

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: IDAHO COMMUNITY FOUNDATION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
210 WEST STATE STREET
City or town, state or province, country, and ZIP or foreign postal code
BOISE, ID 83702
D Employer identification number: 82-0425063
E Telephone number: (208) 342-3535
F Name and address of principal officer: STEVE BURNS
SAME AS C ABOVE
G Gross receipts \$: 24,338,918.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.IDAHOCHF.ORG
K Form of organization: Corporation
L Year of formation: 1988
M State of legal domicile: ID

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO ENRICH THE QUALITY OF LIFE THROUGHOUT IDAHO. 2 Check this box if the organization discontinued its operations... 3-7a Governance metrics. 8-12 Revenue: Contributions, Program service, Investment, Other, Total. 13-19 Expenses: Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses. 20-22 Net Assets or Fund Balances: Total assets, Total liabilities, Net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer: Steve Burns, President & CEO, Date: 6/7/2024
Signature of preparer: ANN SWINDELL, Date: 06/07/24, PTIN: P01677409
Preparer Use Only: Firm's name: CLIFTONLARSONALLEN LLP, Firm's EIN: 41-0746749, Firm's address: 101 S. CAPITOL BLVD., SUITE 1700, BOISE, ID 83702, Phone no.: (208) 387-6400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO ENRICH THE QUALITY OF LIFE THROUGHOUT IDAHO. ICF OFFERS WAYS FOR DONORS TO SUPPORT A CHERISHED CAUSE, COMMUNITY OR ORGANIZATION NOW AND FOREVER, AND A STREAMLINED GRANT PROCESS THAT PROVIDES FINANCIAL SUPPORT TO NONPROFIT PROJECTS AND INITIATIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 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 \$ 774,130. including grants of \$ 729,419. ) (Revenue \$ ) 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 \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,977,679.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 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? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (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 [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JUDITH RAMOS - (208) 342-3535
210 WEST STATE STREET, BOISE, ID 83702

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE BURNS PRESIDENT & CEO	40.00 1.00			X				212,000.	0.	8,658.
(2) JUDY RAMOS VP, FINANCE & OPS	40.00 1.00			X				150,518.	0.	28,974.
(3) CANDI ALLPHIN PAST CHAIR	1.00	X		X				0.	0.	0.
(4) MARY JO AMBROSIANI DIRECTOR	1.00	X						0.	0.	0.
(5) CURRY ANDREWS DIRECTOR	1.00	X						0.	0.	0.
(6) STEVE CARR DIRECTOR	1.00	X						0.	0.	0.
(7) FRANCES ELLSWORTH DIRECTOR	1.00	X						0.	0.	0.
(8) RON GALLEGOS DIRECTOR	1.00	X						0.	0.	0.
(9) TIM HAMILTON TREASURER	1.00	X		X				0.	0.	0.
(10) GEORGE JUETTEN DIRECTOR	1.00	X						0.	0.	0.
(11) TOM KILLINGSWORTH DIRECTOR	1.00	X						0.	0.	0.
(12) KEVIN KING DIRECTOR	1.00	X						0.	0.	0.
(13) DAN KLOCKO DIRECTOR	1.00	X						0.	0.	0.
(14) LORI MCCANN DIRECTOR	1.00	X						0.	0.	0.
(15) ERIN NUXOLL DIRECTOR	1.00	X						0.	0.	0.
(16) DOUG OPPENHEIMER CHAIR	1.00	X		X				0.	0.	0.
(17) DANIELLE QUADE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBRA RIEDEL DIRECTOR	1.00	X						0.	0.	0.
(19) HEIDI ROGERS SECRETARY	1.00	X		X				0.	0.	0.
(20) J. WALT SINCLAIR VICE CHAIR	1.00	X		X				0.	0.	0.
(21) MARY VAGNER DIRECTOR	1.00	X						0.	0.	0.
(22) STEPHEN WEEG MEMBER AT LARGE	1.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								362,518.	0.	37,632.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								362,518.	0.	37,632.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	57,810.				
	<b>c</b> Fundraising events .....	<b>1c</b>	33,735.				
	<b>d</b> Related organizations .....	<b>1d</b>	644,008.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,096,191.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,505,017.				
	<b>h Total.</b> Add lines 1a-1f .....		12,831,744.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,364,393.			4,364,393.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	7,102,217.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,018,931.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	3,083,286.				
	<b>d</b> Net gain or (loss) .....		3,083,286.			3,083,286.	
<b>8 a</b> Gross income from fundraising events (not including \$ 33,735. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		40,564.				
			61,125.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-20,561.		-20,561.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			20,258,862.	0.	0.	7,427,118.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,780,521.	10,780,521.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	509,303.	509,303.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	401,000.	44,231.	246,190.	110,579.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,101,737.	218,875.	550,115.	332,747.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,384.	6,526.	14,005.	9,853.
<b>9</b> Other employee benefits	183,509.	27,848.	99,605.	56,056.
<b>10</b> Payroll taxes	114,040.	19,969.	61,533.	32,538.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,508.		2,508.	
<b>c</b> Accounting	30,019.		30,019.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	205,168.	202,552.	2,616.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,320.	3,320.		
<b>12</b> Advertising and promotion	62,181.	10,567.	16,946.	34,668.
<b>13</b> Office expenses	44,724.	16,903.	17,090.	10,731.
<b>14</b> Information technology	142,825.	36,337.	70,167.	36,321.
<b>15</b> Royalties				
<b>16</b> Occupancy	11,315.	2,729.	5,657.	2,929.
<b>17</b> Travel	72,113.	16,507.	24,448.	31,158.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,536.	8,571.	13,863.	9,102.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	34,956.	8,431.	17,478.	9,047.
<b>23</b> Insurance	63,280.	50,983.	8,103.	4,194.
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS EXPENSES	33,539.	13,774.	12,322.	7,443.
<b>b</b> PROMISE TO GIVE RECOV.	106.	-268.	374.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,858,084.	11,977,679.	1,193,039.	687,366.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	421,851.	<b>1</b>	550,285.
	<b>2</b> Savings and temporary cash investments .....	9,560,100.	<b>2</b>	11,510,268.
	<b>3</b> Pledges and grants receivable, net .....	61,982.	<b>3</b>	8,700.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	124,488.	<b>7</b>	103,967.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	78,785.	<b>9</b>	34,607.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,079,790.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 543,021.	571,726.	<b>10c</b> 536,769.
	<b>11</b> Investments - publicly traded securities .....	188,111,392.	<b>11</b>	215,778,911.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	316,905.	<b>13</b>	350,920.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	180,485.	<b>15</b>	164,029.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	199,427,714.	<b>16</b>	229,038,456.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	225,527.	<b>17</b>	273,287.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	225,527.	<b>26</b>	273,287.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	199,015,717.	<b>27</b>	228,652,502.
	<b>28</b> Net assets with donor restrictions .....	186,470.	<b>28</b>	112,667.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	199,202,187.	<b>32</b>	228,765,169.
<b>33</b> Total liabilities and net assets/fund balances .....	199,427,714.	<b>33</b>	229,038,456.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,258,862.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,858,084.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,400,778.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	199,202,187.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,162,204.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	228,765,169.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> IDAHO COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An 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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Check box. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10% -facts-and-circumstances test - 2023; b 10% -facts-and-circumstances test - 2022; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	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	<b>Total</b> 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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number

82-0425063

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 401,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 502,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 1,836,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 601,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 1,303,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 1,368,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ 501,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ 644,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  IDAHO COMMUNITY FOUNDATION, INC.	Employer identification number  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
3	VARIOUS STOCKS _____ _____ _____	\$ 1,836,630.	_____
5	VARIOUS STOCKS _____ _____ _____	\$ 598,662.	12/04/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



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

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

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

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	161,654,470.	190,947,490.	161,112,746.	149,270,446.	123,882,442.
b Contributions	4,703,353.	9,358,547.	4,997,848.	3,836,701.	5,808,017.
c Net investment earnings, gains, and losses	26,673,512.	-31,772,523.	32,208,796.	14,874,742.	25,886,519.
d Grants or scholarships	5,688,748.	5,140,140.	4,883,431.	4,962,119.	4,369,816.
e Other expenditures for facilities and programs					
f Administrative expenses	1,969,831.	1,738,904.	2,488,469.	1,907,024.	1,936,716.
g End of year balance	185,372,756.	161,654,470.	190,947,490.	161,112,746.	149,270,446.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.9400 %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment .0600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,700.		175,700.
b Buildings		831,289.	470,220.	361,069.
c Leasehold improvements				
d Equipment		72,801.	72,801.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				536,769.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, (A) through (H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and Total.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and Total.

Part X Other Liabilities

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	37,305,176.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	19,386,468.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	19,386,468.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,918,708.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	169,683.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,170,471.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,340,154.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	20,258,862.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,573,659.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,573,659.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	205,168.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,079,257.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,284,425.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,858,084.

**Part XIII Supplemental Information**

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

PART V, LINE 4:

THE ENDOWMENT FUNDS CONSIST OF OVER 500 INDIVIDUAL FUNDS ESTABLISHED BY

DONORS TO PROVIDE ANNUAL FUNDING FOR SPECIFIC ACTIVITIES AND GENERAL

OPERATIONS (THE ENDOWMENT). THE ENDOWMENT ALSO INCLUDES CERTAIN

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

ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE

EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

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

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

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

**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**

OMB No. 1545-0047

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.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number  
82-0425063

**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 raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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 NONE	(d) Total events (add col. (a) through col. (c))
		RECEPTIONS (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	74,299.		74,299.
	2	Less: Contributions	33,735.		33,735.
	3	Gross income (line 1 minus line 2)	40,564.		40,564.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,264.		7,264.
	7	Food and beverages	40,130.		40,130.
	8	Entertainment	2,000.		2,000.
	9	Other direct expenses	11,731.		11,731.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			61,125.
11	Net income summary. Subtract line 10 from line 3, column (d)			-20,561.	

**Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility .....	<b>13a</b>	%
b An outside facility .....	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c 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:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

---

---

---

---

---

---

---

---

---

---

---

---

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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	GOVERNMENT	12,000.	0.			IMPROVE THE PLAYGROUND AND OUTDOOR AREA

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 315.

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

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

Schedule I (Form 990) 2023

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

Schedule I (Form 990)

**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
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

Schedule I (Form 990)

**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
BOISE BICYCLE PROJECT INC. 1027 S LUSK ST BOISE, ID 83706-2832	80-0268725	501(C)(3)	5,750.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
BOISE CONTEMPORARY THEATER INC. 854 W FULTON ST BOISE, ID 83702-7127	82-0508146	501(C)(3)	12,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
BOISE PHILHARMONIC ASSOCIATION, INC. - 516 SOUTH 9TH ST - BOISE, ID 83702-7164	82-6006000	501(C)(3)	178,584.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
BOISE PHILHARMONIC FOUNDATION 516 S 9TH ST BOISE, ID 83702-7164	82-0528616	501(C)(3)	97,970.	0.			SUPPORT THE BOISE PHILHARMONIC ASSOCIATION
BOISE POLICE DEPARTMENT 333 N SAILFISH PLACE BOISE, ID 83704	82-6000165	GOVERNMENT	6,635.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC - 8169 W VICTORY RD - BOISE, ID 83709-4164	82-0400689	501(C)(3)	149,821.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
BOISE RESCUE MISSION 308 S 24TH ST BOISE, ID 83702	82-0259387	501(C)(3)	101,307.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
BOISE STATE UNIVERSITY FOUNDATION INC. - 2225 UNIVERSITY DRIVE - BOISE, ID 83706-3028	82-6010706	501(C)(3)	101,999.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
BOISE URBAN GARDEN SCHOOL 2995 N FIVE MILE RD BOISE, ID 83713	75-3139866	501(C)(3)	8,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES

Schedule I (Form 990)

**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
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

Schedule I (Form 990)

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

Schedule I (Form 990)



**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 PO BOX 10 CASCADE, ID 83611-0010	82-6000173	GOVERNMENT	6,000.	0.			SUPPORT GENERAL OPERATIONS AND THE STEM YOUTH BOOK COLLECTION
CASCADE SCHOOL DISTRICT #422 PO BOX 291 CASCADE, ID 83611-0291	82-6000907	GOVERNMENT	28,000.	0.			SUPPORT GENERAL OPERATIONS AND THE COMMUNITY SCHOOL MODEL
CDAIDE, INC. PO BOX 1042 COEUR D'ALENE, ID 83816	82-1514707	501(C)(3)	13,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
CENTERVILLE FIRE DISTRICT, INC. 115 GRIMES PASS RD CENTERVILLE, ID 83631-4143	82-0512632	501(C)(3)	9,107.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
CHARITABLE ASSISTANCE TO THE COMMUNITY'S HOMELESS, INC. - 503 S. AMERICANA BLVD - BOISE, ID 83702-6730	27-3483457	501(C)(3)	37,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVENUE BOISE, ID 83712-6420	82-0201128	501(C)(3)	90,381.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
CHILDREN'S MUSEUM OF IDAHO, INC. 790 S PROGRESS AVE MERIDIAN, ID 83642	37-1899670	501(C)(3)	20,000.	0.			SUPPORT STEAM ENRICHMENT PROGRAMS FOR CHILDREN IN LOW-INCOME SCHOOLS
CHILDREN'S VILLAGE FOUNDATION INC. 1350 WEST HANLEY AVENUE COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	18,250.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
CITY OF ABERDEEN PO BOX 190 ABERDEEN, ID 83210-0190	82-6000156	GOVERNMENT	14,092.	0.			SUPPORT THE PURCHASE OF EDUCATIONAL SIGNS FOR THE WILLOW BAY TRAIL

Schedule I (Form 990)

**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
CITY OF BOISE 1104 ROYAL BLVD BOISE, ID 83706-2840	82-6000165	GOVERNMENT	7,000.	0.			SUPPORT THE PURCHASE OF E-BOOKS FOR THE BOWN CROSSING LIBRARY
CITY OF EMMETT 501 EAST MAIN STREET EMMETT, ID 83617-3046	82-6000188	GOVERNMENT	51,100.	0.			SUPPORT THE SPLASH PAD, PICKLEBALL COURTS, AND GENERAL OPERATIONS
CITY OF OSBURN PO BOX 865 OSBURN, ID 83849-0865	82-6001340	GOVERNMENT	32,800.	0.			SUPPORT THE FITNESS COURT AND BASKETBALL/PICKLEBALL COURT
CITY OF PRESTON 70 W ONEIDA ST PRESTON, ID 83263-1233	82-6000246	GOVERNMENT	10,000.	0.			CONSTRUCT AND LANDSCAPE A WALKING PATH AROUND CRANER FIELD PARK
CITY OF SUN VALLEY 921 S 8TH AVE., MS 8099 POCATELLO, ID 83209	82-0294056	GOVERNMENT	20,000.	0.			SUPPORT THE GREENHORN FIRE STATION HOUSING PROJECT
CITY OF WALLACE 703 CEDAR STREET WALLACE, ID 83873-2309	82-6000272	GOVERNMENT	34,390.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
COEUR D'ALENE PUBLIC LIBRARY FOUNDATION, INC - 702 E FRONT AVENUE - COEUR D'ALENE, ID 83814	82-0485529	501(C)(3)	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
COEUR D'ALENE ROTARY ENDOWMENT FOUNDATION - PO BOX 444 - COEUR D'ALENE, ID 83816-0444	26-1725990	501(C)(3)	9,424.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
COEUR D'ALENE SCHOOL DISTRICT #271 1400 N NORTHWOOD CENTER COURT COEUR D'ALENE, ID 83814-2657	82-6000811	GOVERNMENT	20,250.	0.			SUPPORT GENERAL OPERATIONS AND BORAH ELEMENTARY SCHOOL

Schedule I (Form 990)

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

Schedule I (Form 990)

**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
CONGREGATION AHAVATH-BETH ISRAEL INC. - 11 N LATAH - BOISE, ID 83706-2621	31-1554282	501(C)(3)	8,850.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
CONSOLIDATED FREE LIBRARY DISTRICT 8385 NORTH GOVERNMENT WAY HAYDEN, ID 83835-9258	82-0332894	GOVERNMENT	5,674.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
COUNTY OF CAMAS SCHOOL DISTRICT #121 - 610 SOLDIER RD - FAIRFIELD, ID 83327-9702	82-6000686	GOVERNMENT	5,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
COUNTY OF POWER, CLASS A SCHOOL DISTRICT 381 - 827 FORT HALL AVE - AMERICAN FALLS, ID 83211-1463	82-6000865	GOVERNMENT	55,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
CRAIGMONT COMMUNITY CHURCH PO BOX 338 CRAIGMONT, ID 83523-0338	82-0364923	GOVERNMENT	9,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
DISCOVERY CENTER OF IDAHO, INC 131 W MYRTLE ST BOISE, ID 83702-7652	94-3047492	501(C)(3)	8,559.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC 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 3839 W PRAIRIE AVENUE HAYDEN, ID 83835-7930	27-2702812	501(C)(3)	6,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
EASTERN WASHINGTON UNIVERSITY FOUNDATION - 102 HARGREAVES HALL - CHENEY, WA 99004-2413	91-1019819	501(C)(3)	12,000.	0.			SUPPORT STUDENT SCHOLARSHIPS

Schedule I (Form 990)

**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
EMMETT COMMUNITY PLAYHOUSE, INC PO BOX 883 EMMETT, ID 83617-0883	20-1380706	501(C)(3)	16,700.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
EMMETT HIGH SCHOOL 721 W. 12TH STREET EMMETT, ID 83617	82-6001228	GOVERNMENT	5,457.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
EMMETT PUBLIC LIBRARY 275 S HAYES AVENUE EMMETT, ID 83617	82-6000188	GOVERNMENT	13,417.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
EMMETT PUBLIC SCHOOL FOUNDATION INC. - 1070 MELROSE DRIVE - EMMETT, ID 83617-9558	94-3208093	501(C)(3)	16,378.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
EMPOWER HUMANITY 1030 E SUBLETTE STREET POCATELLO, ID 83201-5269	81-1467702	501(C)(3)	8,000.	0.			SUPPORT THE SUMMER THEATRE PRODUCTION AND THE THEATRE PROGRAM
ESTHER SIMPLOT PERFORMING ARTS ACADEMY INC. - P.O. BOX 27 - BOISE, ID 83707	82-0446623	501(C)(3)	331,451.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
FAMILY ADVOCACY CENTER AND EDUCATION SERVICES - 417 S 6TH ST - BOISE, ID 83702-7632	20-4883532	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
FAMILY ADVOCATE PROGRAM INC. 3010 W STATE STREET BOISE, ID 83703-5949	82-0344205	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
FAMILY JUSTICE CENTER FOUNDATION OF IDAHO - 1305 3RD ST SOUTH - NAMPA, ID 83651-3903	26-4423289	501(C)(3)	23,645.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

**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
FAMILY SERVICES ALLIANCE OF SOUTHEAST IDAHO INC. - 355 S ARTHUR - POCATELLO, ID 83204-3306	82-0200909	501(C)(3)	10,440.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
FAR AND WISE, INC. PO BOX 4282 HAILEY, ID 83333-4282	46-0587871	501(C)(3)	47,400.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
FATHER FLANAGAN'S BOYS' HOME C/O ESTATE ADMINISTRATION BOYS TOWN, NE 68010-0145	47-0376606	501(C)(3)	6,056.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
FESTIVAL AT SANDPOINT INC PO BOX 695 SANDPOINT, ID 83864-0695	82-0372810	501(C)(3)	12,000.	0.			PROVIDE FREE ACCESS TO EDUCATIONAL OUTREACH AND YOUTH PROGRAMS
FIRST PRESBYTERIAN CHURCH 325 ELM STREET IDAHO FALLS, ID 83402-4024	82-0201864	501(C)(3)	13,182.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
FLOURISH FOUNDATION PO BOX 2429 KETCHUM, ID 83340-2400	27-4446378	501(C)(3)	13,450.	0.			SUPPORT GENERAL OPERATIONS AND YOUR SUMMER TRAVEL PROGRAM
FOUNDATION FOR IDAHO HISTORY INC. PO BOX 664 BOISE, ID 83701-0664	80-0031592	501(C)(3)	5,454.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
FRIENDS OF IDAHO PUBLIC TELEVISION INC. - 1455 NORTH ORCHARD - BOISE, ID 83706-2239	82-0400218	501(C)(3)	52,793.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
FRIENDS OF THE MCCALL LIBRARY 218 E PARK STREET MCCALL, ID 83638-3832	82-0473115	501(C)(3)	5,094.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES

Schedule I (Form 990)

**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
FRIENDS OF WEISER RIVER TRAIL INC PO BOX 472 COUNCIL, ID 83612-0472	82-0495183	501(C)(3)	52,496.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND 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	501(C)(3)	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

Schedule I (Form 990)

**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
GRACE EPISCOPAL CHURCH OF NAMPA 911 4TH STREET SOUTH NAMPA, ID 83651-4104	82-0200897	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
GRACE JOINT SCHOOL DISTRICT #148 PO BOX 348 GRACE, ID 83241-0347	82-6000730	GOVERNMENT	13,150.	0.			SUPPORT THE REPAIR OF MUSICAL INSTRUMENTS FOR THE BAND PROGRAM
HABITAT FOR HUMANITY IDAHO FALLS, INC. - PO BOX 51055 - IDAHO FALLS, ID 83405-1055	82-0471181	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
HABITAT FOR HUMANITY OF NORTH IDAHO, INC. - 176 W WYOMING AVENUE - HAYDEN, ID 83835-9609	82-0425146	501(C)(3)	17,874.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
HABITAT FOR HUMANITY OF THE MAGIC VALLEY, INC. - PO BOX 3034 - TWIN FALLS, ID 83303	82-0442486	501(C)(3)	8,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
HEART 2 HAND BINGHAM FOOD PANTRY PO BOX 546 SHELLEY, ID 83274-0546	85-4161383	501(C)(3)	12,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
HELPING HEARTS & HANDS, INC. PO BOX 201 GOODING, ID 83330-0201	20-8322514	501(C)(3)	6,188.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
HERITAGE HEALTH 1090 W PARK PLACE COEUR D'ALENE, ID 83814-2785	94-3036820	501(C)(3)	7,255.	0.			SUPPORT YOUTH MENTAL HEALTHCARE
HOMEDALE JOINT SCHOOL DISTRICT #370 - 116 E OWYHEE AVENUE - HOMEDALE, ID 83628-3227	82-6000860	GOVERNMENT	20,000.	0.			SUPPORT IMPLEMENTATION OF THE COMMUNITY SCHOOL

Schedule I (Form 990)



**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
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

Schedule I (Form 990)

**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
IDAHO DRUG FREE YOUTH, INC. 2028 E BEST AVENUE COEUR D'ALENE, ID 83814-6264	82-0442116	501(C)(3)	25,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
IDAHO FALLS ARTS COUNCIL INC. 498 A STREET IDAHO FALLS, ID 83402	82-0434714	501(C)(3)	35,092.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
IDAHO FALLS PUBLIC LIBRARY 457 W BROADWAY IDAHO FALLS, ID 83402-3637	82-6000205	GOVERNMENT	9,071.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IDAHO FALLS SCHOOL DISTRICT 91 690 JOHN ADAMS PARKWAY IDAHO FALLS, ID 83401-4073	82-6001158	GOVERNMENT	17,551.	0.			SUPPORT GENERAL OPERATIONS AND EXPAND THE LIBRARY COLLECTION
IDAHO FALLS SYMPHONY SOCIETY INC. 440 N CAPITAL AVENUE, SUITE B IDAHO FALLS, ID 83402-4955	82-6007411	501(C)(3)	30,917.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
IDAHO FALLS YMCA 155 N. CORNER AVENUE IDAHO FALLS, ID 83402-4013	82-0222174	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
IDAHO FFA FOUNDATION INC PO BOX 827 STAR, ID 83669	82-0360159	501(C)(3)	28,109.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IDAHO FOODBANK WAREHOUSE 3630 E COMMERCIAL CT MERIDIAN, ID 83642	82-0425400	501(C)(3)	172,170.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
IDAHO HUMANE SOCIETY INC. 1300 S BIRD STREET BOISE, ID 83709-1556	82-0212536	501(C)(3)	9,970.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE

Schedule I (Form 990)

**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
IDAHO HUMANITIES COUNCIL 217 W STATE STREET BOISE, ID 83702-6053	82-0315902	501(C)(3)	67,223.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
IDAHO NONPROFIT CENTER, INC. 5257 W FAIRVIEW AVENUE, SUITE 260 BOISE, ID 83706-1766	94-3419016	501(C)(3)	22,500.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
IDAHO SHAKESPEARE FESTIVAL INC. PO BOX 9365 BOISE, ID 83707	82-0316246	501(C)(3)	16,253.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
IDAHO SLED HOCKEY ASSOCIATION P.O. BOX 1314 MERIDIAN, ID 83680	88-2105915	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
IDAHO STATE UNIVERSITY IDAHO STATE UNIVERSITY MUSIC DEPT. POCATELLO, ID 83209	82-6013543	501(C)(3)	5,129.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IDAHO STATE UNIVERSITY FOUNDATION - BOISE EXTENSION - 802 W BANNOCK ST, STE 206 - BOISE, ID 83702-5839	82-6013543	501(C)(3)	82,492.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IDAHO STEM ACTION CENTER FOUNDATION - 802 W BANNOCK STREET, STE 900 - BOISE, ID 83702-5846	82-2903945	501(C)(3)	29,600.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IDAHO VIRTUAL HIGH SCHOOL, INC. RICHARD MCKENNA CHARTER SCHOOL MOUNTAIN HOME, ID 83647-3375	01-0577656	501(C)(3)	8,000.	0.			SUPPORT THE PURCHASE OF BOOKS AND MATERIALS FOR THE SCHOOL LIBRARY
IDAHO YOUTH RANCH INC. 5465 W IRVING ST BOISE, ID 83706-1213	82-0253346	501(C)(3)	178,268.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

**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
IDAHO ZOOLOGICAL SOCIETY 355 JULIA DAVIS DR BOISE, ID 83702-7670	82-6005995	501(C)(3)	45,521.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
IGNITE IDAHO FAMILY RESOURCE CENTER, INC. - 106 E. PARK STREET - MCCALL, ID 83638	87-2282169	501(C)(3)	7,700.	0.			PROVIDE DROP-IN WELLNESS CHILDCARE
INFLATE MINISTRY PO BOX 686 CHIPPEWA FALLS, WI 54729-0686	84-2000349	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
INSPIRE IDAHO, INC. 1120 S RACKHAM WAY MERIDIAN, ID 83642	86-2015429	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
INTERFAITH SANCTUARY HOUSING SERVICES, INC. - PO BOX 9334 - BOISE, ID 83707-3334	26-0510072	501(C)(3)	74,000.	0.			SUPPORT YOUR CAPITAL CAMPAIGN AND GENERAL OPERATIONS
INTERLINK VOLUNTEER CAREGIVERS INC. - 650 ADDISON AVE W - TWIN FALLS, ID 83301-5858	84-1417706	501(C)(3)	13,324.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
JANNUS INC. 1607 W JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	12,020.	0.			SUPPORT THE AGENCY FOR NEW AMERICANS AND THE CRISIS & SUICIDE HOTLINE
JEFFERSON COUNTY JOINT SCHOOL DISTRICT #251 - 3850 E 300 N - RIGBY, ID 83442-5422	82-6000779	GOVERNMENT	35,000.	0.			UPDATE THE RHS LIBRARY AND SUPPORT HARWOOD ELEMENTARY
JRM FOUNDATION FOR HUMANITY, INC. 4511 ZEBE AVENUE CHUBBUCK, ID 83202-4707	46-5480513	501(C)(3)	15,500.	0.			SUPPORT GENERAL OPERATIONS AND STEAM PROGRAMMING

Schedule I (Form 990)

**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
KANIKSU LAND TRUST, INC. PO BOX 2123 SANDPOINT, ID 83864-0908	47-0898549	501(C)(3)	7,000.	0.			BUILD A WORKSPACE FOR THE KANIKSU FOLK SCHOOL
KELLOGG PROJECT UPLIFT 703 CEDAR ST WALLACE, ID 83873-2309	82-0433514	501(C)(3)	6,246.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
KENDRICK JOINT SCHOOL DISTRICT #283 - PO BOX 283 - KENDRICK, ID 83537-0283		GOVERNMENT	10,900.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC 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)

**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
LAKE PEND OREILLE SCHOOL DISTRICT #84 - 901 TRIANGLE DRIVE - PONDERAY, ID 83852-9747	82-0508739	GOVERNMENT	8,810.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
LAND TRUST OF THE TREASURE VALLEY 918 N 19TH ST BOISE, ID 83702-3327	84-1380693	501(C)(3)	16,682.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE
LARSEN-SANT PUBLIC LIBRARY 109 SOUTH 1ST EAST PRESTON, ID 83263-1303	82-0534903	GOVERNMENT	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
LEAP CHARITIES 670 E RIVERPARK LN BOISE, ID 83706-6679	26-1738122	501(C)(3)	386,834.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
LEARNING LAB INC. 308 E 36TH ST GARDEN CITY, ID 83714-6525	82-0461933	501(C)(3)	51,568.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
LEE PESKY LEARNING CENTER 3324 W ELDER ST BOISE, ID 83705-4713	13-3878574	501(C)(3)	15,750.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
LEWIS-CLARK STATE COLLEGE FOUNDATION INC. - 500 8TH AVENUE - LEWISTON, ID 83501-2698	82-0396878	501(C)(3)	6,946.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
LIFELINE CRISIS PREGNANCY CENTER 1712 9TH STREET S NAMPA, ID 83651-4759	82-0400235	501(C)(3)	5,250.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
LIFE'S KITCHEN INC. PO BOX 45632 BOISE, ID 83711-5632	80-0008918	501(C)(3)	9,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

**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
MOSCOW SCHOOL DISTRICT #281 650 N CLEVELAND ST MOSCOW, ID 83843-3600	82-6000814	GOVERNMENT	26,000.	0.			SUPPORT GENERAL OPERATIONS AND THE PURCHASE OF NEW BOOKS
MOUNT ANGEL ABBEY 1 ABBEY DRIVE SAINT BENEDICT, OR 97373-9700	93-0386869	501(C)(3)	7,600.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
MOUNTAIN HOME SCHOOL DISTRICT 193 470 N 3RD E MOUNTAIN HOME, ID 83647-2737	82-6000742	GOVERNMENT	20,000.	0.			SUPPORT BENNETT MOUNTAIN COMMUNITY SCHOOL
MOUNTAIN HUMANE PO BOX 1496 HAILEY, ID 83333-1496	82-0351171	501(C)(3)	36,554.	0.			SUPPORT GENERAL OPERATIONS AND THE COMMUNITY OUTREACH PROGRAM
MUSEUM OF IDAHO 200 N EASTERN AVENUE IDAHO FALLS, ID 83402	82-0363177	501(C)(3)	9,777.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
MUSEUM OF NORTH IDAHO INC. PO BOX 812 COEUR D'ALENE, ID 83816-0812	23-7161777	501(C)(3)	14,997.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
MUSIC CONSERVATORY OF SANDPOINT, INC. - PO BOX 907 - SANDPOINT, ID 83864-0852	27-1017841	501(C)(3)	11,000.	0.			PROVIDE FREE EARLY CHILDHOOD MUSIC CLASSES AND K-12 ENSEMBLES
MUSICIANS WEST, INC. PO BOX 1142 POCATELLO, ID 83204-1142	82-0439213	501(C)(3)	7,128.	0.			SUPPORT THE PIANO FESTIVAL AND COMPETITION
MY WORLD DISCOVERY MUSEUM 4155 YELLOWSTONE AVE STE 1118 POCATELLO, ID 83202-2345	82-4723065	501(C)(3)	10,000.	0.			PROVIDE A STEM EXHIBIT IN SOUTHEAST IDAHO

Schedule I (Form 990)



**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
NAMI COEUR D'ALENE INC. PO BOX 1082 COEUR D'ALENE, ID 83816-1082	82-0530840	501(C)(3)	5,180.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
NAMI IDAHO PO BOX 2256 BOISE, ID 83701	94-3141046	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
NAMI-WOOD RIVER VALLEY INC. PO BOX 95 HAILEY, ID 83333-0041	82-0530506	501(C)(3)	16,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
NAMPA LIONS CLUB, INC. PO BOX 606 NAMPA, ID 83651	42-1576975	501(C)(3)	6,000.	0.			SUPPORT THE PURCHASE OF A VISION SCREENING MACHINE
NATIONAL ALLIANCE ON MENTAL ILLNESS TREASURE VALLEY - PO BOX 9492 - BOISE, ID 83701	82-0405883	501(C)(3)	14,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
NEIGHBORHOOD HOUSING SERVICES INC. 3380 W AMERICANA TERRACE BOISE, ID 83706-2501	82-0372645	501(C)(3)	250,000.	0.			SUPPORT CAPACITY BUILDING EFFORTS
NEIGHBORWORKS POCATELLO 206 N ARTHUR AVE POCATELLO, ID 83204-3104	82-0461673	501(C)(3)	29,034.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
NEW PLYMOUTH HIGH SCHOOL 207 S PLYMOUTH AVENUE NEW PLYMOUTH, ID 83655-5538		GOVERNMENT	7,004.	0.			SUPPORT STUDENT SCHOLARSHIPS
NEZ PERCE COUNTY HISTORICAL SOCIETY INCORPORATED - 0306 3RD STREET - LEWISTON, ID 83501-1860	82-6008847	501(C)(3)	10,960.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE

Schedule I (Form 990)

**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
NEZ PERCE JOINT SCHOOL DISTRICT #302 - P.O. BOX 279 - NEZPERCE, ID 83543-0279	82-6001370	GOVERNMENT	16,400.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
NORTH FREMONT EDUCATION FOUNDATION INC. - 3641 HIGHWAY 32 - ASHTON, ID 83420-5731	82-0445261	501(C)(3)	158,986.	0.			SUPPORT STUDENT SCHOLARSHIPS AND GENERAL OPERATIONS
NORTH IDAHO COLLEGE FOUNDATION INC 1000 W. GARDEN AVE COEUR D'ALENE, ID 83814-2199	82-0337334	501(C)(3)	11,641.	0.			SUPPORT STUDENT SCHOLARSHIPS
NORTH IDAHO STEM CHARTER ACADEMY PO BOX 434 RATHDRUM, ID 83858-0434	27-1042057	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
NORTHWEST NAZARENE UNIVERSITY INC. 623 S UNIVERSITY BLVD. NAMPA, ID 83686-5800	82-0200907	501(C)(3)	32,529.	0.			SUPPORT STUDENT SCHOLARSHIPS
NOTUS SCHOOL DISTRICT #135 25257 NOTUS ROAD CALDWELL, ID 83607-8736	82-6002944	GOVERNMENT	20,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
ONEIDA COUNTY 10 COURT ST MALAD CITY, ID 83252	82-6000312	GOVERNMENT	13,800.	0.			SUPPORT THE COMMUNITY SWIMMING POOL AND THE EVENT CENTER
ONEIDA COUNTY LIBRARY PO BOX 185 MALAD, ID 83252-0185	82-6004222	GOVERNMENT	20,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
ONEIDA CRISIS CENTER INC PO BOX 174 MALAD, ID 83252-0174	20-3758880	501(C)(3)	11,800.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

**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
OPERA IDAHO INC 515 S 9TH ST BOISE, ID 83702-7006	23-7331238	501(C)(3)	86,443.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
OXFORD PEAK ARTS COUNCIL 120 SOUTH 180 EAST MALAD, ID 83252-1340	82-5420998	501(C)(3)	10,065.	0.			SUPPORT YOUTH PRODUCTIONS AND GENERAL OPERATIONS
PANHANDLE ALLIANCE FOR EDUCATION INC - PO BOX 1675 - SANDPOINT, ID 83864-0871	61-1416176	501(C)(3)	160,980.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
PANHANDLE ANIMAL SHELTER FRIENDS OF THE SHELTER, INC PONDERAY, ID 83852-9720	94-3071245	501(C)(3)	7,669.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE
PANHANDLE SPECIAL NEEDS 1424 NORTH BOYER AVENUE SANDPOINT, ID 83864-2209	82-0333979	501(C)(3)	10,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
PANIDA THEATER COMMITTEE INC. PO BOX 1981 SANDPOINT, ID 83864-0906	82-0233559	501(C)(3)	10,000.	0.			SUPPORT A STUDENT PRODUCTION OF GREASE AT PANIDA THEATER
PAYETTE LAKES COMMUNITY ASSOCIATION, INC. - PO BOX 891 - MCCALL, ID 83638	26-0795046	501(C)(3)	7,200.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
PAYETTE LAKES SKI CLUB INC. PO BOX 442 MCCALL, ID 83638-0442	82-0153504	501(C)(3)	11,951.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
PBANDJ HAYDENERS 9538 N REED ROAD HAYDEN, ID 83835-8509	87-2585939	501(C)(3)	25,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

**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
PEND OREILLE ARTS COUNCIL, INC PO BOX 1694 SANDPOINT, ID 83864-0871	82-0350688	501(C)(3)	31,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
PLANNED PARENTHOOD OF GREAT NORTHWEST - 2001 E MADISON STREET - SEATTLE, WA 98122-2959	91-0686012	501(C)(3)	22,231.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
POCATELLO FREE CLINIC 1001 N 7TH AVE STE 155, ID 83201-5786	82-0351133	501(C)(3)	22,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
POCATELLO HIGH SCHOOL 325 N ARTHUR POCATELLO, ID 83204-3101	00-0027253	GOVERNMENT	9,957.	0.			SUPPORT THE REFINISHING OF THE STEINWAY GRAND PIANO
PORTNEUF GREENWAY FOUNDATION PO BOX 71 POCATELLO, ID 83204-0071	82-0458456	501(C)(3)	20,000.	0.			SUPPORT WORK ALONG THE CONNECTING COMMUNITIES TRAIL
PORTNEUF VALLEY PARTNERS INC. PO BOX 1374 POCATELLO, ID 83204-1374	11-3685593	501(C)(3)	10,000.	0.			CREATE A DEMONSTRATION LOW-WATER LANDSCAPE
PRESTON EDUCATION FOUNDATION 105 E. 2ND S. PRESTON, ID 83263-1526	84-1416850	501(C)(3)	6,130.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
PRESTON SCHOOL DISTRICT #201 105 E 2ND S PRESTON, ID 83263-1526	82-6000749	GOVERNMENT	28,511.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
PRIEST LAKE COMMUNITY EDUCATION FOUNDATION, INC. - 4777 W LAKESHORE ROAD - PRIEST LAKE, ID 83856-9683	45-4775779	501(C)(3)	15,000.	0.			SUPPORT THE FREE PRESCHOOL PROGRAM

Schedule I (Form 990)

**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
PRIEST RIVER COMMUNITY FOUNDATION PO BOX 1932 PRIEST RIVER, ID 83856-1932	26-2541415	501(C)(3)	15,629.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
QUAKER HILL CONFERENCE INC PO BOX 1181 MCCALL, ID 83638-1181	82-0308372	501(C)(3)	6,799.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
REACH CLUB, INC. PO BOX 294 ELK CITY, ID 83525-0294	82-0525025	501(C)(3)	7,200.	0.			SUPPORT THE FUNDING OF A PRESCHOOL TEACHER FOR ELK CITY
REPRODUCTIVE FREEDOM FOR ALL FOUNDATION - 1725 EYE STREET NW - WASHINGTON, DC 20006	52-1100361	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
ROOTS FOREST SCHOOL INC. PO BOX 2003 MCCALL, ID 83638	82-3932159	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
ROSE ADVOCATES PO BOX 527 WEISER, ID 83672-0527	82-0425102	501(C)(3)	13,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
SAINT VINCENT DE PAUL SOCIETY, SAINT FRANCIS OF ASSISI - PO BOX 9888 - MOSCOW, ID 83843-1800	23-7278799	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
SALMON HIGH SCHOOL 401 S WARPATH SALMON, ID 83467-4440		GOVERNMENT	42,604.	0.			SUPPORT THE MUSIC DEPARTMENT AND THE WRESTLING TEAM
SALMON HOCKEY ASSOCIATION INC. PO BOX 581 SALMON, ID 83467-0581	31-1681564	501(C)(3)	14,201.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

**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
SALMON PUBLIC SCHOOL FOUNDATION, INC. - PO BOX 275 - SALMON, ID 83467-0275	94-3112559	501(C)(3)	68,366.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
SANDPOINT AREA SENIORS INC. 820 MAIN STREET SANDPOINT, ID 83864-1880	82-0418894	501(C)(3)	10,003.	0.			SUPPORT GENERAL OPERATIONS AND THE CREATION OF AN OUTDOOR MURAL
SANDPOINT COMMUNITY RESOURCE CENTER - PO BOX 2522 - SANDPOINT, ID 83864-0916	27-1833740	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
SCHOOL DISTRICT NO. 150 EDUCATION FOUNDATION INC. - 250 E 2ND S - SODA SPRINGS, ID 83276-4901	82-0402812	501(C)(3)	11,072.	0.			SUPPORT STUDENT SCHOLARSHIPS AND GENERAL OPERATIONS
SELWAY-BITTERROOT FOUNDATION PO BOX 1886 BOISE, ID 83701-1886	27-2868220	501(C)(3)	6,601.	0.			SUPPORT THE WILDERNESS FELLOWS PROGRAM AND GENERAL OPERATIONS
SENIOR CITIZENS DOLLAR A MONTH CLUB, INC. - PO BOX 446 - GRANGEVILLE, ID 83530-0446	82-0337966	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
SHOSHONE COUNTY WOMEN'S RESOURCE CENTER - 415 7TH STREET, SUITE 1 - WALLACE, ID 83873-2344	82-0374610	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
SHOSHONE SCHOOL DISTRICT #312 61 E HIGHWAY 24 SHOSHONE, ID 83352-5338	82-6003374	GOVERNMENT	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
SIMPLY HOPE FAMILY OUTREACH INC. 1323 OAKLEY AVE BURLEY, ID 83318	87-2855642	501(C)(3)	12,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

**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
SISTER MARY'S CHILDREN INC. PO BOX 809 MCCALL, ID 83638-0809	47-2798473	501(C)(3)	16,250.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
SNAKE RIVER ANIMAL SHELTER INC. 3000 LINDSAY BLVD IDAHO FALLS, ID 83402-9500	20-5175430	501(C)(3)	9,750.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE
SNAKE RIVER SCHOOL DISTRICT #52 103 S 900 W BLACKFOOT, ID 83221-6065	82-6000615	GOVERNMENT	6,163.	0.			UPGRADE THE SOUND SYSTEM IN THE SCHOOL AUDITORIUM
SOCIETY OF ST. VINCENT DE PAUL HOLY SPIRIT CONF. - 855 S 2ND AVE - POCATELLO, ID 83201	82-0458492	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
SOCIETY OF ST. VINCENT DE PAUL, SW ID DIST COUNCIL, INC. - 5256 W FAIRVIEW AVE - BOISE, ID 83706-1762	82-0504886	501(C)(3)	5,250.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP - PO BOX 531 - TWIN FALLS, ID 83303-0531	82-0277836	501(C)(3)	5,849.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
ST. LABRE INDIAN SCHOOL PO BOX 77 ASHLAND, MT 59003-0077	81-0244542	501(C)(3)	45,157.	0.			SUPPORT SECURITY UPGRADES AT TWO SCHOOL CAMPUSES
ST. LUKE'S HEALTH FOUNDATION LTD 190 E BANNOCK ST BOISE, ID 83712-6241	81-0600973	501(C)(3)	52,955.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
ST. MARK'S CATHOLIC SCHOOL 7503 W NORTHVIEW STREET BOISE, ID 83704-7235	82-0200748	501(C)(3)	8,000.	0.			SUPPORT STUDENT SCHOLARSHIPS

Schedule I (Form 990)

**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
ST. MARY CATHOLIC SCHOOL 2620 W STATE STREET BOISE, ID 83702-2243	82-0200748	501(C)(3)	6,000.	0.			SUPPORT STUDENT SCHOLARSHIPS
ST. MARY'S CHURCH 2612 W STATE STREET BOISE, ID 83702-2243	82-0200748	501(C)(3)	6,000.	0.			SUPPORT STUDENT SCHOLARSHIPS
ST. THOMAS EPISCOPAL CHURCH PO BOX 1070 SUN VALLEY, ID 83353	82-0457605	GOVERNMENT	10,469.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
STAND WITH UKRAINE 2124 AUTUMN LN IDAHO FALLS, ID 83404-8278	88-0982973	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
STAR FRIENDS CHURCH 439 NORTH STAR ROAD STAR, ID 83669	82-0329460	501(C)(3)	6,799.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
STEPPING STONES INC. PO BOX 8397 MOSCOW, ID 83843-0897	82-0364143	501(C)(3)	49,350.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
SUN VALLEY INSTITUTE FOR RESILIENCE - PO BOX 3537 - HAILEY, ID 83333	47-3151484	501(C)(3)	7,190.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
SUN VALLEY SKI EDUCATION FOUNDATION - PO BOX 203 - SUN VALLEY, ID 83353-0203	82-0264946	501(C)(3)	22,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
SUN VALLEY SUMMER SYMPHONY PO BOX 1914 SUN VALLEY, ID 83353-1914	82-0397940	501(C)(3)	5,300.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE

Schedule I (Form 990)



**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
SWIFTSURE RANCH THERAPEUTIC EQUESTRIAN CENTER INC. - 114 CALYPSO LANE - BELLEVUE, ID 83313-5010	82-0461587	501(C)(3)	6,350.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
TEACH FOR AMERICA, INC. 1120 S RACKHAM WAY MERIDIAN, ID 83642	13-3541913	501(C)(3)	7,500.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
TEAM WALLACE INC. PO BOX 2065 OSBURN, ID 83849-2065	27-1378043	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
THE ALLIANCE OF IDAHO 251 CRANBROOK DRIVE HAILEY, ID 83333-8728	85-2965458	501(C)(3)	6,100.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
THE AMERICAN FRIENDS OF THE DONMAR THEATRE, INC - 500 MAMARONECK AVENUE - HARRISON, NY 10528	13-3971186	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR ARTS AND CULTURE
THE ART MUSEUM OF EASTERN IDAHO INC. - 300 SOUTH CAPITAL AVENUE - IDAHO FALLS, ID 83402	48-1273754	501(C)(3)	15,112.	0.			SUPPORT GENERAL OPERATIONS AND ART LESSONS FOR ELEMENTARY SCHOOLS
THE COLLEGE OF IDAHO INC. 2112 CLEVELAND BOULEVARD BOX 39 CALDWELL, ID 83605	82-0200906	501(C)(3)	255,408.	0.			SUPPORT STUDENT SCHOLARSHIPS AND GENERAL OPERATIONS
THE CRISIS HOT LINE INC. PO BOX 939 KETCHUM, ID 83340-0905	82-0407349	501(C)(3)	29,800.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
THE FAMILY MEDICINE RESIDENCY OF IDAHO INC. - 777 N RAYMOND STREET - BOISE, ID 83704-9251	20-5934739	501(C)(3)	45,169.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS

Schedule I (Form 990)

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

Schedule I (Form 990)

**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
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	501(C)(3)	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

Schedule I (Form 990)

**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
UNIVERSITY OF IDAHO BOUNDARY COUNTY EXTENSION - PO BOX 267 - BONNERS FERRY, ID 83805-0267	82-6000287	GOVERNMENT	6,000.	0.			SUPPORT THE EXPLORE 4-H AFTERSCHOOL PROGRAM
UNIVERSITY OF IDAHO FOUNDATION INC. - 875 PERIMETER DRIVE MS3143 - MOSCOW, ID 83844-3143	23-7098404	501(C)(3)	293,135.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
UNIVERSITY OF UTAH SCHOLARSHIP OFFICE SALT LAKE CITY, UT 84112-9099	87-6000525	501(C)(3)	25,710.	0.			SUPPORT THE MORAN EYE CENTER GLOBAL OUTREACH PROGRAM
UPRIVER COMMUNITY UNITED INC PO BOX 341 FERNWOOD, ID 83830-0341	71-1045376	501(C)(3)	7,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
VALLEY HOUSING COALITION PO BOX 774 TWIN FALLS, ID 83303-0774	94-3149732	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
VALLEY MISSION 442 N. ARTHUR AVENUE POCATELLO, ID 83204-3004	82-1818409	501(C)(3)	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR HOUSING STABILITY
VOICES AGAINST VIOLENCE INC. PO BOX 2444 TWIN FALLS, ID 83303-2444	82-0372006	501(C)(3)	8,500.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
WARREN E. MCCAIN MIDDLE SCHOOL 400 N IOWA AVENUE PAYETTE, ID 83661-5397		GOVERNMENT	57,600.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
WASSMUTH CENTER FOR HUMAN RIGHTS 775 W FULTON STREET BOISE, ID 83702-7126	82-0490848	501(C)(3)	18,173.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT

Schedule I (Form 990)

**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
WEST ADA EDUCATION FOUNDATION 1303 CENTRAL DRIVE MERIDIAN, ID 83642-7991	82-0421800	501(C)(3)	11,162.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
WEST JAPAN MISSION, INC. 347 N. BUFFALO ST. WARSAW, IN 46580	83-3655954	501(C)(3)	6,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
WEST SIDE SCHOOL DISTRICT #202 EDUCATION FOUNDATION INC - 626 N WEST SIDE HWY - DAYTON, ID 83232	37-1523397	501(C)(3)	106,271.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
WHITEWATER THERAPEUTIC RECREATIONAL RIDING ASSOC. - PO BOX 1443 - SALMON, ID 83467-1443	82-0469677	501(C)(3)	8,000.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
WOMEN'S AND CHILDREN'S ALLIANCE 720 W WASHINGTON ST BOISE, ID 83702-5535	82-0204464	501(C)(3)	28,550.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
WOMEN'S CENTER INC 850 NORTH 4TH STREET COEUR D'ALENE, ID 83814-3059	82-0341451	501(C)(3)	7,621.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
WOOD RIVER COMMUNITY YOUNG MENS CHRISTIAN ASSOCIATION INC. - PO BOX 6801 - KETCHUM, ID 83340-6801	82-0481436	501(C)(3)	30,427.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
WOOD RIVER FIRE AND RESCUE FIREFIGHTERS ASSOCIATION - 117 E WALNUT STREET - HAILEY, ID 83333-8449	82-0537805	501(C)(3)	20,000.	0.			SUPPORT GENERAL OPERATIONS FOR COMMUNITY BENEFIT
WOOD RIVER LAND TRUST COMPANY 119 E BULLION ST HAILEY, ID 83333-8770	82-0474191	501(C)(3)	10,650.	0.			SUPPORT GENERAL OPERATIONS FOR ENVIRONMENT AND ANIMAL WELFARE

Schedule I (Form 990)

<b>Part II</b> 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
WOUNDED WARRIOR PROJECT, INC. PO BOX 785516 TOPEKA, KS 66675-8516	20-2370934	501(C)(3)	8,100.	0.			SUPPORT GENERAL OPERATIONS FOR HEALTH AND WELLNESS
YOUTH EMPLOYMENT PROGRAM, INC 601 LENA STREET SALMON, ID 83467-4206	82-0483392	501(C)(3)	18,616.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES
ZOO IDAHO ZOOLOGICAL SOCIETY 3101 AVENUE OF THE CHIEFS POCATELLO, ID 83204-2135	82-0471629	501(C)(3)	15,000.	0.			SUPPORT GENERAL OPERATIONS AND A SHADED AREA ALONG THE WALKING PATH
HOMEDALE PUBLIC LIBRARY PO BOX 1087 HOMEDALE, ID 83628-1087		GOVERNMENT	10,000.	0.			SUPPORT GENERAL OPERATIONS FOR EDUCATIONAL AND ECONOMIC OPPORTUNITIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	178	509,303.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT DISBURSEMENTS CAN BE REQUESTED BY AN ADVISOR OR THROUGH COMPETITIVE  
 GRANT PROGRAMS. REGIONAL GRANT PROGRAMS EXIST TO SUPPORT A VARIETY OF  
 COMMUNITY NEEDS OR FOR EDUCATIONAL SCHOLARSHIPS. REGIONAL GRANT FUNDS ARE  
 DETERMINED BY REGIONAL COUNCILS MADE UP OF VOLUNTEER COMMUNITY MEMBERS FROM  
 EACH OF THE STATE'S REGIONS. GRANT RECOMMENDATIONS MADE BY REGIONAL  
 COUNCILS ARE APPROVED BY THE BOARD OF DIRECTORS. DUE DILIGENCE IS CONDUCTED  
 TO CONFIRM AN ORGANIZATION'S ELIGIBILITY TO RECEIVE CHARITABLE GRANTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
 IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number  
 82-0425063

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**2** 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? .....

**3** 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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023



**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) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVE BURNS PRESIDENT & CEO	(i)	212,000.	0.	0.	6,375.	2,283.	220,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDY RAMOS VP, FINANCE & OPS	(i)	150,518.	0.	0.	4,623.	24,351.	179,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

IDAHO COMMUNITY FOUNDATION, INC.

Employer identification number

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

DIRECTOR), THE SECRETARY, AND THE TREASURER AND, AT THE DISCRETION OF THE

CHAIR OF THE EXECUTIVE COMMITTEE, IF BELIEVED APPROPRIATE AT THE TIME, A

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

BYLAWS, 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

OF THE BOARD, BUT DO NOT REQUIRE CALLING A SPECIAL MEETING OF THE BOARD.

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

THE MEMBERSHIP OF THE FOUNDATION SHALL CONSIST OF (I) NATURAL PERSONS WHO

RESIDE IN IDAHO 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

FIELDS OF EDUCATION, PHILANTHROPY, COMMERCE, LABOR, BUSINESS, AND THE

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, THE

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

PROPERTY RIGHT TO ANY INDIVIDUAL OR ORGANIZATIONAL MEMBER. A CONTRIBUTION

TO THE FOUNDATION SHALL NOT BE A REQUIREMENT OF MEMBERSHIP, ALTHOUGH A

NOMINAL MEMBERSHIP DONATION, AS SET BY THE BOARD, MAY BE REQUIRED FOR THE

PURPOSE OF ESTABLISHING MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY IS PROVIDED ELECTRONICALLY TO ALL DIRECTORS FOR REVIEW PRIOR TO

BEING FILED. THE 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.

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p align="center">IDAHO COMMUNITY FOUNDATION, INC.</p>	Employer identification number <p align="center">82-0425063</p>
--	--

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

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

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

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

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

Schedule R (Form 990) 2023



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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE KISSLER FAMILY FOUNDATION	C	644,008.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Form **8868**  
(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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 instructions.

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**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions.  IDAHO COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN)  82-0425063
	Number, street, and room or suite no. If a P.O. box, see instructions. 210 WEST STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOISE, ID 83702	

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 Code	Application Is For	Return 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)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• 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 box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** 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:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **8868** (Rev. 1-2024)