortgages and notes payable to un		23					
	24	Unsecured notes and loans payable to unrela	ated third parti	ies		24			
	25	Other liabilities (including federal income tax	, payables to re	elated third					
		parties, and other liabilities not included on I	ines 17-24). Co	omplete Part X					
		of Schedule D		25					
	26	Total liabilities. Add lines 17 through 25			225,527.	26	273,287		
		Organizations that follow FASB ASC 958,	check here	X					
ces		and complete lines 27, 28, 32, and 33.							
<u>a</u>	27	Net assets without donor restrictions			199,015,717.	27	228,652,502		
Ba	28	Net assets with donor restrictions	186,470.	28	112,667				
<u>n</u>		Organizations that do not follow FASB AS	C 958, check	here					
Ę		and complete lines 29 through 33.							
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29			
set	30	Paid-in or capital surplus, or land, building, o	r equipment fu	ınd		30			
As	31	Retained earnings, endowment, accumulated	d income, or o	ther funds		31			
Ser E	32	Total net assets or fund balances			199,202,187.	32	228,765,169		
_	33	Total liabilities and net assets/fund balances			199,427,714.	33	229,038,456		

Form **990** (2023)

Page **11**

Form	990 (2023) IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Pa	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2	0,258,	862.
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	3,858,	084.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,400,	778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 19	9,202,	187.
5	Net unrealized gains (losses) on investments	5 2	3,162,	204.
6	Donated services and use of facilities	6		
	Investment expenses	7		
		8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	= (-)/	10 22	8,765,	169.
Par	t 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?	2	3	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n 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?	2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,		
	review, or compilation of its financial statements and selection of an independent accountant?	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	ule O.		
За	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?	38	3	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	31	. [

332012 12-21-23

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** IDAHO COMMUNITY FOUNDATION INC. 82-0425063 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

82-0425063

Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	` , ,	
	membership fees received. (Do not						
	include any "unusual grants.")	13,390,461.	15,856,918.	16,715,079.	20,346,640.	12,831,744.	79,140,842.
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	13,390,461.	15,856,918.	16,715,079.	20,346,640.	12,831,744.	79,140,842.
	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)						12,263,533.
6	Public support. Subtract line 5 from line 4.						66,877,309.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	13,390,461.	15,856,918.	16,715,079.	20,346,640.	12,831,744.	79,140,842.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,388,637.	2,570,865.	2,967,276.	3,253,369.	4,364,393.	15,544,540.
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.)						
11	Total support. Add lines 7 through 10						94,685,382.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	40,564.
	First 5 years. If the Form 990 is for th	•		ourth. or fifth tax v	ear as a section 5		· ·
	organization, check this box and stop		, , , , , , , , , , , , , , , , , , , ,	, ,			
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	70.63 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	73.35 %
	33 1/3% support test - 2023. If the c					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	-	•				
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-		• • •		
	<u> </u>		,	. , ,			Form 990) 2023

Schedule A (Form 990) 2023

Part III | Support Schedule for Organizations 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.)

qualify under the tests listed lagrange Section A. Public Support	<u>below, please comp</u>	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(,	(-,	(5) = 5 = 5	(,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
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						
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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_		_		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organizatio	on,
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve					 	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 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.)

No Yes 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

Sche	edule A (Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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 ormore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ordirectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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 ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instruction	s).	
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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IVos II describe in Part VI the vale played by the experimetion in this regard	3h		1

Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC.			82-0425063 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	ections 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		
с	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-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

IDAHO COMMUNITY FOUNDATION, INC. 82-0425063 Schedule A (Form 990) 2023 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019

Schedule A (Form 990) 2023

b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A	(Form 990) 2023	IDAHO (COMMUNITY	FOUNDATION,	INC.		82-0425063	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, , lines 2 and	4b, 4c, 5a, ⊦3; Part IV, \$	6, 9a, 9b, 9c, 11 Section E, lines ⁻	a, 11b, and 11c; Part IV, Ic, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 ai art V, line 1; Part V, 9	nd 2; Part IV, Sectio Section B, line 1e; P	n C,

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

IDAHO COMMUNITY FOUNDATION, INC. 82-0425063									
Organization type (check one):									
Filers of:	Filers of: Section:								
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.							
General Rule									
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's								
Special Rules									
sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fine 1. Complete Parts I and II.	d that received from any one							
contributor, during t	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.								
year, contributions of is checked, enter he purpose. Don't com	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								
answer "No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	• •							

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

Schedule B (Form 990) (2023)

lame of o	B (Form 990) (2023) rganization		Page Employer identification number
DAHO CC	MMUNITY FOUNDATION, INC.		82-0425063
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$\$	Person X Payroll

(a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 Х Person Payroll Х 601,162. Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
6		\$1,303,255.	Person X Payroll Noncash (Complete Part II for		

323452 12-26-23

Schedule B (Form 990) (2023) Page **2**

Name of or	rganization		Employer identification number
IDAHO CO	MMUNITY FOUNDATION, INC.		82-0425063
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$1,368,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$501,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
9		\$644,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
.101	Tallo, addi 600, and 24 TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

IDAHO COMMUNITY FOUNDATION, INC.

82-0425063

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	VARIOUS STOCKS						
3							
		\$					
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
raiti	VARIOUS STOCKS						
5	VINIOUS SIGCES						
		\$\$	12/04/23				
(a)		(-)					
No.	(b)	(c) FMV (or estimate)	(d)				
from	Description of noncash property given	(See instructions.)	Date received				
Part I							
		 _{\$}					
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
Parti							
	-						
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
Parti							
							
							
		\$					
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
гант							
							
							
		\$					

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** IDAHO COMMUNITY FOUNDATION, INC. 82 - 0425063Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

TDAHO COMMUNITY FOUNDATION INC.

Employer identification number

82-0425063

Par		d Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advise	d funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advise	233	105
1 2	Total number at end of year	1,161,295.		
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)		9,078,461. 6,454,182.	1,140,382.
4	Aggregate value at end of year		96,605,918.	34,000,842.
5	Did the organization inform all donors and donor advisors in v			
_	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		
Par		ganization answered "Yes	s" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ution in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the orga	nization during the tax
_	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			□ v □ N.
6	violations, and enforcement of the conservation easements it		d onforcing concernat	
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, an	d emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcina conservation e	asements during the year
	3, 1 3,	3	3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements th	hat describes the
	organization's accounting for conservation easements.			
Par			asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
.=				
2	If the organization received or held works of art, historical trea	,	•	, provide
	the following amounts required to be reported under FASB AS			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

Sche	dale B (1 61111 666) 2626	NITY FOUNDATION	<i>'</i>			82-04			age 2
Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Sim	ilar Asset	S (contil	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significa	ant use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						t XIII.		
5	During the year, did the organization solicit or		•	*			٦.,		٦
Dar	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	answered "Yes" o	n Form s	990, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodia		iany for contribution	s or other assets n	ot includ	lod			
Id		•	•			_	Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					∟	163		_ INO
D	ii 103, explain the arrangement iii are xiii a	and complete the for	owing table.				Amoun	t	
С	Beginning balance					lc			
	Additions during the year				—	ld			
	Distributions during the year					le			
	Ending balance					1f			
	Did the organization include an amount on Fo				bility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	orovided in Part XII	I]
Par	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years back	(e) Fou	r years	back
1a	Beginning of year balance	161,654,470.	190,947,490.	161,112,746	. 14	9,270,446	. 123	,882,	442.
b	Contributions	4,703,353.	9,358,547.	4,997,848		3,836,701	5,808,01		
С	Net investment earnings, gains, and losses	26,673,512.	-31,772,523.	32,208,796	. 1	4,874,742			
d	Grants or scholarships	5,688,748.	5,140,140.	4,883,431	•	4,962,119	. 4	,369,	816.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	1,969,831.	1,738,904.	2,488,469		1,907,024			716.
g	End of year balance	185,372,756.	161,654,470.	190,947,490	. 16	1,112,746	. 149	,270,	446.
2	Provide the estimated percentage of the curre	•) held as:					
	Board designated or quasi-endowment	99.9400	_%						
b	Permanent endowment	%							
С	Term endowment								
20	, ,	•	tion that are hold an	d administered for	tho.				
Sa	Are there endowment funds not in the posses organization by:	ssion of the organiza	lion that are nelu an	ia administerea for	ше			Yes	No
	(i) Unrelated organizations?						3a(i)		X
	and the second s								х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10) .			
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumi	ulated	(d) Boo	k valu	<u>——</u>
	,	basis (investm	nent) basis ((other)	deprecia	tion			
1a	Land			175,700.				175,	700.
b	Buildings			831,289.	4	70,220.		361,	069.
С	Leasehold improvements								
d	Equipment			72,801.		72,801.			0.
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part)	K. line 10c. column	(B))				536,	769.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Schedule D (Forn				82-042	25063 Page 4
	conciliation of Revenue per Audited Financial S		Revenue per Re	turn	
	nplete if the organization answered "Yes" on Form 990, Part IV				37,305,176.
	ue, gains, and other support per audited financial statements			1	37,303,170.
	cluded on line 1 but not on Form 990, Part VIII, line 12: zed gains (losses) on investments	2a	19,386,468.		
	ervices and use of facilities		25,000,200.	-	
	of prior year grants			-	
	cribe in Part XIII.)			-	
e Add lines 2				2e	19,386,468.
	a through 2de 2e from line 1			3	17,918,708.
	cluded on Form 990, Part VIII, line 12, but not on line 1:				
	expenses not included on Form 990, Part VIII, line 7b	4a	169,683.		
	cribe in Part XIII.)		2,170,471.		
c Add lines 4				4c	2,340,154.
	ue. Add lines 3 and 4c. (This must equal Form 990, Part I. line			5	20,258,862.
Part XII Red	conciliation of Expenses per Audited Financial S	Statements With	Expenses per F		, , ,
	pplete if the organization answered "Yes" on Form 990, Part IV				
	nses and losses per audited financial statements			1	12,573,659.
	icluded on line 1 but not on Form 990, Part IX, line 25:				
	ervices and use of facilities	2a			
	djustments				
	es				
	cribe in Part XIII.)				
,	a through 2d			2e	0.
	ne 2e from line 1			3	12,573,659.
	cluded on Form 990, Part IX, line 25, but not on line 1:				
	expenses not included on Form 990, Part VIII, line 7b	4a	205,168.		
	cribe in Part XIII.)		1,079,257.		
c Add lines 4		· · · · · · · · · · · · · · · · · · ·		4c	1,284,425.
	nses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	13,858,084.
	oplemental Information	e 10.j			, ,
	riptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4 [.] Part IV lines 1b	and 2h: Part V line 4	· Part X li	ne 2· Part XI
	and Part XII, lines 2d and 4b. Also complete this part to provide			, 1 (11 77, 11	110 2, 1 411 711,
mios za ana is, c	ind that this interest and the transfer of the part to provide	o arry additional inform	nation.		
PART V, LINE	4:				
THE ENDOWMENT	FUNDS CONSIST OF OVER 500 INDIVIDUAL FUNDS E	STABLISHED BY			
DONORS TO PRO	VIDE ANNUAL FUNDING FOR SPECIFIC ACTIVITIES A	ND GENERAL			
OPERATIONS (T	THE ENDOWMENT). THE ENDOWMENT ALSO INCLUDES CE	RTAIN			
UNRESTRICTED	NET ASSETS DESIGNATED FOR ENDOWMENT BY THE BOX	ARD. NET ASSETS			
ASSOCIATED WI	TH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED	D BASED ON THE			
EXISTENCE OR	ABSENCE OF DONOR-IMPOSED RESTRICTIONS.				
PART X, LINE	2:				
ICF IS ORGANI	ZED AS AN IDAHO NONPROFIT CORPORATION AND HAS	BEEN RECOGNIZED	1		
BY THE INTERN	AL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERA	AL INCOME TAXES			
UNDER SECTION	501(A) OF THE INTERNAL REVENUE CODE AS AN ORG	GANIZATION			
332054 09-28-23				Schedule	e D (Form 990) 2023

Schedule D (Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page 5
Part XIII Supplemental Information (continued)		
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 REV./FUNDRAISING EXP. REPORTED IN REV. FOR TAX		
PURPOSE 2,170,471.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
AGENCY EXP. REPORTED IN EXP./FUNDRAISING EXP. NETTED IN		
REV. FOR TAX PURPOSE 1,079,257.		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

IDAHO COMM	UNITY FOUNDATION, INC.				82-042506	53			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Plot of "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
3 List all states in which the organization	n is registered or licensed to solicit o				it is exempt from re	egistration			
or licensing.									

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

Schedule G (Form 990) 2023

DocuSign Envelope ID: 98FB18D5-D316-406C-8C0A-5DCB5D6F2FDF IDAHO COMMUNITY FOUNDATION, INC. Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through RECEPTIONS col. (c)) (event type) (total number) (event type) 74,299 74,299. 1 Gross receipts 2 Less: Contributions 33,735 33,735. **3** Gross income (line 1 minus line 2) 40,564 40,564. 4 Cash prizes 5 Noncash prizes Direct Expenses 7,264. 7,264. 6 Rent/facility costs 40,130. 40,130. 7 Food and beverages 2,000. 2,000. 8 Entertainment 11,731. 11,731. 9 Other direct expenses 61,125. **10** Direct expense summary. Add lines 4 through 9 in column (d) -20,561. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No

а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Yes	□ No
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	☐ No
	Too, explain.		

332082 09-13-23

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC.	32-04	25063		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			'es	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	L	100		
•	Enter the harro and address of the person who propares the organization organization organization of				
	Name				
	- Traine				
	Address				
	Auditos				
150	Does the examination have a contract with a third party from whom the examination receives gaming revenue?			'es	No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		·	CS	140
L	If IIVes II anter the amount of gaming revenue received by the avacrization				
b	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization of gaming received by t	ıı			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	'es	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
	organization's own exempt activities during the tax year \$				
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part	III, line	s 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_				_	

Cinedus G (Form 990) IDANO COMMUNITY FOUNDATION, INC. 32-0425063 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990) IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page 4
	Part IV	Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization IDAHO COMMUNIT	Y FOUNDATION	INC.					Employer identification number 82-0425063
Part I General Information on Grants ar		,					_
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's propert II Grants and Other Assistance to II	tance? cedures for monit Domestic Organia	oring the use of grant zations and Domestic	funds in the United	States. omplete if the organic			X Yes No
recipient that received more than \$ 1 (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 noncash assistance	(h) Purpose of grant or assistance
ADVOCATES AGAINST FAMILY VIOLENCE, INC PO BOX 1496 - CALDWELL, ID 83606-1496	14-1866709	501(C)(3)	23,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
ADVOCATES FOR SURVIVORS OF DOMESTIC VIOLENCE INCORPORATED - PO BOX 3216 - HAILEY, ID 83333-3216	94-3162848	501(C)(3)	66,350.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
ADVOCATES FOR THE WEST, INC. PO BOX 1612 BOISE, ID 83701-1612	06-1654062	501(C)(3)	10,547.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE
AMERICAN HEART ASSOCIATION DES MOINES - PO BOX 4002030 - DES MOINES, IA 50340-2030	13-5613797	501(C)(3)	8,000.	0.			SUPPORT THE AMERICAN HEART CHALLENGE AT TIMBERLINE HIGH SCHOOL
AMERICAN RED CROSS - GREATER IDAHO CHAPTER - 5380 W FRANKLIN RD - BOISE, ID 83705-1191	53-0196605	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
ARBON ELEMENTARY SCHOOL DISTRICT 4405 ARBON VALLEY HIGHWAY ARBON, ID 83212-5021	82-6003195		12,000.	0.			IMPROVE THE PLAYGROUND AND OUTDOOR AREA
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							

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

Schedule I (Form 990) 2023

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

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
ARCH COMMUNITY HOUSING TRUST							SUPPORT WORKFORCE HOUSING
PO BOX 1292							DEVELOPMENT AND GENERAL
KETCHUM, ID 83340-1261	75-3167069	501(C)(3)	261,600.	0.			OPERATIONS
ARTISANS4HOPE							SUPPORT GENERAL
P.O. BOX 8731							OPERATIONS AND THE
BOISE, ID 83707-2731	27-1009770	501(C)(3)	5,750.	0.			PURCHASE OF MATERIALS
			,,,,,,,				SUPPORT GENERAL
ASSISTANCE LEAGUE OF BOISE, INC.							OPERATIONS FOR
PO BOX 140104							EDUCATIONAL AND ECONOMIC
BOISE, ID 83714-0104	82-0331595	501(C)(3)	27,252.	0.			OPPORTUNITIES
,			,				
AVERY SCHOOL DISTRICT #394							SUPPORT OPERATIONS AND
PO BOX 7							THE ESTABLISHMENT OF A
AVERY, ID 83802-0007	82-6001332	GOVERNMENT	30,000.	0.			PRESCHOOL PROGRAM
							SUPPORT BALLET
BALLET IDAHO, INC.							PERFORMANCES AND
501 S. 8TH ST.							OPERATIONS FOR ARTS AND
BOISE, ID 83702	82-0301511	501(C)(3)	80,655.	0.			CULTURE
BANNOCK YOUTH FOUNDATION							SUPPORT GENERAL
PO BOX 246							OPERATIONS FOR HOUSING
POCATELLO, ID 83204-0246	82-0352041	501(C)(3)	10,626.	0.			STABILITY
BENEVOLENT & PROTECTIVE ORDER OF							
ELKS-SALMON ELK LODGE #1620 - 901							SUPPORT GENERAL
LOMBARD STREET - SALMON, ID							OPERATIONS FOR COMMUNITY
83467-5290	82-0165018	501(C)(8)	6,570.	0.			BENEFIT
BIG BROTHERS BIG SISTERS OF							SUPPORT GENERAL
SOUTHWEST IDAHO INC 7609 W	00 0040404	E01/G)/3\	45.000	•			OPERATIONS FOR COMMUNITY
EMERALD ST - BOISE, ID 83704	82-0349401	DUI(C)(3)	15,000.	0.			BENEFIT
BINGHAM CRISIS CENTER FOR WOMEN							SUPPORT GENERAL
INC - 288 N. SHILLING AVENUE -							OPERATIONS FOR HEALTH AND
BLACKFOOT, ID 83221-2332	82-0367425	501(C)(3)	12,000.	0.			WELLNESS

Schedule I (Form 990)

82-0425063

Page 1

Part II Continuation of Grants and Other A	Assistance to Do		s and Domestic Go	vernments (Sch	edule I (Form 990) Pa	rt II)	02-0423003 Page 1
(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
BLAINE COUNTY CHARITABLE FUND INC. PO BOX 265 HAILEY, ID 83333-0201	84-5158057	501(C)(3)	37,386.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
BLAINE COUNTY HUNGER COALITION INC 110 HONEYSUCKLE ST - BELLEVUE, ID 83313-5095	72-1582755	501(C)(3)	25,133.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BLAINE COUNTY RECREATION DISTRICT 1050 FOX ACRES ROAD, STE 107 HAILEY, ID 83333-0020	82-0336498	GOVERNMENT	24,950.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BLAINE COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION - PO BOX 253 - HAILEY, ID 83333-0201	94-3166817	501(C)(3)	75,283.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
BLAINE COUNTY SENIORS' COUNCIL INC PO BOX 28 - HAILEY, ID 83333-0001	82-0315917	501(C)(3)	71,421.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BLAINE COUNTY SHERIFF SEARCH AND RESCUE - 1650 AVIATION DRIVE - HAILEY, ID 83333-4940		GOVERNMENT	5,250.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
BOGUS BASIN RECREATIONAL ASSOCIATION INC 2600 BOGUS BASIN RD - BOISE, ID 83702-0908	82-0212207	501(C)(3)	5,610.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BOISE ART MUSEUM INCORPORATED 670 JULIA DAVIS DR BOISE, ID 83702-7646	82-0256187	501(C)(3)	18,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
BOISE BAROQUE INC. 1020 W MAIN ST BOISE, ID 83702	04-3731037	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE

82-0425063

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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
BOISE BICYCLE PROJECT INC.							SUPPORT GENERAL
1027 S LUSK ST							OPERATIONS FOR HEALTH AND
BOISE, ID 83706-2832	80-0268725	501(C)(3)	5,750.	0.			WELLNESS
,			,				
BOISE CONTEMPORARY THEATER INC.							SUPPORT GENERAL
854 W FULTON ST							OPERATIONS FOR ARTS AND
BOISE, ID 83702-7127	82-0508146	501(C)(3)	12,000.	0.			CULTURE
BOISE PHILHARMONIC ASSOCIATION,							SUPPORT GENERAL
INC 516 SOUTH 9TH ST - BOISE,							OPERATIONS FOR ARTS AND
ID 83702-7164	82-6006000	501(C)(3)	178,584.	0.			CULTURE
BOISE PHILHARMONIC FOUNDATION							
516 S 9TH ST							SUPPORT THE BOISE
BOISE, ID 83702-7164	82-0528616	E01/G\/3\	97,970.	0.			PHILHARMONIC ASSOCIATION
BOISE, ID 03/02-/104	02-0320010	501(0/(5/	31,310.	0.			FHIDHARMONIC ASSOCIATION
BOISE POLICE DEPARTMENT							SUPPORT GENERAL
333 N SAILFISH PLACE							OPERATIONS FOR COMMUNITY
BOISE, ID 83704	82-6000165	GOVERNMENT	6,635.	0.			BENEFIT
,			,,,,,,				SUPPORT GENERAL
BOISE PUBLIC SCHOOLS EDUCATION							OPERATIONS FOR
FOUNDATION, INC - 8169 W VICTORY							EDUCATIONAL AND ECONOMIC
RD - BOISE, ID 83709-4164	82-0400689	501(C)(3)	149,821.	0.			OPPORTUNITIES
BOISE RESCUE MISSION							SUPPORT GENERAL
308 S 24TH ST							OPERATIONS FOR HOUSING
BOISE, ID 83702	82-0259387	501(C)(3)	101,307.	0.			STABILITY
							SUPPORT GENERAL
BOISE STATE UNIVERSITY FOUNDATION							OPERATIONS FOR
INC 2225 UNIVERSITY DRIVE -							EDUCATIONAL AND ECONOMIC
BOISE, ID 83706-3028	82-6010706	501(C)(3)	101,999.	0.			OPPORTUNITIES
							SUPPORT GENERAL
BOISE URBAN GARDEN SCHOOL							OPERATIONS FOR
2995 N FIVE MILE RD							EDUCATIONAL AND ECONOMIC
BOISE, ID 83713	75-3139866	501(C)(3)	8,000.	0.			OPPORTUNITIES

Part II Continuation of Grants and Other			and Domestic Go	overnments (Sch	edule I (Form 990). Pa	rt II.)	02-0423003 Page 1
(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
BOISE VALLEY HABITAT FOR HUMANITY INC PO BOX 6571 - BOISE, ID 83707-6571	82-0438429	501(C)(3)	5,600.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
BONNER COMMUNITY FOOD CENTER 1707 CULVERS DRIVE SANDPOINT, ID 83864-7276	82-0385747	501(C)(3)	10,623.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BONNER COUNTY HISTORICAL SOCIETY INC 611 S ELLA AVENUE - SANDPOINT, ID 83864-1100	23-7219645	501(C)(3)	18,673.	0.			SUPPORT GENERAL OPERATIONS AND REPLACEMENT OF THE SEWER
BONNER COUNTY HOMELESS TASK FORCE INC - 330 S FLORENCE AVENUE - SANDPOINT, ID 83864-1781	82-0452673	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
BONNER COUNTY ROAD AND BRIDGE DEPARTMENT - 1500 HIGHWAY 2 SUITE 101 - SANDPOINT, ID 83864-1709		GOVERNMENT	154,158.	0.			SUPPORT THE DEVELOPMENT AND MAINTENANCE OF ROADS AND BRIDGES
BONNER GENERAL HOSPITAL FOUNDATION, INC 520 N THIRD AVENUE - SANDPOINT, ID 83864-1507	26-1418351	501(C)(3)	7,396.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU STREET BONNERS FERRY, ID 83805-7532		GOVERNMENT	20,000.	0.			SUPPORT THE COMMUNITY CLINIC'S MENTAL HEALTH PROGRAMMING
BOUNDARY COUNTY YOUTH CRISIS AND DOMESTIC VIOLENCE HOTLINE - PO BOX 633 - BONNERS FERRY, ID 83805-0633	82-0455462	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BOYS & GIRLS CLUBS OF ADA COUNTY 610 E 42ND STREET GARDEN CITY, ID 83714	82-0481687	501(C)(3)	43,240.	0.			SUPPORT GENERAL OPERATIONS AND THE KUNA CLUB'S CAPITAL CAMPAIGN

82-0425063

Page 1

Part II Continuation of Grants and Other	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) 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
							SUPPORT GENERAL
BOYS AND GIRLS CLUB OF KOOTENAI							OPERATIONS FOR
COUNTY - PO BOX 3598 - POST							EDUCATIONAL AND ECONOMIC
FALLS, ID 83877	84-1635505	501(C)(3)	13,048.	0.			OPPORTUNITIES
							SUPPORT GENERAL
BOYS AND GIRLS CLUB OF NAMPA INC.							OPERATIONS FOR
316 STAMPEDE DRIVE							EDUCATIONAL AND ECONOMIC
NAMPA, ID 83687-6880	82-0504332	501(C)(3)	34,061.	0.			OPPORTUNITIES
							SUPPORT GENERAL
BOYS AND GIRLS CLUBS OF THE							OPERATIONS FOR
WESTERN TREASURE VALLEY - PO BOX							EDUCATIONAL AND ECONOMIC
876 - ONTARIO, OR 97914-0876	20-8035378	501(C)(3)	15,000.	0.			OPPORTUNITIES
·							SUPPORT GENERAL
BREAKING CHAINS ACADEMY OF							OPERATIONS FOR
DEVELOPMENT INC 1703 3RD ST N							EDUCATIONAL AND ECONOMIC
- NAMPA, ID 83687-4447	81-1454072	501(C)(3)	5,626.	0.			OPPORTUNITIES
			, -				SUPPORT GENERAL
BRIGHAM YOUNG UNIVERSITY - IDAHO							OPERATIONS FOR
525 SOUTH CENTER, MS 1610							EDUCATIONAL AND ECONOMIC
REXBURG, ID 83460-0405	82-0207699	501(C)(3)	6,529.	0.			OPPORTUNITIES
BRONCO ATHLETIC ASSOCIATION, INC. 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-6026578	501(C)(3)	10,000.	0.			SUPPORT THE LYLE SMITH
BUILDING HOPE TODAY, INC.							SUPPORT GENERAL
PO BOX 1721							OPERATIONS FOR COMMUNITY
BOISE, ID 83701	47-4390592	501(C)(3)	13,500.	0.			BENEFIT
			_ ,,,,,,				
CALDWELL MEALS ON WHEELS, INC.							SUPPORT GENERAL
1009 EVERETT ST							OPERATIONS FOR HEALTH AND
CALDWELL, ID 83605-4170	51-0166576	501(C)(3)	15,000.	0.			WELLNESS
·, v.v.v.v	1 = 1 = 1 = 1	.,.,,,,	,	•			
CAMP RAINBOW GOLD INC.							SUPPORT YOUR CAPITAL
1120 S FIVE MILE RD							CAMPAIGN AND GENERAL
BOISE, ID 83709-1301	90-0961926	501(C)(3)	203,717.	0.			OPERATIONS

82-0425063

Page 1

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CASCADE PUBLIC LIBRARY							SUPPORT GENERAL			
PO BOX 10							OPERATIONS AND THE STEM			
CASCADE, ID 83611-0010	82-6000173	GOVERNMENT	6,000.	0.			YOUTH BOOK COLLECTION			
CASCADE SCHOOL DISTRICT #422							SUPPORT GENERAL			
PO BOX 291							OPERATIONS AND THE			
CASCADE, ID 83611-0291	82-6000907	GOVERNMENT	28,000.	0.			COMMUNITY SCHOOL MODEL			
CDATES TWO							GUDDODE GENERAL			
CDAIDE, INC. PO BOX 1042							SUPPORT GENERAL			
COEUR D'ALENE, ID 83816	82-1514707	E01/G\/3\	12 000	0.			OPERATIONS FOR HOUSING STABILITY			
COEUR D'ALENE, ID 03010	82-1314/07	501(C)(3)	13,000.	0.			SIABILITI			
CENTERVILLE FIRE DISTRICT, INC.							SUPPORT GENERAL			
115 GRIMES PASS RD							OPERATIONS FOR COMMUNITY			
CENTERVILLE, ID 83631-4143	82-0512632	501(C)(3)	9,107.	0.			BENEFIT			
CHARITABLE ASSISTANCE TO THE			7-7-7							
COMMUNITY'S HOMELESS, INC 503							SUPPORT GENERAL			
s. AMERICANA BLVD - BOISE, ID							OPERATIONS FOR HOUSING			
83702-6730	27-3483457	501(C)(3)	37,000.	0.			STABILITY			
CHILDREN'S HOME SOCIETY OF IDAHO							SUPPORT GENERAL			
740 WARM SPRINGS AVENUE							OPERATIONS FOR HEALTH AND			
BOISE, ID 83712-6420	82-0201128	501(C)(3)	90,381.	0.			WELLNESS			
CHILDREN'S MUSEUM OF IDAHO, INC.							SUPPORT STEAM ENRICHMENT			
790 S PROGRESS AVE							PROGRAMS FOR CHILDREN IN			
MERIDIAN, ID 83642	37-1899670	501(C)(3)	20,000.	0.			LOW-INCOME SCHOOLS			
MERIDIAN, ID 03042	37-1033070	501(0)(3)	20,000.	0.			LOW-INCOME SCHOOLS			
CHILDREN'S VILLAGE FOUNDATION INC.							SUPPORT GENERAL			
1350 WEST HANLEY AVENUE							OPERATIONS FOR HOUSING			
COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	18,250.	0.			STABILITY			
CITY OF ABERDEEN							SUPPORT THE PURCHASE OF			
PO BOX 190							EDUCATIONAL SIGNS FOR THE			
ABERDEEN, ID 83210-0190	82-6000156	GOVERNMENT	14,092.	0.			WILLOW BAY TRAIL			
	1 02 0000130	CO 1 DIGITALINI	1 17,002.	ı			FILLEON DILL INAIL			

82-0425063

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(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
CITY OF BOISE							SUPPORT THE PURCHASE OF
1104 ROYAL BLVD							E-BOOKS FOR THE BOWN
BOISE, ID 83706-2840	82-6000165	GOVERNMENT	7,000.	0.			CROSSING LIBRARY
CITY OF EMMETT							SUPPORT THE SPLASH PAD,
501 EAST MAIN STREET							PICKLEBALL COURTS, AND
EMMETT, ID 83617-3046	82-6000188	GOVERNMENT	51,100.	0.			GENERAL OPERATIONS
CITY OF OSBURN							SUPPORT THE FITNESS COURT
PO BOX 865							AND BASKETBALL/PICKLEBALL
OSBURN, ID 83849-0865	82-6001340	GOVERNMENT	32,800.	0.			COURT
CITY OF PRESTON							CONSTRUCT AND LANDSCAPE A
70 W ONEIDA ST							WALKING PATH AROUND
PRESTON, ID 83263-1233	82-6000246	GOVERNMENT	10,000.	0.			CRANER FIELD PARK
CITY OF SUN VALLEY							SUPPORT THE GREENHORN
921 S 8TH AVE., MS 8099							FIRE STATION HOUSING
POCATELLO, ID 83209	82-0294056	GOVERNMENT	20,000.	0.			PROJECT
CITY OF WALLACE							SUPPORT GENERAL
703 CEDAR STREET							OPERATIONS FOR COMMUNITY
WALLACE, ID 83873-2309	82-6000272	COVEDNMENT	34,390.	0.			BENEFIT
MILLINGE, 12 00070 2005	02 0000272		31,330.	· .			SUPPORT GENERAL
COEUR D'ALENE PUBLIC LIBRARY							OPERATIONS FOR
FOUNDATION, INC - 702 E FRONT							EDUCATIONAL AND ECONOMIC
AVENUE - COEUR D'ALENE, ID 83814	82-0485529	501(C)(3)	7,000.	0.			OPPORTUNITIES
COEUR D'ALENE ROTARY ENDOWMENT							SUPPORT GENERAL
FOUNDATION - PO BOX 444 - COEUR							OPERATIONS FOR COMMUNITY
D'ALENE, ID 83816-0444	26-1725990	501(C)(3)	9,424.	0.			BENEFIT
COEUR D'ALENE SCHOOL DISTRICT #271							CUDDODM CENEDAL
1400 N NORTHWOOD CENTER COURT							SUPPORT GENERAL
COEUR D'ALENE, ID 83814-2657	82-6000811	COVEDNMENT	20,250.	0.			OPERATIONS AND BORAH ELEMENTARY SCHOOL
COEUR D ALENE, 1D 03014-205/	02-0000811	GO A EKIMEN I.	20,250.	<u> </u>			ELEMENTARI SCHOOL

82-0425063

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
COLE VALLEY CHRISTIAN SCHOOLS INC.							SUPPORT YOUR CAPITAL
200 E CARLTON AVENUE							CAMPAIGN AND GENERAL
MERIDIAN, ID 83642-2323	86-2425049	501(C)(3)	15,000.	0.			OPERATIONS
							SUPPORT GENERAL
COLLEGE OF EASTERN IDAHO							OPERATIONS FOR
FOUNDATION INC 1600 S 25TH							EDUCATIONAL AND ECONOMIC
EAST - IDAHO FALLS, ID 83404-5788	94-3160729	501(C)(3)	45,281.	0.			OPPORTUNITIES
•			,				SUPPORT GENERAL
COLLEGE OF SOUTHERN IDAHO							OPERATIONS FOR
FOUNDATION INC - PO BOX 1238 -							EDUCATIONAL AND ECONOMIC
TWIN FALLS, ID 83303-1238	82-0388193	501(C)(3)	44,141.	0.			OPPORTUNITIES
COLLEGE OF WESTERN IDAHO							SUPPORT STUDENT
MS 1000							SCHOLARSHIPS AND GENERAL
NAMPA, ID 83653	26-0684268	GOVERNMENT	14,529.	0.			OPERATIONS
COLLEGE OF WESTERN IDAHO							
FOUNDATION INC MS 1000 -							SUPPORT STUDENT
NAMPA, ID 83653-3010	27-1159705	501(C)(3)	7,361.	0.			SCHOLARSHIPS
COMMUNITY HEALTH CLINICS INC							SUPPORT GENERAL
211 16TH AVE N							OPERATIONS FOR HEALTH AND
NAMPA, ID 83687	82-0300537	501(C)(3)	15,259.	0.			WELLNESS
COMMUNITY LIBRARY ASSOCIATION INC.	52 0000007		20,207.	•			SUPPORT GENERAL
KETCHUM SUN VALLEY & TRIUMPH -							OPERATIONS FOR
P.O. BOX 2168 - KETCHUM, ID							EDUCATIONAL AND ECONOMIC
83340-2168	82-0290944	501(C)(3)	18,650.	0.			OPPORTUNITIES
			,				
CONCERNS OF POLICE SURVIVORS							SUPPORT PROGRAMS FOR
PO BOX 45957							FAMILIES WHO HAVE LOST A
BOISE, ID 83711-5957	81-1496961	501(C)(3)	9,198.	0.			LOVED ONE
CONCORDIA UNIVERSITY							
501 W FRONT STREET							SUPPORT STUDENT
BOISE, ID 83702-7232	41-0696906	501(C)(3)	18,000.	0.			SCHOLARSHIPS

82-0425063

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
CONGREGATION AHAVATH-BETH ISRAEL							SUPPORT GENERAL
INC 11 N LATAH - BOISE, ID							OPERATIONS FOR COMMUNITY
83706-2621	31-1554282	501(C)(3)	8,850.	0.			BENEFIT
	01 1001101		,,,,,,	•			SUPPORT GENERAL
CONSOLIDATED FREE LIBRARY DISTRICT							OPERATIONS FOR
8385 NORTH GOVERNMENT WAY							EDUCATIONAL AND ECONOMIC
HAYDEN, ID 83835-9258	82-0332894	COVERNMENT	5,674.	0.			OPPORTUNITIES
IMIDEN, 1D 03033 3230	02 0332074	GOVERNMENT	3,074.	· ·			SUPPORT GENERAL
COUNTY OF CAMAS SCHOOL DISTRICT							OPERATIONS FOR
#121 - 610 SOLDIER RD -							EDUCATIONAL AND ECONOMIC
	82-6000686	COMEDIMENT	5,500.	0.			OPPORTUNITIES
FAIRFIELD, ID 83327-9702	82-0000000	GOVERNMENT	3,500.	0.			SUPPORT GENERAL
COUNTY OF POWER, CLASS A SCHOOL							OPERATIONS FOR
DISTRICT 381 - 827 FORT HALL AVE							EDUCATIONAL AND ECONOMIC
	92 6000965	COLLEDNIMENTO	EE E00	,			
- AMERICAN FALLS, ID 83211-1463	82-6000865	GOVERNMENT	55,500.	0.			OPPORTUNITIES
GDATGWOVE GOINGINIEW GUUDGU							GUDDODE GENERAL
CRAIGMONT COMMUNITY CHURCH							SUPPORT GENERAL
PO BOX 338	00 0064000	COLLEDANCENE	0.000	_			OPERATIONS FOR COMMUNITY
CRAIGMONT, ID 83523-0338	82-0364923	GOVERNMENT	9,000.	0.			BENEFIT
							SUPPORT GENERAL
DISCOVERY CENTER OF IDAHO, INC							OPERATIONS FOR
131 W MYRTLE ST				_			EDUCATIONAL AND ECONOMIC
BOISE, ID 83702-7652	94-3047492	501(C)(3)	8,559.	0.			OPPORTUNITIES
DOWNTOWN BOISE FOUNDATION, INC.							
816 W BANNOCK STREET				_			
BOISE, ID 83702	85-3690521	501(C)(3)	11,669.	0.			SUPPORT GLIDE ON GROVE
DS CONNECTIONS NW							SUPPORT GENERAL
3839 W PRAIRIE AVENUE							OPERATIONS FOR HEALTH AND
HAYDEN, ID 83835-7930	27-2702812	501(C)(3)	6,500.	0.			WELLNESS
EAGEEDN MAGUINGEON WITTER STEEL							
EASTERN WASHINGTON UNIVERSITY							
FOUNDATION - 102 HARGREAVES HALL	04 40-00-	504 (5) (2)		_			SUPPORT STUDENT
- CHENEY, WA 99004-2413	91-1019819	pu1(C)(3)	12,000.	0.			SCHOLARSHIPS

82-0425063

Page 1

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990), Pa		62-0423003 Page 1
(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
EMMETT COMMUNITY PLAYHOUSE, INC							SUPPORT GENERAL
PO BOX 883							OPERATIONS FOR COMMUNITY
EMMETT, ID 83617-0883	20-1380706	501(C)(3)	16,700.	0.			BENEFIT
							SUPPORT GENERAL
EMMETT HIGH SCHOOL							OPERATIONS FOR
721 W. 12TH STREET							EDUCATIONAL AND ECONOMIC
EMMETT, ID 83617	82-6001228	GOVERNMENT	5,457.	0.			OPPORTUNITIES
			,				SUPPORT GENERAL
EMMETT PUBLIC LIBRARY							OPERATIONS FOR
275 S HAYES AVENUE							EDUCATIONAL AND ECONOMIC
EMMETT, ID 83617	82-6000188	GOVERNMENT	13,417.	0.			OPPORTUNITIES
,			,				SUPPORT GENERAL
EMMETT PUBLIC SCHOOL FOUNDATION							OPERATIONS FOR
INC 1070 MELROSE DRIVE -							EDUCATIONAL AND ECONOMIC
EMMETT, ID 83617-9558	94-3208093	501(C)(3)	16,378.	0.			OPPORTUNITIES
,			,				
EMPOWER HUMANITY							SUPPORT THE SUMMER
1030 E SUBLETTE STREET							THEATRE PRODUCTION AND
POCATELLO, ID 83201-5269	81-1467702	501(C)(3)	8,000.	0.			THE THEATRE PROGRAM
ESTHER SIMPLOT PERFORMING ARTS							SUPPORT GENERAL
ACADEMY INC P.O. BOX 27 -				_			OPERATIONS FOR ARTS AND
BOISE, ID 83707	82-0446623	501(C)(3)	331,451.	0.			CULTURE
FAMILY ADVOCACY CENTER AND							SUPPORT GENERAL
EDUCATION SERVICES - 417 S 6TH ST							OPERATIONS FOR HEALTH AND
- BOISE, ID 83702-7632	20-4883532	E01/G\/3\	6,000.	0.			WELLNESS
- BOISE, ID 03/02-/032	20-4663332	501(C)(3)	0,000.	٠.			MELLINESS
FAMILY ADVOCATE PROGRAM INC.							SUPPORT GENERAL
3010 W STATE STREET							OPERATIONS FOR COMMUNITY
	82-0344205	501/0\/3\	6,000.	0.			BENEFIT
BOISE, ID 83703-5949	02 0344203	501(0)(3)	0,000.	0.			PENDITI
FAMILY JUSTICE CENTER FOUNDATION							SUPPORT GENERAL
OF IDAHO - 1305 3RD ST SOUTH -							OPERATIONS FOR HEALTH AND
NAMPA, ID 83651-3903	26-4423289	501(C)(3)	23,645.	0.			WELLNESS
		· · · · · · · · · · · · · · · · · · ·		••		1	Oak adala I (Farma 200)

82-0425063

Page 1

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(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
FAMILY SERVICES ALLIANCE OF							SUPPORT GENERAL
SOUTHEAST IDAHO INC 355 S							OPERATIONS FOR HEALTH AND
ARTHUR - POCATELLO, ID 83204-3306	82-0200909	501(C)(3)	10,440.	0.			WELLNESS
THE TOTAL PROPERTY OF THE PROP	02 0200303	301(0)(3)	10,110.	••			SUPPORT GENERAL
FAR AND WISE, INC.							OPERATIONS FOR
PO BOX 4282							EDUCATIONAL AND ECONOMIC
HAILEY, ID 83333-4282	46-0587871	501(C)(3)	47,400.	0.			OPPORTUNITIES
	10 0007071		17,100.	•			SUPPORT GENERAL
FATHER FLANAGAN'S BOYS' HOME							OPERATIONS FOR
C/O ESTATE ADMINISTRATION							EDUCATIONAL AND ECONOMIC
BOYS TOWN, NE 68010-0145	47-0376606	501(C)(3)	6,056.	0.			OPPORTUNITIES
,			, ,				
FESTIVAL AT SANDPOINT INC							PROVIDE FREE ACCESS TO
PO BOX 695							EDUCATIONAL OUTREACH AND
SANDPOINT, ID 83864-0695	82-0372810	501(C)(3)	12,000.	0.			YOUTH PROGRAMS
			,				
FIRST PRESBYTERIAN CHURCH							SUPPORT GENERAL
325 ELM STREET							OPERATIONS FOR COMMUNITY
IDAHO FALLS, ID 83402-4024	82-0201864	501(C)(3)	13,182.	0.			BENEFIT
FLOURISH FOUNDATION							SUPPORT GENERAL
PO BOX 2429							OPERATIONS AND YOUR
KETCHUM, ID 83340-2400	27-4446378	501(C)(3)	13,450.	0.			SUMMER TRAVEL PROGRAM
							SUPPORT GENERAL
FOUNDATION FOR IDAHO HISTORY INC.							OPERATIONS FOR
PO BOX 664							EDUCATIONAL AND ECONOMIC
BOISE, ID 83701-0664	80-0031592	501(C)(3)	5,454.	0.			OPPORTUNITIES
							SUPPORT GENERAL
FRIENDS OF IDAHO PUBLIC TELEVISION							OPERATIONS FOR
INC 1455 NORTH ORCHARD -							EDUCATIONAL AND ECONOMIC
BOISE, ID 83706-2239	82-0400218	501(C)(3)	52,793.	0.			OPPORTUNITIES
							SUPPORT GENERAL
FRIENDS OF THE MCCALL LIBRARY							OPERATIONS FOR
218 E PARK STREET							EDUCATIONAL AND ECONOMIC
MCCALL, ID 83638-3832	82-0473115	501(C)(3)	5,094.	0.			OPPORTUNITIES

82-0425063

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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
FRIENDS OF WEISER RIVER TRAIL INC PO BOX 472							SUPPORT GENERAL OPERATIONS FOR HEALTH AND
COUNCIL, ID 83612-0472	82-0495183	501(C)(3)	52,496.	0.			WELLNESS
FRUITLAND SCHOOL DISTRICT #373 PO BOX A FRUITLAND, ID 83619-9000	82-6000854	GOVERNMENT	106,027.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
GAMMA PHI BETA FOUNDATION, INC. 9155 E NICHOLS AVE CENTENNIAL, CO 80112	75-6026984		15,000.	0.			SUPPORT THE BETA PSI CHAPTER OF GAMMA PHI BETA
GARDEN CITY LIBRARY FOUNDATION 6015 N GLENWOOD ST GARDEN CITY, ID 83714-1347	82-0479365	501(C)(3)	7,620.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
GEM COUNTY RECREATION DISTRICT PO BOX 631 EMMETT, ID 83617-0631	82-0449556	GOVERNMENT	16,590.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
GIRAFFE LAUGH, INC. 4094 W CHINDEN BLVD GARDEN CITY, ID 83714-3430	82-0481812	501(C)(3)	286,000.	0.			SUPPORT GENERAL OPERATIONS AND THE BUILDING CAMPAIGN
GIRLS ON THE RUN OF SOUTHERN IDAHO INC 1050 FOX ACRES RD HAILEY, ID 83333-8456	45-0501972	501(C)(3)	25,558.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
GONZAGA UNIVERSITY 502 E. BOONE AVENUE COLLEGE HALL, WA 99258-0072	91-0236600	501(C)(3)	29,057.	0.			SUPPORT STUDENT SCHOLARSHIPS
GOOD SAMARITANS LEAGUE OF AMERICA, INC 3501 W STATE ST BOISE, ID 83703	82-0201863	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY

82-0425063

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) 2.11	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GRACE EPISCOPAL CHURCH OF NAMPA							SUPPORT GENERAL
911 4TH STREET SOUTH							OPERATIONS FOR COMMUNITY
NAMPA, ID 83651-4104	82-0200897	501(C)(3)	15,000.	0.			BENEFIT
GRACE JOINT SCHOOL DISTRICT #148							SUPPORT THE REPAIR OF
PO BOX 348							MUSICAL INSTRUMENTS FOR
GRACE, ID 83241-0347	82-6000730	GOVERNMENT	13,150.	0.			THE BAND PROGRAM
HABITAT FOR HUMANITY IDAHO FALLS,							SUPPORT GENERAL
INC PO BOX 51055 - IDAHO							OPERATIONS FOR HOUSING
FALLS, ID 83405-1055	82-0471181	501(C)(3)	7,500.	0.			STABILITY
HABITAT FOR HUMANITY OF NORTH							SUPPORT GENERAL
IDAHO, INC 176 W WYOMING							OPERATIONS FOR HOUSING
AVENUE - HAYDEN, ID 83835-9609	82-0425146	501(C)(3)	17,874.	0.			STABILITY
HABITAT FOR HUMANITY OF THE MAGIC							SUPPORT GENERAL
VALLEY, INC PO BOX 3034 - TWIN							OPERATIONS FOR HOUSING
FALLS, ID 83303	82-0442486	501(C)(3)	8,000.	0.			STABILITY
HEART 2 HAND BINGHAM FOOD PANTRY							SUPPORT GENERAL
PO BOX 546							OPERATIONS FOR HEALTH AND
SHELLEY, ID 83274-0546	85-4161383	501(C)(3)	12,500.	0.			WELLNESS
HELPING HEARTS & HANDS, INC.							SUPPORT GENERAL
PO BOX 201							OPERATIONS FOR HEALTH AND
GOODING, ID 83330-0201	20-8322514	501(C)(3)	6,188.	0.			WELLNESS
HERITAGE HEALTH							
1090 W PARK PLACE							SUPPORT YOUTH MENTAL
COEUR D'ALENE, ID 83814-2785	94-3036820	501(C)(3)	7,255.	0.			HEALTHCARE
HOMEDALE JOINT SCHOOL DISTRICT							
#370 - 116 E OWYHEE AVENUE -							SUPPORT IMPLEMENTATION OF
HOMEDALE, ID 83628-3227	82-6000860	GOVERNMENT	20,000.	0.			THE COMMUNITY SCHOOL

82-0425063

Page 1

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
HOMEDALE NEIGHBORHOOD, INC. PO BOX 512 HOMEDALE, ID 83628-0512	21-0742040	501(C)(3)	31,035.	0.			SUPPORT STUDENT SCHOLARSHIPS
HOSPICE AND PALLIATIVE CARE OF THE WOOD RIVER VALLEY INC PO BOX 4320 - KETCHUM, ID 83340-4320	82-0397698	501(C)(3)	74,046.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
HUMANE SOCIETY OF THE PALOUSE PO BOX 8847 MOSCOW, ID 83843-1347	82-0349958	501(C)(3)	6,643.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE
IDAHO ASSOC. FOR THE EDUCATION OF YOUNG CHILDREN - 4355 W EMERALD STREET, SUITE 250 - BOISE, ID 83706-2072	82-0409133	501(C)(3)	108,750.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IDAHO BASECAMP PO BOX 183 KETCHUM, ID 83340-0177	27-3427884	501(C)(3)	20,750.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
IDAHO BOTANICAL GARDENS INC. 2355 OLD PENITENTIARY RD BOISE, ID 83712-8252	82-0379274	501(C)(3)	45,010.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
IDAHO CAREER & TECHNICAL EDUCATION FOUNDATION INCORPORATED - PO BOX 2324 - BOISE, ID 83701-2324	82-0372897	501(C)(3)	50,989.	0.			SUPPORT SCHOLARSHIPS FOR STUDENTS ENROLLING IN A CTE PROGRAM
IDAHO CONSERVATION LEAGUE INC PO BOX 844 BOISE, ID 83701	82-6042478	501(C)(3)	18,283.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE
IDAHO DIABETES YOUTH PROGRAMS, INC 5439 W KENDALL ST BOISE, ID 83706-1229	31-1565651	501(C)(3)	47,035.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

82-0425063

Page 1

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	62-0423003 Page 1
(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
IDAHO DRUG FREE YOUTH, INC.							SUPPORT GENERAL
2028 E BEST AVENUE							OPERATIONS FOR HEALTH AND
COEUR D'ALENE, ID 83814-6264	82-0442116	501(C)(3)	25,000.	0.			WELLNESS
IDAHO FALLS ARTS COUNCIL INC.							SUPPORT GENERAL
498 A STREET							OPERATIONS FOR ARTS AND
IDAHO FALLS, ID 83402	82-0434714	501(C)(3)	35,092.	0.			CULTURE
TDANO FALLS, 1D 03402	02 0434714	501(0)(3)	33,032.	٠.			SUPPORT GENERAL
IDAHO FALLS PUBLIC LIBRARY							OPERATIONS FOR
457 W BROADWAY							EDUCATIONAL AND ECONOMIC
IDAHO FALLS, ID 83402-3637	82-6000205	COVEDNMENT	9,071.	0.			OPPORTUNITIES
TDATO FALLS, ID 03402 3037	02 0000203	GOVERNMENT	3,071.	0.			OTTORIONTILES
IDAHO FALLS SCHOOL DISTRICT 91							SUPPORT GENERAL
690 JOHN ADAMS PARKWAY							OPERATIONS AND EXPAND THE
IDAHO FALLS, ID 83401-4073	82-6001158	COVEDNMENT	17,551.	0.			LIBRARY COLLECTION
TDANO FALLS, ID 03401-4073	02-0001130	GOVERNMENT	17,331.	0.			DIBRARI CODDECTION
IDAHO FALLS SYMPHONY SOCIETY INC.							SUPPORT GENERAL
440 N CAPITAL AVENUE, SUITE B							OPERATIONS FOR ARTS AND
IDAHO FALLS, ID 83402-4955	82-6007411	501(C)(3)	30,917.	0.			CULTURE
TDANO FALLS, ID 03402-4933	02-000/411	501(0)(3)	30,917.	0.			COLIONE
IDAHO FALLS YMCA							SUPPORT GENERAL
155 N. CORNER AVENUE							OPERATIONS FOR HEALTH AND
IDAHO FALLS, ID 83402-4013	82-0222174	501 (C) (3)	10,000.	0.			WELLNESS
<u> </u>	02 0222171	301(0)(3)	10,000.	••			SUPPORT GENERAL
IDAHO FFA FOUNDATION INC							OPERATIONS FOR
PO BOX 827							EDUCATIONAL AND ECONOMIC
STAR, ID 83669	82-0360159	501(C)(3)	28,109.	0.			OPPORTUNITIES
DIAK, 1D 03003	02 0300133	501(0)(3)	20,103.	٠.			OTTORIONITIES
IDAHO FOODBANK WAREHOUSE							SUPPORT GENERAL
3630 E COMMERCIAL CT							OPERATIONS FOR HEALTH AND
MERIDIAN, ID 83642	82-0425400	501(C)(3)	172,170.	0.			WELLNESS
	02 0125100	551(5)(5)	1/2,1/0.	0.			SUPPORT GENERAL
IDAHO HUMANE SOCIETY INC.							OPERATIONS FOR
1300 S BIRD STREET							ENVIRONMENT AND ANIMAL
BOISE, ID 83709-1556	82-0212536	501(C)(3)	9,970.	0.			WELFARE
DOIDE, ID 03/03-1330	02-0212550	DOT (C) (3)	9,310.	<u> </u>			Oak adala I (Farm 200)

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(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
IDAHO HUMANITIES COUNCIL							SUPPORT GENERAL
217 W STATE STREET							OPERATIONS FOR ARTS AND
BOISE, ID 83702-6053	82-0315902	501(C)(3)	67,223.	0.			CULTURE
IDAHO NONPROFIT CENTER, INC.							SUPPORT GENERAL
5257 W FAIRVIEW AVENUE, SUITE 260							OPERATIONS FOR COMMUNITY
BOISE, ID 83706-1766	94-3419016	501(C)(3)	22,500.	0.			BENEFIT
IDAHO SHAKESPEARE FESTIVAL INC.							SUPPORT GENERAL
PO BOX 9365							OPERATIONS FOR ARTS AND
BOISE, ID 83707	82-0316246	501(C)(3)	16,253.	0.			CULTURE
IDAHO SLED HOCKEY ASSOCIATION							SUPPORT GENERAL
P.O. BOX 1314							OPERATIONS FOR HEALTH AND
MERIDIAN, ID 83680	88-2105915	501(C)(3)	6,000.	0.			WELLNESS
•			,				SUPPORT GENERAL
IDAHO STATE UNIVERSITY							OPERATIONS FOR
IDAHO STATE UNIVERSITY MUSIC DEPT							EDUCATIONAL AND ECONOMIC
POCATELLO, ID 83209	82-6013543	501(C)(3)	5,129.	0.			OPPORTUNITIES
			,				SUPPORT GENERAL
IDAHO STATE UNIVERSITY FOUNDATION							OPERATIONS FOR
- BOISE EXTENSION - 802 W BANNOCK							EDUCATIONAL AND ECONOMIC
ST, STE 206 - BOISE, ID 83702-5839	82-6013543	501(C)(3)	82,492.	0.			OPPORTUNITIES
IDAHO STEM ACTION CENTER							SUPPORT GENERAL
FOUNDATION - 802 W BANNOCK							OPERATIONS FOR
STREET, STE 900 - BOISE, ID							EDUCATIONAL AND ECONOMIC
83702-5846	82-2903945	501(C)(3)	29,600.	0.			OPPORTUNITIES
IDAHO VIRTUAL HIGH SCHOOL, INC.							SUPPORT THE PURCHASE OF
RICHARD MCKENNA CHARTER SCHOOL							BOOKS AND MATERIALS FOR
MOUNTAIN HOME, ID 83647-3375	01-0577656	501(C)(3)	8,000.	0.			THE SCHOOL LIBRARY
IDAHO YOUTH RANCH INC.							SUPPORT GENERAL
5465 W IRVING ST							OPERATIONS FOR HEALTH AND
	82-0253346	501/C\/3\	170 260	0.			WELLNESS
BOISE, ID 83706-1213	02-0253346	hot(c)(3)	178,268.	<u> </u>			METITIESS

82-0425063

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	raye i
(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
							SUPPORT GENERAL
IDAHO ZOOLOGICAL SOCIETY							OPERATIONS FOR
355 JULIA DAVIS DR	00 6005005	E01/G\/3\	45 501	0			EDUCATIONAL AND ECONOMIC
BOISE, ID 83702-7670	82-6005995	501(C)(3)	45,521.	0.			OPPORTUNITIES
IGNITE IDAHO FAMILY RESOURCE							
CENTER, INC 106 E. PARK STREET							PROVIDE DROP-IN WELLNESS
- MCCALL, ID 83638	87-2282169	501(C)(3)	7,700.	0.			CHILDCARE
INFLATE MINISTRY							SUPPORT GENERAL
PO BOX 686	04 0000040	501 (9) (2)	6 000	•			OPERATIONS FOR COMMUNITY
CHIPPEWA FALLS, WI 54729-0686	84-2000349	501(C)(3)	6,000.	0.			BENEFIT SUPPORT GENERAL
INCRIDE IDANO INC							OPERATIONS FOR
INSPIRE IDAHO, INC. 1120 S RACKHAM WAY							
	06 2015420	E01/G\/3\	7 500	0.			EDUCATIONAL AND ECONOMIC
MERIDIAN, ID 83642	86-2015429	501(C)(3)	7,500.	٠.			OPPORTUNITIES
INTERFAITH SANCTUARY HOUSING							SUPPORT YOUR CAPITAL
SERVICES, INC PO BOX 9334 -							CAMPAIGN AND GENERAL
BOISE, ID 83707-3334	26-0510072	501(C)(3)	74,000.	0.			OPERATIONS
			,	- •			
INTERLINK VOLUNTEER CAREGIVERS							SUPPORT GENERAL
INC 650 ADDISON AVE W - TWIN							OPERATIONS FOR HEALTH AND
FALLS, ID 83301-5858	84-1417706	501(C)(3)	13,324.	0.			WELLNESS
JANNUS INC.							SUPPORT THE AGENCY FOR
1607 W JEFFERSON ST				_			NEW AMERICANS AND THE
BOISE, ID 83702	81-6035382	501(C)(3)	12,020.	0.			CRISIS & SUICIDE HOTLINE
JEFFERSON COUNTY JOINT SCHOOL							UPDATE THE RHS LIBRARY
DISTRICT #251 - 3850 E 300 N -							AND SUPPORT HARWOOD
RIGBY, ID 83442-5422	82-6000779	COVERNMENT	35,000.	0.			ELEMENTARY
11001, 10 00112 0122	02 0000779	CO 1 DIGITALITY I	33,000.	0.			
JRM FOUNDATION FOR HUMANITY, INC.							SUPPORT GENERAL
4511 ZEBE AVENUE							OPERATIONS AND STEAM
CHUBBUCK, ID 83202-4707	46-5480513	501(C)(3)	15,500.	0.			PROGRAMMING

	TY FOUNDATION,						82-0425063 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
KANIKSU LAND TRUST, INC. PO BOX 2123							BUILD A WORKSPACE FOR THE
SANDPOINT, ID 83864-0908	47-0898549	501(C)(3)	7,000.	0.			KANIKSU FOLK SCHOOL
KELLOGG PROJECT UPLIFT 703 CEDAR ST	92 0422514	E01/G)/2)	6 246	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
WALLACE, ID 83873-2309	82-0433514	501(C)(3)	6,246.	0.			SUPPORT GENERAL
KENDRICK JOINT SCHOOL DISTRICT #283 - PO BOX 283 - KENDRICK, ID							OPERATIONS FOR EDUCATIONAL AND ECONOMIC
83537-0283		GOVERNMENT	10,900.	0.			OPPORTUNITIES
KIDS KLUB INC 506 SOUTH A ST GRANGEVILLE, ID 83530-1403	82-0498679	501(C)(3)	6,784.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
KIDS MOUNTAIN FUND 1630 HEROIC ROAD HAILEY, ID 83333-8699	82-0373142	501(C)(3)	14,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
KOOTENAI HEALTH FOUNDATION INC. 2003 KOOTENAI HEALTH WAY COEUR D' ALENE, ID 83814-6051	92-1896475	501(C)(3)	9,755.	0.			SUPPORT GENERAL OPERATIONS AND YOUTH BEHAVIORAL HEALTHCARE
KOOTENAI JOINT SCHOOL DISTRICT #274 - 13030 E OGARA ROAD - HARRISION, ID 83833-7641	82-6003651	GOVERNMENT	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
KUNA JOINT SCHOOL DISTRICT #3 711 E PORTER ST KUNA, ID 83634	82-6001275	GOVERNMENT	12,217.	0.			SUPPORT KUNA EARLY LEARNING AND GENERAL OPERATIONS
LA POSADA INC PO BOX 1962 TWIN FALLS, ID 83303	82-0468830	501(C)(3)	9,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY

Schedule I (Form 990) IDANO COMMONI	II FOUNDATION,	INC.					02-0423003 Page
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
							SUPPORT GENERAL
LAKE PEND OREILLE SCHOOL DISTRICT							OPERATIONS FOR
#84 - 901 TRIANGLE DRIVE -							EDUCATIONAL AND ECONOMIC
PONDERAY, ID 83852-9747	82-0508739	GOVERNMENT	8,810.	0.			OPPORTUNITIES
							SUPPORT GENERAL
LAND TRUST OF THE TREASURE VALLEY							OPERATIONS FOR
918 N 19TH ST							ENVIRONMENT AND ANIMAL
BOISE, ID 83702-3327	84-1380693	501(C)(3)	16,682.	0.			WELFARE
·			·				SUPPORT GENERAL
LARSEN-SANT PUBLIC LIBRARY							OPERATIONS FOR
109 SOUTH 1ST EAST							EDUCATIONAL AND ECONOMIC
PRESTON, ID 83263-1303	82-0534903	GOVERNMENT	7,000.	0.			OPPORTUNITIES
LEAP CHARITIES							SUPPORT GENERAL
670 E RIVERPARK LN							OPERATIONS FOR HOUSING
BOISE, ID 83706-6679	26-1738122	501(C)(3)	386,834.	0.			STABILITY
							SUPPORT GENERAL
LEARNING LAB INC.							OPERATIONS FOR
308 E 36TH ST							EDUCATIONAL AND ECONOMIC
GARDEN CITY, ID 83714-6525	82-0461933	501(C)(3)	51,568.	0.			OPPORTUNITIES
							SUPPORT GENERAL
LEE PESKY LEARNING CENTER							OPERATIONS FOR
3324 W ELDER ST							EDUCATIONAL AND ECONOMIC
BOISE, ID 83705-4713	13-3878574	501(C)(3)	15,750.	0.			OPPORTUNITIES
							SUPPORT GENERAL
LEWIS-CLARK STATE COLLEGE							OPERATIONS FOR
FOUNDATION INC 500 8TH AVENUE							EDUCATIONAL AND ECONOMIC
- LEWISTON, ID 83501-2698	82-0396878	501(C)(3)	6,946.	0.			OPPORTUNITIES
LIFELINE CRISIS PREGNANCY CENTER							SUPPORT GENERAL
1712 9TH STREET S							OPERATIONS FOR COMMUNITY
NAMPA, ID 83651-4759	82-0400235	501(C)(3)	5,250.	0.			BENEFIT
							SUPPORT GENERAL
LIFE'S KITCHEN INC.							OPERATIONS FOR
PO BOX 45632							EDUCATIONAL AND ECONOMIC
BOISE, ID 83711-5632	80-0008918	501(C)(3)	9,500.	0.			OPPORTUNITIES

82-0425063

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
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MAGIC VALLEY ARTS COUNCIL INC.							SUPPORT GENERAL
195 RIVER VISTA PL							OPERATIONS FOR ARTS AND
TWIN FALLS, ID 83301	94-3087224	501(C)(3)	5,751.	0.			CULTURE
MCCALL SENIOR CENTER							SUPPORT GENERAL
701 N 1ST ST							OPERATIONS FOR HEALTH AND
MCCALL, ID 83638-3851	82-0391168	501(C)(3)	10,000.	0.			WELLNESS
·			,				SUPPORT GENERAL
MCPAWS INC.							OPERATIONS FOR
PO BOX 1375							ENVIRONMENT AND ANIMAL
MCCALL, ID 83638-1375	82-0503942	501(C)(3)	21,923.	0.			WELFARE
MEADOWS VALLEY COMMUNITY							SUPPORT GENERAL
FOUNDATION INC - PO BOX 1163 -							OPERATIONS FOR HEALTH AND
MCCALL, ID 83638	45-5121054	501(C)(3)	15,000.	0.			WELLNESS
MEMORIAL COMMUNITY CENTER INC.							SUPPORT THE PRE-SCHOOL
PO BOX 405							PROGRAM AND GENERAL
HOPE, ID 83836-0405	82-0381652	501(C)(3)	25,000.	0.			OPERATIONS
			,	-			
MEN'S SECOND CHANCE LIVING							SUPPORT GENERAL
PO BOX 2398							OPERATIONS FOR HOUSING
HAILEY, ID 83333-2398	82-4647969	501(C)(3)	41,450.	0.			STABILITY
							SUPPORT GENERAL
MENTORING NETWORK, INC							OPERATIONS FOR
711 N DOVER CT							EDUCATIONAL AND ECONOMIC
NAMPA, ID 83651-3218	83-0430291	501(C)(3)	16,500.	0.			OPPORTUNITIES
METROPOLITAN OPERA ASSOCIATION,							SUPPORT GENERAL
INC 30 LINCOLN CENTER - NEW							OPERATIONS FOR ARTS AND
YORK CITY, NY 10023-6980	13-1624087	501(C)(3)	6,000.	0.			CULTURE
MINIDOKA COUNTY JOINT SCHOOL							IMPLEMENTATION FUNDING
DISTRICT #331 - 310 10TH STREET -							FOR WEST MINICO MIDDLE
RUPERT, ID 83350-1421	82-6000837	GOVERNMENT	20,000.	0.			SCHOOL

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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
MOSCOW SCHOOL DISTRICT #281							SUPPORT GENERAL
650 N CLEVELAND ST							OPERATIONS AND THE
MOSCOW, ID 83843-3600	82-6000814	GOVERNMENT	26,000.	0.			PURCHASE OF NEW BOOKS
MOUNT ANGEL ABBEY 1 ABBEY DRIVE							SUPPORT GENERAL OPERATIONS FOR COMMUNITY
SAINT BENEDICT, OR 97373-9700	93-0386869	501(C)(3)	7,600.	0.			BENEFIT
MOUNTAIN HOME SCHOOL DISTRICT 193 470 N 3RD E MOUNTAIN HOME, ID 83647-2737	82-6000742	GOVERNMENT	20,000.	0.			SUPPORT BENNETT MOUNTAIN
,			,				SUPPORT GENERAL
MOUNTAIN HUMANE							OPERATIONS AND THE
PO BOX 1496							COMMUNITY OUTREACH
HAILEY, ID 83333-1496	82-0351171	501(C)(3)	36,554.	0.			PROGRAM
							SUPPORT GENERAL
MUSEUM OF IDAHO							OPERATIONS FOR
200 N EASTERN AVENUE							EDUCATIONAL AND ECONOMIC
IDAHO FALLS, ID 83402	82-0363177	501(C)(3)	9,777.	0.			OPPORTUNITIES
							SUPPORT GENERAL
MUSEUM OF NORTH IDAHO INC.							OPERATIONS FOR
PO BOX 812							EDUCATIONAL AND ECONOMIC
COEUR D'ALENE, ID 83816-0812	23-7161777	501(C)(3)	14,997.	0.			OPPORTUNITIES
MIGIG GONGERNAMORY OF GANDROINE							
MUSIC CONSERVATORY OF SANDPOINT, INC PO BOX 907 - SANDPOINT, ID							PROVIDE FREE EARLY
83864-0852	27-1017841	E01/G\/3\	11 000	_			CHILDHOOD MUSIC CLASSES
83864-0852	27-101/841	501(C)(3)	11,000.	0.			AND K-12 ENSEMBLES
MUSICIANS WEST, INC.							
PO BOX 1142							SUPPORT THE PIANO
POCATELLO, ID 83204-1142	82-0439213	501 (C) (3)	7,128.	0.			FESTIVAL AND COMPETITION
1001111110, 10 00201 1112	32 0433213	301(0)(3)	,,120.	<u> </u>			LIBITION THE CONTESTION
MY WORLD DISCOVERY MUSEUM							
4155 YELLOWSTONE AVE STE 1118							PROVIDE A STEM EXHIBIT IN
POCATELLO, ID 83202-2345	82-4723065	501(C)(3)	10,000.	0.			SOUTHEAST IDAHO

82-0425063

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	raye i
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NAMI COEUR D'ALENE INC.							SUPPORT GENERAL
PO BOX 1082							OPERATIONS FOR HEALTH AND
COEUR D'ALENE, ID 83816-1082	82-0530840	501(C)(3)	5,180.	0.			WELLNESS
NAMI IDAHO							SUPPORT GENERAL
PO BOX 2256							OPERATIONS FOR HEALTH AND
BOISE, ID 83701	94-3141046	501(C)(3)	10,000.	0.			WELLNESS
NAMI-WOOD RIVER VALLEY INC.							SUPPORT GENERAL
PO BOX 95							OPERATIONS FOR HEALTH AND
HAILEY, ID 83333-0041	82-0530506	501(C)(3)	16,000.	0.			WELLNESS
NAMPA LIONS CLUB, INC.							
PO BOX 606							SUPPORT THE PURCHASE OF A
NAMPA, ID 83651	42-1576975	501 (C) (3)	6,000.	0.			VISION SCREENING MACHINE
MMIN, 15 03031	42 1370373	301(0)(3)	0,000.	٠.			VIBION BERHENING MICHINE
NATIONAL ALLIANCE ON MENTAL							SUPPORT GENERAL
ILLNESS TREASURE VALLEY - PO BOX							OPERATIONS FOR HEALTH AND
9492 - BOISE, ID 83701	82-0405883	501(C)(3)	14,000.	0.			WELLNESS
NEIGHBORHOOD HOUSING SERVICES INC.							
3380 W AMERICANA TERRACE							SUPPORT CAPACITY BUILDING
BOISE, ID 83706-2501	82-0372645	501(C)(3)	250,000.	0.			EFFORTS
NEIGHBORWORKS POCATELLO							SUPPORT GENERAL
206 N ARTHUR AVE	00 0461683	501 (9) (2)	00.004	•			OPERATIONS FOR HOUSING
POCATELLO, ID 83204-3104	82-0461673	501(C)(3)	29,034.	0.			STABILITY
NEW PLYMOUTH HIGH SCHOOL							
207 S PLYMOUTH AVENUE							SUPPORT STUDENT
NEW PLYMOUTH, ID 83655-5538		GOVERNMENT	7,004.	0.			SCHOLARSHIPS
NEZ PERCE COUNTY HISTORICAL							SUPPORT GENERAL
SOCIETY INCORPORATED - 0306 3RD							OPERATIONS FOR ARTS AND
STREET - LEWISTON, ID 83501-1860	82-6008847	501(C)(3)	10,960.	0.			CULTURE
			,			ı	

82-0425063

Page 1

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
							SUPPORT GENERAL				
NEZ PERCE JOINT SCHOOL DISTRICT							OPERATIONS FOR				
#302 - P.O. BOX 279 - NEZPERCE,							EDUCATIONAL AND ECONOMIC				
ID 83543-0279	82-6001370	GOVERNMENT	16,400.	0.			OPPORTUNITIES				
NORTH FREMONT EDUCATION FOUNDATION							SUPPORT STUDENT				
INC 3641 HIGHWAY 32 - ASHTON,							SCHOLARSHIPS AND GENERAL				
ID 83420-5731	82-0445261	501(C)(3)	158,986.	0.			OPERATIONS				
			,	-							
NORTH IDAHO COLLEGE FOUNDATION INC											
1000 W. GARDEN AVE							SUPPORT STUDENT				
COEUR D'ALENE, ID 83814-2199	82-0337334	501(C)(3)	11,641.	0.			SCHOLARSHIPS				
							SUPPORT GENERAL				
NORTH IDAHO STEM CHARTER ACADEMY							OPERATIONS FOR				
PO BOX 434							EDUCATIONAL AND ECONOMIC				
RATHDRUM, ID 83858-0434	27-1042057	501(C)(3)	7,500.	0.			OPPORTUNITIES				
NORTHWEST NAZARENE UNIVERSITY INC.											
623 S UNIVERSITY BLVD.				_			SUPPORT STUDENT				
NAMPA, ID 83686-5800	82-0200907	501(C)(3)	32,529.	0.			SCHOLARSHIPS				
							SUPPORT GENERAL				
NOTUS SCHOOL DISTRICT #135							OPERATIONS FOR				
25257 NOTUS ROAD							EDUCATIONAL AND ECONOMIC				
CALDWELL, ID 83607-8736	82-6002944	GOVERNMENT	20,000.	0.			OPPORTUNITIES				
ONEIDA COUNTY							SUPPORT THE COMMUNITY				
10 COURT ST							SWIMMING POOL AND THE				
MALAD CITY, ID 83252	82-6000312	COMEDIMENT	13,800.	0.			EVENT CENTER				
MADAD CITT, ID 03232	82-0000312	GOVERNMENT	13,800.	٠.							
ONEIDA COUNTY LIBRARY							SUPPORT GENERAL OPERATIONS FOR				
PO BOX 185	02 6004222	COMEDNMENT	20.000	_			EDUCATIONAL AND ECONOMIC				
MALAD, ID 83252-0185	82-6004222	GOVERNMEN'I	20,000.	0.			OPPORTUNITIES				
ONEIDA CRISIS CENTER INC							SUPPORT GENERAL				
PO BOX 174							OPERATIONS FOR HEALTH AND				
MALAD, ID 83252-0174	20-3758880	501(C)(3)	11,800.	0.			WELLNESS				

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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
OPERA IDAHO INC							SUPPORT GENERAL
515 S 9TH ST							OPERATIONS FOR ARTS AND
BOISE, ID 83702-7006	23-7331238	501(C)(3)	86,443.	0.			CULTURE
OXFORD PEAK ARTS COUNCIL							
120 SOUTH 180 EAST							SUPPORT YOUTH PRODUCTIONS
MALAD, ID 83252-1340	82-5420998	501(C)(3)	10,065.	0.			AND GENERAL OPERATIONS
							SUPPORT GENERAL
PANHANDLE ALLIANCE FOR EDUCATION							OPERATIONS FOR
INC - PO BOX 1675 - SANDPOINT, ID							EDUCATIONAL AND ECONOMIC
83864-0871	61-1416176	501(C)(3)	160,980.	0.			OPPORTUNITIES
							SUPPORT GENERAL
PANHANDLE ANIMAL SHELTER							OPERATIONS FOR
FRIENDS OF THE SHELTER, INC							ENVIRONMENT AND ANIMAL
PONDERAY, ID 83852-9720	94-3071245	501(C)(3)	7,669.	0.			WELFARE
PANHANDLE SPECIAL NEEDS							SUPPORT GENERAL
1424 NORTH BOYER AVENUE		504 (5) (3)	10.500				OPERATIONS FOR HEALTH AND
SANDPOINT, ID 83864-2209	82-0333979	501(C)(3)	10,500.	0.			WELLNESS
PANIDA THEATER COMMITTEE INC.							SUPPORT A STUDENT
PO BOX 1981							PRODUCTION OF GREASE AT
SANDPOINT, ID 83864-0906	82-0233559	501(C)(3)	10,000.	0.			PANIDA THEATER
BANDICINI, ID 03004 0300	02 0233333	501(0)(3)	10,000.	· ·			I ANIDA IIIBATEK
PAYETTE LAKES COMMUNITY							SUPPORT GENERAL
ASSOCIATION, INC PO BOX 891 -							OPERATIONS FOR HEALTH AND
MCCALL, ID 83638	26-0795046	501(C)(3)	7,200.	0.			 WELLNESS
·			·				
PAYETTE LAKES SKI CLUB INC.							SUPPORT GENERAL
PO BOX 442							OPERATIONS FOR COMMUNITY
MCCALL, ID 83638-0442	82-0153504	501(C)(3)	11,951.	0.			BENEFIT
PBANDJ HAYDENERS							SUPPORT GENERAL
9538 N REED ROAD							OPERATIONS FOR HEALTH AND
HAYDEN, ID 83835-8509	87-2585939	501(C)(3)	25,000.	0.			WELLNESS

82-0425063

Page 1

(a) Name and address of	(L) EIN	(a) IDO a satism	(-1) A	(-) A	(6) NA - 411 - 5	(a) December of	(In) Downson of sweet
(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
PEND OREILLE ARTS COUNCIL, INC							SUPPORT GENERAL
PO BOX 1694							OPERATIONS FOR ARTS AND
SANDPOINT, ID 83864-0871	82-0350688	501(C)(3)	31,000.	0.			CULTURE
DI ANNIED DADENWEIVOOD OF GDEAM							SUPPORT GENERAL
PLANNED PARENTHOOD OF GREAT NORTHWEST - 2001 E MADISON STREET							OPERATIONS FOR HEALTH AND
- SEATTLE, WA 98122-2959	91-0686012	501/0\/3\	22,231.	0.			WELLNESS
- SEATTLE, WA 90122-2939	91-0080012	501(C)(3)	22,231.	0.			METINESS
POCATELLO FREE CLINIC							SUPPORT GENERAL
1001 N 7TH AVE							OPERATIONS FOR HEALTH AND
STE 155, ID 83201-5786	82-0351133	501(C)(3)	22,500.	0.			WELLNESS
DOGNATILIO VITAVI GOVIOLI							GUDDODE EUR DEELNIGUING
POCATELLO HIGH SCHOOL 325 N ARTHUR							SUPPORT THE REFINISHING OF THE STEINWAY GRAND
POCATELLO, ID 83204-3101	00-0027253	COMEDNMENT	9,957.	0.			PIANO
10011111110, 11 03204 3101	00 0027233	COVERNMENT	3,337.				11110
PORTNEUF GREENWAY FOUNDATION							SUPPORT WORK ALONG THE
PO BOX 71							CONNECTING COMMUNITIES
POCATELLO, ID 83204-0071	82-0458456	501(C)(3)	20,000.	0.			TRAIL
PORTNEUF VALLEY PARTNERS INC.							
PO BOX 1374							CREATE A DEMONSTRATION
POCATELLO, ID 83204-1374	11-3685593	501(C)(3)	10,000.	0.			LOW-WATER LANDSCAPE
							SUPPORT GENERAL
PRESTON EDUCATION FOUNDATION							OPERATIONS FOR
105 E. 2ND S.							EDUCATIONAL AND ECONOMIC
PRESTON, ID 83263-1526	84-1416850	501(C)(3)	6,130.	0.			OPPORTUNITIES
							SUPPORT GENERAL
PRESTON SCHOOL DISTRICT #201							OPERATIONS FOR
105 E 2ND S							EDUCATIONAL AND ECONOMIC
PRESTON, ID 83263-1526	82-6000749	GOVERNMENT	28,511.	0.			OPPORTUNITIES
PRIEST LAKE COMMUNITY EDUCATION							
FOUNDATION, INC 4777 W							
LAKESHORE ROAD - PRIEST LAKE, ID							SUPPORT THE FREE
83856-9683	45-4775779	501(C)(3)	15,000.	0.			PRESCHOOL PROGRAM

82-0425063

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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
PRIEST RIVER COMMUNITY FOUNDATION							SUPPORT GENERAL
PO BOX 1932							OPERATIONS FOR COMMUNITY
PRIEST RIVER, ID 83856-1932	26-2541415	501(C)(3)	15,629.	0.			BENEFIT
OUAKER HILL CONFERENCE INC							SUPPORT GENERAL
PO BOX 1181							OPERATIONS FOR COMMUNITY
MCCALL, ID 83638-1181	82-0308372	501(C)(3)	6,799.	0.			BENEFIT
REACH CLUB, INC.							SUPPORT THE FUNDING OF A
PO BOX 294		504 (5) (2)					PRESCHOOL TEACHER FOR ELK
ELK CITY, ID 83525-0294	82-0525025	501(C)(3)	7,200.	0.			CITY
REPRODUCTIVE FREEDOM FOR ALL							SUPPORT GENERAL
FOUNDATION - 1725 EYE STREET NW -							OPERATIONS FOR HEALTH AND
WASHINGTON, DC 20006	52-1100361	501(C)(3)	10,000.	0.			WELLNESS
•			,				SUPPORT GENERAL
ROOTS FOREST SCHOOL INC.							OPERATIONS FOR
PO BOX 2003							EDUCATIONAL AND ECONOMIC
MCCALL, ID 83638	82-3932159	501(C)(3)	6,000.	0.			OPPORTUNITIES
ROSE ADVOCATES							SUPPORT GENERAL
PO BOX 527							OPERATIONS FOR HEALTH AND
WEISER, ID 83672-0527	82-0425102	501(C)(3)	13,000.	0.			WELLNESS
SAINT VINCENT DE PAUL SOCIETY,							SUPPORT GENERAL
SAINT FRANCIS OF ASSISI - PO BOX							OPERATIONS FOR COMMUNITY
9888 - MOSCOW, ID 83843-1800	23-7278799	501 (C) (3)	7,500.	0.			BENEFIT
3000 Moscow, 15 03043 1000	23 7270733	301(0)(3)	7,500.	· ·			
SALMON HIGH SCHOOL							SUPPORT THE MUSIC
401 S WARPATH							DEPARTMENT AND THE
SALMON, ID 83467-4440		GOVERNMENT	42,604.	0.			WRESTLING TEAM
GALMON HOOVEY AGGOSTANTON TWO							GUDDODE GENEDAL
SALMON HOCKEY ASSOCIATION INC.							SUPPORT GENERAL
PO BOX 581	21 1601564	E01/G)/3)	14 201	_			OPERATIONS FOR HEALTH AND
SALMON, ID 83467-0581	31-1681564	bot(C)(2)	14,201.	0.			WELLNESS

82-0425063

Page 1

(a) Nama and addises of	(b) [IN]	(a) IDC anation	(al) A me a	(a) Amt	(f) Mother of of	(a) Description of	(h) Dumos at success
(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
							SUPPORT GENERAL
SALMON PUBLIC SCHOOL FOUNDATION,							OPERATIONS FOR
INC PO BOX 275 - SALMON, ID							EDUCATIONAL AND ECONOMIC
83467-0275	94-3112559	501(C)(3)	68,366.	0.			OPPORTUNITIES
							SUPPORT GENERAL
SANDPOINT AREA SENIORS INC.							OPERATIONS AND THE
820 MAIN STREET							CREATION OF AN OUTDOOR
SANDPOINT, ID 83864-1880	82-0418894	501(C)(3)	10,003.	0.			MURAL
SANDPOINT COMMUNITY RESOURCE							SUPPORT GENERAL
CENTER - PO BOX 2522 - SANDPOINT, ID 83864-0916	27 1022740	E01/Q\/3\	15 000	0.			OPERATIONS FOR COMMUNITY
ID 03004-0910	27-1833740	501(C)(3)	15,000.	٠.			BENEFIT
SCHOOL DISTRICT NO. 150 EDUCATION							SUPPORT STUDENT
FOUNDATION INC 250 E 2ND S -							SCHOLARSHIPS AND GENERAL
SODA SPRINGS, ID 83276-4901	82-0402812	501(C)(3)	11,072.	0.			OPERATIONS
BIRINGS, 12 COLIVO 13C1	02 0102012	501(0)(3)	11,072.	•			
SELWAY-BITTERROOT FOUNDATION							SUPPORT THE WILDERNESS
PO BOX 1886							FELLOWS PROGRAM AND
BOISE, ID 83701-1886	27-2868220	501(C)(3)	6,601.	0.			GENERAL OPERATIONS
SENIOR CITIZENS DOLLAR A MONTH							SUPPORT GENERAL
CLUB, INC PO BOX 446 -							OPERATIONS FOR HEALTH AND
GRANGEVILLE, ID 83530-0446	82-0337966	501(C)(3)	10,000.	0.			WELLNESS
aveavour commu vourn's practical							GUDDODE GENEDA
SHOSHONE COUNTY WOMEN'S RESOURCE							SUPPORT GENERAL
CENTER - 415 7TH STREET, SUITE 1							OPERATIONS FOR HEALTH AND
- WALLACE, ID 83873-2344	82-0374610	501(C)(3)	7,500.	0.			WELLNESS
							SUPPORT GENERAL
SHOSHONE SCHOOL DISTRICT #312							OPERATIONS FOR
61 E HIGHWAY 24				_			EDUCATIONAL AND ECONOMIC
SHOSHONE, ID 83352-5338	82-6003374	GOVERNMENT	10,000.	0.			OPPORTUNITIES
SIMPLY HOPE FAMILY OUTREACH INC.							SUPPORT GENERAL
1323 OAKLEY AVE							OPERATIONS FOR HEALTH AND
BURLEY, ID 83318	87-2855642	501/01/31	12,500.	0.			WELLNESS
DOLUMI, ID 03310	0/ 2033042	001(0/(3/	1 12,300.	٠.			WELLINESS CO.

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
							SUPPORT GENERAL
SISTER MARY'S CHILDREN INC.							OPERATIONS FOR
PO BOX 809							EDUCATIONAL AND ECONOMIC
MCCALL, ID 83638-0809	47-2798473	501(C)(3)	16,250.	0.			OPPORTUNITIES
							SUPPORT GENERAL
SNAKE RIVER ANIMAL SHELTER INC.							OPERATIONS FOR
3000 LINDSAY BLVD							ENVIRONMENT AND ANIMAL
IDAHO FALLS, ID 83402-9500	20-5175430	501(C)(3)	9,750.	0.			WELFARE
SNAKE RIVER SCHOOL DISTRICT #52							
103 S 900 W							UPGRADE THE SOUND SYSTEM
BLACKFOOT, ID 83221-6065	82-6000615	GOVERNMENT	6,163.	0.			IN THE SCHOOL AUDITORIUM
			1,233	- •			
SOCIETY OF ST. VINCENT DE PAUL							SUPPORT GENERAL
HOLY SPIRIT CONF 855 S 2ND AVE							OPERATIONS FOR HOUSING
- POCATELLO, ID 83201	82-0458492	501(C)(3)	8,500.	0.			STABILITY
SOCIETY OF ST. VINCENT DE PAUL, SW			,,,,,,				
ID DIST COUNCIL, INC 5256 W							SUPPORT GENERAL
FAIRVIEW AVE - BOISE, ID							OPERATIONS FOR HOUSING
83706-1762	82-0504886	501(C)(3)	5,250.	0.			STABILITY
3700 1702	02 0304000	301(0)(3)	3,230.	· ·			
SOUTH CENTRAL COMMUNITY ACTION							SUPPORT GENERAL
PARTNERSHIP - PO BOX 531 - TWIN							OPERATIONS FOR HOUSING
FALLS, ID 83303-0531	82-0277836	501(C)(3)	5,849.	0.			STABILITY
CM TARRE THREAM GOVERN							
ST. LABRE INDIAN SCHOOL							GUDDODE GEGUDIEV UDGESES
PO BOX 77	01 0044540	F01/G)/2)	45 458				SUPPORT SECURITY UPGRADES
ASHLAND, MT 59003-0077	81-0244542	501(C)(3)	45,157.	0.			AT TWO SCHOOL CAMPUSES
ST. LUKE'S HEALTH FOUNDATION LTD							CIIDDODE CENEDAI
·							SUPPORT GENERAL
190 E BANNOCK ST	01 000073	E01/G\/3\	F2 055	_			OPERATIONS FOR HEALTH AND
BOISE, ID 83712-6241	81-0600973	DUI(C)(3)	52,955.	0.			WELLNESS
ST. MARK'S CATHOLIC SCHOOL							
7503 W NORTHVIEW STREET							SUPPORT STUDENT
BOISE, ID 83704-7235	82-0200748	501(C)(3)	8,000.	0.			SCHOLARSHIPS

82-0425063

Part II Continuation of Grants and Other	er Assistance to Doi		and Domestic Go	overnments (Scho	edule I (Form 990), Pa		62-0423003 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	(h) Purpose of grant or assistance
ST. MARY CATHOLIC SCHOOL							
2620 W STATE STREET							SUPPORT STUDENT
BOISE, ID 83702-2243	82-0200748	501(C)(3)	6,000.	0.			SCHOLARSHIPS
ST. MARY'S CHURCH							
2612 W STATE STREET							SUPPORT STUDENT
BOISE, ID 83702-2243	82-0200748	501(C)(3)	6,000.	0.			SCHOLARSHIPS
ST. THOMAS EPISCOPAL CHURCH							SUPPORT GENERAL
PO BOX 1070							OPERATIONS FOR COMMUNITY
SUN VALLEY, ID 83353	82-0457605	GOVERNMENT	10,469.	0.			BENEFIT
STAND WITH UKRAINE							SUPPORT GENERAL
2124 AUTUMN LN							OPERATIONS FOR COMMUNITY
IDAHO FALLS, ID 83404-8278	88-0982973	501(C)(3)	10,000.	0.			BENEFIT
IDANO INDES, ID 03404 0270	00 0302373	301(0)(3)	10,000.	<u> </u>			
STAR FRIENDS CHURCH							SUPPORT GENERAL
439 NORTH STAR ROAD							OPERATIONS FOR COMMUNITY
STAR, ID 83669	82-0329460	501(C)(3)	6,799.	0.			BENEFIT
							SUPPORT GENERAL
STEPPING STONES INC.							OPERATIONS FOR
PO BOX 8397							EDUCATIONAL AND ECONOMIC
MOSCOW, ID 83843-0897	82-0364143	501(C)(3)	49,350.	0.			OPPORTUNITIES
SUN VALLEY INSTITUTE FOR							SUPPORT GENERAL
RESILIENCE - PO BOX 3537 -							OPERATIONS FOR COMMUNITY
HAILEY, ID 83333	47-3151484	501(C)(3)	7,190.	0.			BENEFIT
			·				SUPPORT GENERAL
SUN VALLEY SKI EDUCATION							OPERATIONS FOR
FOUNDATION - PO BOX 203 - SUN							EDUCATIONAL AND ECONOMIC
VALLEY, ID 83353-0203	82-0264946	501(C)(3)	22,500.	0.			OPPORTUNITIES
SUN VALLEY SUMMER SYMPHONY							SUPPORT GENERAL
PO BOX 1914							OPERATIONS FOR ARTS AND
SUN VALLEY, ID 83353-1914	82-0397940	501(C)(3)	5,300.	0.			CULTURE

82-0425063

Page 1

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
SWIFTSURE RANCH THERAPEUTIC							
EQUESTRIAN CENTER INC 114							SUPPORT GENERAL
CALYPSO LANE - BELLEVUE, ID	00 0464505	504 (5) (2)	6 252				OPERATIONS FOR HEALTH AND
83313-5010	82-0461587	501(C)(3)	6,350.	0.			WELLNESS
MENCY FOR AMERICA. THE							SUPPORT GENERAL
TEACH FOR AMERICA, INC. 1120 S RACKHAM WAY							OPERATIONS FOR
MERIDIAN, ID 83642	13-3541913	501/0\/3\	7,500.	0.			EDUCATIONAL AND ECONOMIC OPPORTUNITIES
MERIDIAN, ID 63042	13-3341913	501(C)(3)	7,500.	0.			OPPORTUNITIES
TEAM WALLACE INC.							SUPPORT GENERAL
PO BOX 2065							OPERATIONS FOR COMMUNITY
OSBURN, ID 83849-2065	27-1378043	501(C)(3)	6,000.	0.			BENEFIT
	2, 20,0010		,,,,,,	•			SUPPORT GENERAL
THE ALLIANCE OF IDAHO							OPERATIONS FOR
251 CRANBROOK DRIVE							EDUCATIONAL AND ECONOMIC
HAILEY, ID 83333-8728	85-2965458	501(C)(3)	6,100.	0.			OPPORTUNITIES
			·				
THE AMERICAN FRIENDS OF THE DONMAR							SUPPORT GENERAL
THEATRE, INC - 500 MAMARONECK							OPERATIONS FOR ARTS AND
AVENUE - HARRISON, NY 10528	13-3971186	501(C)(3)	10,000.	0.			CULTURE
							SUPPORT GENERAL
THE ART MUSEUM OF EASTERN IDAHO							OPERATIONS AND ART
INC 300 SOUTH CAPITAL AVENUE -							LESSONS FOR ELEMENTARY
IDAHO FALLS, ID 83402	48-1273754	501(C)(3)	15,112.	0.			schools
THE COLLEGE OF IDAHO INC.							SUPPORT STUDENT
2112 CLEVELAND BOULEVARD BOX 39							SCHOLARSHIPS AND GENERAL
CALDWELL, ID 83605	82-0200906	501(C)(3)	255,408.	0.			OPERATIONS
THE CRISIS HOT LINE INC.							SUPPORT GENERAL
PO BOX 939							OPERATIONS FOR HEALTH AND
KETCHUM, ID 83340-0905	82-0407349	501(C)(3)	29,800.	0.			WELLNESS
MUE EXMITY MEDICINE DECIDENCY OF							CHDDODE CENEDAI
THE FAMILY MEDICINE RESIDENCY OF IDAHO INC 777 N RAYMOND STREET							SUPPORT GENERAL OPERATIONS FOR HEALTH AND
- BOISE, ID 83704-9251	20-5034720	501(C)(3)	45,169.	0.			WELLNESS
- BOISE, ID 03/04-9201	20-5934739	DOT (C)(3)	45,169.	<u> </u>			METITIESS

Part II Continuation of Grants and Other A			and Domestic Go	overnments (Scho	edule I (Form 990), Pa		02-0423003 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	(h) Purpose of grant or assistance
THE FILLING STATION, INC.							SUPPORT GENERAL
PO BOX 113							OPERATIONS FOR COMMUNITY
CLARK FORK, ID 83811-0113	84-1411812	501(C)(3)	10,000.	0.			BENEFIT
THE HOME PARTNERSHIP FOUNDATION							SUPPORT GENERAL
INC - PO BOX 7899 - BOISE, ID							OPERATIONS AND YOUR
83707-1899	75-3162969	501(C)(3)	35,000.	0.			AVENUES FOR HOPE CAMPAIGN
THE JESSE TREE OF IDAHO							SUPPORT GENERAL
1121 W MILLER ST							OPERATIONS FOR HOUSING
BOISE, ID 83702-6920	82-0534777	501(C)(3)	51,606.	0.			STABILITY
			,				SUPPORT GENERAL
THE LITERACY PROJECT OF NORTH							OPERATIONS FOR
IDAHO - 15000 W DELMAR CT -							EDUCATIONAL AND ECONOMIC
RATHDRUM , ID 83858-6709	85-0966364	501(C)(3)	26,250.	0.			OPPORTUNITIES
THE SALVATION ARMY - BOISE CORPS							SUPPORT GENERAL
9492 W EMERALD ST							OPERATIONS FOR HOUSING
BOISE, ID 83704	94-1156347	501(C)(3)	69,841.	0.			STABILITY
THE SALVATION ARMY - CALDWELL							SUPPORT GENERAL
CORPS - PO BOX 579 - CALDWELL, ID							OPERATIONS FOR HOUSING
83606-0579	94-1156347	501(C)(3)	20,541.	0.			STABILITY
THE SALVATION ARMY - NAMPA CORPS							SUPPORT GENERAL
403 12TH AVE S							OPERATIONS FOR HOUSING
NAMPA, ID 83651-4247	94-1156347	501(C)(3)	37,507.	0.			STABILITY
	71 1100017			· ·			
THE SALVATION ARMY - POCATELLO							SUPPORT GENERAL
CORPS - 400 NORTH FOURTH -							OPERATIONS FOR HOUSING
POCATELLO, ID 83201-6311	94-1156347	501(C)(3)	7,500.	0.			STABILITY
THE SALVATION ARMY - TWIN FALLS							SUPPORT GENERAL
348 4TH AVENUE NORTH							OPERATIONS FOR HOUSING
TWIN FALLS, ID 83301-5920	94-1156347	501(C)(3)	9,718.	0.			STABILITY

82-0425063

Page 1

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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
THE SPACE IDAHO, INC. PO BOX 2777 HAILEY, ID 83333-2777	84-3348548	501(C)(3)	36,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
THE SUMMIT CHURCH 10375 OVERLAND ROAD BOISE, ID 83709-1432	82-0369647		8,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
TREASURE VALLEY COMMUNITY COLLEGE 650 COLLEGE BOULEVARD ONTARIO, OR 97914-3423		GOVERNMENT	16,000.	0.			SUPPORT STUDENT SCHOLARSHIPS
TREASURE VALLEY FAMILY YMCA 1050 WEST STATE STREET BOISE, ID 83702-5442	82-0200908	501(C)(3)	327,093.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
TREASURE VALLEY INSTITUTE FOR CHILDREN'S ART - 1406 W. EASTMAN STREET - BOISE, ID 83702-3420	57-1197705	501(C)(3)	14,462.	0.			SUPPORT THE PRESCHOOL PROGRAM AND GENERAL OPERATIONS
TWIN FALLS OPTIMIST YOUTH HOUSE INC 239 3RD AVE N - TWIN FALLS, ID 83301-6131	83-1319663	501(C)(3)	11,176.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
UNION GOSPEL MISSION ASSOCIATION OF SPOKANE - PO BOX 4066 - SPOKANE, WA 99220-0066	91-0613587	501(C)(3)	12,250.	0.			SUPPORT THE CENTER FOR WOMEN AND CHILDREN
UNITED WAY OF SOUTHEASTERN IDAHO, INC - PO BOX 911 - POCATELLO, ID 83204-0911	82-0209625	501(C)(3)	20,000.	0.			PROVIDE PRESCHOOL SCHOLARSHIPS AND INCREASE PROVIDER CAPACITY
UNITED WAY OF TREASURE VALLEY INC. 3100 S VISTA AVENUE BOISE, ID 83715-6330	82-0299013	501(C)(3)	36,286.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(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
UNIVERSITY OF IDAHO BOUNDARY							
COUNTY EXTENSION - PO BOX 267 -							SUPPORT THE EXPLORE 4-H
BONNERS FERRY, ID 83805-0267	82-6000287	GOVERNMENT	6,000.	0.			AFTERSCHOOL PROGRAM
,			,,,,,,				SUPPORT GENERAL
UNIVERSITY OF IDAHO FOUNDATION							OPERATIONS FOR
INC 875 PERIMETER DRIVE MS3143							EDUCATIONAL AND ECONOMIC
- MOSCOW, ID 83844-3143	23-7098404	501(C)(3)	293,135.	0.			OPPORTUNITIES
UNIVERSITY OF UTAH							SUPPORT THE MORAN EYE
SCHOLARSHIP OFFICE							CENTER GLOBAL OUTREACH
SALT LAKE CITY, UT 84112-9099	87-6000525	501(C)(3)	25,710.	0.			PROGRAM
HADDINED COMMUNICAL INTERPORTAGE							GUDDODE GENEDAL
UPRIVER COMMUNITY UNITED INC							SUPPORT GENERAL
PO BOX 341	71 1045276	E01/G\/2\	7 000	_			OPERATIONS FOR HEALTH AND
FERNWOOD, ID 83830-0341	71-1045376	501(C)(3)	7,000.	0.			WELLNESS
VALLEY HOUSING COALITION							SUPPORT GENERAL
PO BOX 774							OPERATIONS FOR HOUSING
TWIN FALLS, ID 83303-0774	94-3149732	501 (C) (3)	6,000.	0.			STABILITY
TWIN FALLS, ID 03303 0774	J4 3143732	501(0)(3)	0,000.	<u> </u>			STABILITY .
VALLEY MISSION							SUPPORT GENERAL
442 N. ARTHUR AVENUE							OPERATIONS FOR HOUSING
POCATELLO, ID 83204-3004	82-1818409	501(C)(3)	10,000.	0.			STABILITY
			,				
VOICES AGAINST VIOLENCE INC.							SUPPORT GENERAL
PO BOX 2444							OPERATIONS FOR HEALTH AND
TWIN FALLS, ID 83303-2444	82-0372006	501(C)(3)	8,500.	0.			WELLNESS
							SUPPORT GENERAL
WARREN E. MCCAIN MIDDLE SCHOOL							OPERATIONS FOR
400 N IOWA AVENUE							EDUCATIONAL AND ECONOMIC
PAYETTE, ID 83661-5397		GOVERNMENT	57,600.	0.			OPPORTUNITIES
WASSMUTH CENTER FOR HUMAN RIGHTS							SUPPORT GENERAL
775 W FULTON STREET							OPERATIONS FOR COMMUNITY
BOISE, ID 83702-7126	82-0490848	501(C)(3)	18,173.	0.			BENEFIT

82-0425063

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
							SUPPORT GENERAL
WEST ADA EDUCATION FOUNDATION							OPERATIONS FOR
1303 CENTRAL DRIVE							EDUCATIONAL AND ECONOMIC
MERIDIAN, ID 83642-7991	82-0421800	501(C)(3)	11,162.	0.			OPPORTUNITIES
WEST JAPAN MISSION, INC.							SUPPORT GENERAL
347 N. BUFFALO ST.							OPERATIONS FOR COMMUNITY
WARSAW, IN 46580	83-3655954	501(C)(3)	6,000.	0.			BENEFIT
			,,,,,,				SUPPORT GENERAL
WEST SIDE SCHOOL DISTRICT #202							OPERATIONS FOR
EDUCATION FOUNDATION INC - 626 N							EDUCATIONAL AND ECONOMIC
WEST SIDE HWY - DAYTON, ID 83232	37-1523397	501(C)(3)	106,271.	0.			OPPORTUNITIES
·			·				
WHITEWATER THERAPEUTIC							SUPPORT GENERAL
RECREATIONAL RIDING ASSOC PO							OPERATIONS FOR HEALTH AND
BOX 1443 - SALMON, ID 83467-1443	82-0469677	501(C)(3)	8,000.	0.			WELLNESS
WOMEN'S AND CHILDREN'S ALLIANCE							SUPPORT GENERAL
720 W WASHINGTON ST							OPERATIONS FOR HEALTH AND
BOISE, ID 83702-5535	82-0204464	501(C)(3)	28,550.	0.			WELLNESS
WOMEN'S CENTER INC							SUPPORT GENERAL
850 NORTH 4TH STREET							OPERATIONS FOR HEALTH AND
COEUR D'ALENE, ID 83814-3059	82-0341451	501 (C) (3)	7,621.	0.			WELLNESS
COLOR D MEMO, 1D 03014 3033	02 0341431	301(0)(3)	7,021.	0.			HILLINGS
WOOD RIVER COMMUNITY YOUNG MENS							SUPPORT GENERAL
CHRISTIAN ASSOCIATION INC PO							OPERATIONS FOR HEALTH AND
BOX 6801 - KETCHUM, ID 83340-6801	82-0481436	501(C)(3)	30,427.	0.			 WELLNESS
WOOD RIVER FIRE AND RESCUE			,				
FIREFIGHTERS ASSOCIATION - 117 E							SUPPORT GENERAL
WALNUT STREET - HAILEY, ID							OPERATIONS FOR COMMUNITY
83333-8449	82-0537805	501(C)(3)	20,000.	0.			BENEFIT
			,				SUPPORT GENERAL
WOOD RIVER LAND TRUST COMPANY							OPERATIONS FOR
119 E BULLION ST							ENVIRONMENT AND ANIMAL
HAILEY, ID 83333-8770	82-0474191	501(C)(3)	10,650.	0.			WELFARE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) = 11	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
WOUNDED WARRIOR PROJECT, INC.							SUPPORT GENERAL
PO BOX 785516							OPERATIONS FOR HEALTH AN
TOPEKA, KS 66675-8516	20-2370934	501(C)(3)	8,100.	0.			WELLNESS
reliant, No cours colo	20 2370331	301(0)(3)	0,100.	•			SUPPORT GENERAL
OUTH EMPLOYMENT PROGRAM, INC							OPERATIONS FOR
601 LENA STREET							EDUCATIONAL AND ECONOMIC
SALMON, ID 83467-4206	82-0483392	501/0\/3\	18,616.	0.			OPPORTUNITIES
SALMON, 1D 03407-4200	62-0463392	501(C)(3)	10,010.	0.			SUPPORT GENERAL
AND TRAILO MONTOGRATI GOGTEMY							
ZOO IDAHO ZOOLOGICAL SOCIETY							OPERATIONS AND A SHADED
3101 AVENUE OF THE CHIEFS	00 0451600	E01 (G) (2)	15 000				AREA ALONG THE WALKING
POCATELLO, ID 83204-2135	82-0471629	501(C)(3)	15,000.	0.			PATH
							SUPPORT GENERAL
HOMEDALE PUBLIC LIBRARY							OPERATIONS FOR
PO BOX 1087				_			EDUCATIONAL AND ECONOMIC
HOMEDALE, ID 83628-1087		GOVERNMENT	10,000.	0.			OPPORTUNITIES
	1		1				

IDAHO COMMUNITY FOUNDATION, INC. 82-0425063 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance EDUCATIONAL SCHOLARSHIPS 0 178 509,303. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 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.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number
82-0425063

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of:

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

If "Yes" on line 6a or 6b, describe in Part III.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

6a

6b

7

8

Х

Х

Х

Х

a The organization?

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

b Any related organization?

not described on lines 5 and 6? If "Yes," describe in Part III

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.

(A) News and Title		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and 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)	212,000.	0.	0.	6,375.	2,283.	220,658.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDY RAMOS	(i)	150,518.	0.	0.	4,623.	24,351.	179,492.	0.
VP, FINANCE & OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedul	le J (Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page 3
Part III	Supplemental Information		
	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	IDAHO COMMUNITY FO	OUNDATION,	INC.			82-0	42506	3	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d Method of d noncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	30	3,505,017.	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 organi	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28,	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC.	82-0425063	Page 2
Part II	(Form 990) 2023 IDAHO COMMUNITY FOUNDATION, INC. Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	s, and whether the organiz bination of both. Also con	ation nplete

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Inspection

Name of the organization **Employer identification number** IDAHO COMMUNITY FOUNDATION, INC. 82-0425063 FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD. THE VICE CHAIR. THE IMMEDIATE PAST CHAIR (SO LONG AS HE OR SHE IS A CURRENT THE SECRETARY. AND THE TREASURER AND. AT THE DISCRETION OF THE DIRECTOR) CHAIR OF THE EXECUTIVE COMMITTEE, IF BELIEVED APPROPRIATE AT THE TIME. MEMBER-AT-LARGE TO BE SELECTED BY THE CHAIR OF THE EXECUTIVE COMMITTEE SUBJECT TO APPROVAL OF A MAJORITY OF THE EXECUTIVE COMMITTEE MEMBERS. EXCEPT AS LIMITED BY LAW OR IN THE ARTICLES OF INCORPORATION OR THESE THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO AUTHORIZE AND ACT FOR THE BOARD BETWEEN REGULAR MEETINGS UPON MATTERS WHICH, IN THE JUDGMENT OF THE EXECUTIVE COMMITTEE, REQUIRE ACTION PRIOR TO THE NEXT REGULAR MEETING 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 AND OTHER STATES OR COUNTRIES. AND (II) ORGANIZATIONS WHICH OPERATE IN IDAHO, IN EACH CASE THAT CONTRIBUTE TO THE MISSION OF THE FOUNDATION. THE MEMBERSHIP INCLUDES INDIVIDUALS AND ORGANIZATIONS FROM THE AND THE FIELDS OF EDUCATION, PHILANTHROPY, COMMERCE, LABOR, BUSINESS PROFESSIONS AND WHO REPRESENT THE BROAD PUBLIC INTEREST. THE FOUNDATION WILL STRIVE TO MAINTAIN 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, BOARD AND OTHER ACTIVITIES OF THE FOUNDATION. MEMBERSHIP IN THE FOUNDATION SHALL BE PERSONAL, NON-TRANSFERABLE, AND SHALL NOT SURVIVE THE DEATH OF ANY INDIVIDUAL MEMBER. ISSUANCE OF MEMBERSHIP BY THE FOUNDATION CONVEYS NO

78

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization IDAHO COMMUNITY FOUNDATION, INC.	Employer identification number 82-0425063
PROPERTY RIGHT TO ANY INDIVIDUAL OR ORGANIZATIONAL MEMBER. A CONTRIBUTION	
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 FINANCIAL AFFAIRS COMMITTEE 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) 2023 332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization IDAHO COMMUNITY FOUNDATION, 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. ADDITIONAL INFORMATION IS	
AVAILABLE UPON REQUEST.	
	_

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

IDAHO COMMUNITY FOUNI	DATION, INC.				82-04250	163	
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		(f) ect controlling entity	g
Identification of Related Tax-Exempt Organiza	tions. Complete if the examination of	proviored "Voo" on Form 990	Dort IV line 24	accounce it had one	or more related toy		
organizations during the tax year.		,		Jecause It Had One	T		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	g cont	g) 512(b)(13) trolled tity?
THE KISSLER FAMILY FOUNDATION - 26-0587332	SUPPORTING ORGANIZATION OF			301(0)(3))		Yes	No
1125 WEST AMITY ROAD BOISE, ID 83705	IDAHO COMMUNITY FOUNDATION, INC.	IDAHO	501(C)(3)	LINE 12A, I	IDAHO COMMUNITY FOUNDATION, INC		
	- COMBITTON, THE.	T.D.I.I.O	501(0)(3)	21N2 12N, 1	TOONDITION, IN		
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.				Schedule	R (Form 99	90) 2023

Part III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if	the organization	answered "	Yes" on For	m 990,	Part IV, line	34, becaus	e it had one or mo	ore related	t

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion allocations		ortionate closes? Code V-UBI amount in box 20 of Schedule		(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) otion b)(13) rolled tity?
		country)		or tracty		400010		Yes	No

Part V	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Form	n 990, Part IV, line 34, 35b	o, or 36.			
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	ring the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?			
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х
	t, grant, or capital contribution to related organization(s)				1b		х
	t, grant, or capital contribution from related organization(s)				1c	Х	
	ans or loan guarantees to or for related organization(s)				1d		х
	ans or loan guarantees by related organization(s)				1e		Х
f Div	idends from related organization(s)				1f		Х
g Sa	e of assets to related organization(s)				1g		Х
h Pu	rchase of assets from related organization(s)				1h		Х
i Exc	change of assets with related organization(s)				1i		Х
j Lea	ase of facilities, equipment, or other assets to related organization(s)				1 j		Х
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k		х
	formance of services or membership or fundraising solicitations for related orga				11		Х
	formance of services or membership or fundraising solicitations by related orgal				1m		Х
	aring of facilities, equipment, mailing lists, or other assets with related organizati						Х
	aring of paid employees with related organization(s)				10		Х
p Re	mbursement paid to related organization(s) for expenses				1p		Х
q Re	mbursement paid by related organization(s) for expenses				1q		Х
r Oth	ner transfer of cash or property to related organization(s)				1r		х
s Oth	ner transfer of cash or property from related organization(s)				1s		Х
2 If t	ne answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered i	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	nvolved		
(1) THE	KISSLER FAMILY FOUNDATION	С	644,008.	CASH			
•							
(2)							
(3)							
(4)							
(5)							
							_

82-0425063

Page 4

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	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
							Н				-	
							Ш					
							Ш					

Schedule R	(Form 990) 2023	IDAHO CO	OMMUNITY FOUNDATION	, INC.	82-0425063	Page 5
Part VII	(Form 990) 2023 Supplemental Info	rmation				
			oonses to allestions on Sc	chedule R. See instructions.		
	1 TOVIGE AGGINGHANIMON	TIGUIOTI TOT TOO	sorioco to questiono en ec	sheddie H. Gee metraetiene.		
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332165 09-28-23 Schedule R (Form 990) 2023

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 82-0425063 IDAHO COMMUNITY FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 210 WEST STATE STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JUDITH RAMOS 210 WEST STATE STREET - BOISE, ID 83702 Telephone No. (208)342-3535 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____ , 20 ____ , and ending _ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2024)

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