Form **990**

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

Department of the Treasury Internal Revenue Service

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

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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.

Open to Public Inspection

A	Fog the	2017 calendar year, or tax year beginning J	<u>UL 1, 2017 and</u>	ending (<u>IUN 30,</u>	<u> 2018 </u>		
В	Check if applicable	C Name of organization			D Employer		tion number	
2	Address change	University of Idaho Fo	undation, Inc.		_			
	Name change	Doing business as			<u> </u>	<u>23-70:</u>	98404	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone	number		
	Final return/	875 Perimeter Drive, M	S 3143				<u>85-4000</u>	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s\$	<u> 101,013</u> ,	<u>.871.</u>
L	Amende	MOSCOW, ID 03044-3143	_ · 		H(a) Is this a	group retu		
L	Applica tion pending	F Name and address of principal officer OO	y Fisher	. //	for subc	ordinates?		X No
		same as C above		1	H(b) Are all sub			No
				or 52	-		t (see instruct	ions)
		e: ► www.uidahofoundation.o			H(c) Group e			
			sociation Other \	I L Year	of formation: 1	9 / U M S	state of legal don	IICIIE: TT
		Summary	Tada	iro	22222	diat	ri buto	
õ		Briefly describe the organization's mission or most private support to enhanc						
Activities & Governance	_	Check this box if the organization disco						
Ver	N.	Number of voting members of the governing body	·	sea or mor	e (nan 25/6 on	3	713	23
පි		lumber of independent voting members of the go				4		23
م در		otal number of individuals employed in calendary				5		0
iŧie		otal number of volunteers (estimate if necessary)	, oa. 2017 (. a.t 1, o 2a)			6		23
탸	Į.	otal unrelated business revenue from Part VIII, co	lumn (C), line 12			7a		0.
¥		Net unrelated business taxable income from Form	* *:			7b		0.
			<u> </u>		Prior Yea	,	Current Ye	
a	8 (Contributions and grants (Part VIII, line 1h)			20,552,	299.	21,117	,965.
Š	9 F	Program service revenue (Part VIII, line 2g)			884,	709.	570	,303.
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)		9,433,	883.	16,893	904.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		73,	042.	262	350.
	12 1	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		30,943,		38,844	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,058,		20,599	<u>.508.</u>
	14 E	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.		0.
ŝ	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	990,		940	<u>,903.</u>
Expenses	16a F	Professional fundraising fees (Part IX, column (A), l		<u>,</u>		0.		<u> </u>
X	ь т	otal fundraising expenses (Part IX, column (D), lin		<u> </u>	0.100	262	1 024	1.5.1
_	17 (Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>	<u>2,102,</u>		1,234	
	1	otal expenses Add lines 13-17 (must equal Part	RFUENTED	ר ⊢	25,150, 5,793,		22,774	
	19 F	Revenue less expenses Subtract line 18 from line	12	1 .			16,069	
sts		Fatal assets (Part V. Imp. 16)	MAR 2 5 2019	<u>وا</u> الرابِ	eginning of Curre 320,236,		End of Ye 349,531	ar ,037.
Net Assets or	20 7	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	MAR 2 5 2019	?† F	18,297,			042.
let l	22 1	Net assets or fund balances. Subtract line 21 from	line 20 -		$\frac{10,297,}{301,939,}$	ľ		,995.
	art II	Signature Block	COGDEN, UT		301,333,	<u> </u>	J14,401	<u> </u>
$\overline{}$		ties of perjury, I declare that I have examined this return,	including accompanying schedule	es and stater	nents, and to the	best of my k	nowledge and be	elief. it is
		, and complete. Odclaration of preparer other than office						,
					3	14 19		
Sig	ın	Signature of officer			Date	, , , ,		
He	·	David D. Goss, Treasur	er/Director					
		Type or print name and title						
)		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Pai						sett-emptoyed		
_		Firm's name			Firm's	s EIN 🛌		
Üse	Only	Firm's address						
<u></u>					Phon	е по.		
<u>Ма</u>	y the IR	S discuss this return with the preparer shown abo					Yes	No_
732	001 11-28	-17 LHA For Paperwork Reduction Act Notice	e, see the separate instructi	ions.			Form 99	10 (2017)

	990 (2017) University of Idaho Foundation, Inc. 23-7098404 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
-	The mission of the University of Idaho, Inc., is to inspire, manage,
	and distribute private support to enhance the excellence of the
	University of Idaho.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
_	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
4	
	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 \$10,249,105. including grants of \$9,669,738.) (Revenue \$)
	Accept gifts and contributions from the general public for educational
	purposes and award such funds to the University of Idaho, Moscow,
	Idaho.
	Number of Donors: 9,975
	Named of Solies 1,575.
	
4b	(Code) (Expenses \$ 12,174,582. including grants of \$ 10,929,770.) (Revenue \$ 570,303.)
	Manage and invest endowment funds for the purpose of generating revenue
	to be awarded to the University of Idaho for scholarships, student
	focused programs, and other support.
	Number of Endowments: 1,556
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4:	
	Other program convices (Describe in Schodule O.)
4d	Other program services (Describe in Schedule O)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	

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Form 990 (2017) University of Idaho Foundation, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱.,	v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		_v
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		1
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
	Complete Concount O, Fait III		990	(2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	<u>X</u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
J _	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ł
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	255		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ł
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> X</u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		v
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
0F-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512/b)(13)2	35a		X
35a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	wa	 	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form		(2017)

University of Idaho Foundation, Inc. 23-7098404 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 25 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes." to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a X, b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 2 d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/AN/A8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 N/A a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter 10 N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 N/A Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes." enter the amount of tax-exempt interest received or accrued during the year N/A12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

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14a

14b

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

Form 990 (2017) University of Idaho Foundation, Inc. 23-7098404 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					\mathbf{X}
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			Ť		
	officer, director, trustee, or key employee?		•	2		_x_
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or a	point	one or			
-	more members of the governing body?			7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
_	persons other than the governing body?		ŕ	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			
	The governing body?		•	8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	
b	Describe in 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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	L
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by II	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıc	n's			
	exempt status with respect to such arrangements?			16b		<u> </u>
<u>Sec</u>	tion C. Disclosure			<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	「(Sect	ion 501(c)(3)s only) avaılal	ole	
	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	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, a	nd finar	ncial	
	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 bo	oks a	nd records 🕨			
	Deborah Bell, Director of Finance - 208-885-4000					
	875 Perimeter Dr. MS 3143. Moscow. ID 83844-3143					

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University of Idaho Foundation, Inc.

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

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

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

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

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

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

(A) Name and Title	(B) Average	(do	not c	(C	ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unte cer an	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Karen Gowland	10.00	_	_			-	_			
Chair		X		X				0.	0.	0.
(2) Andrew Emerson	4.00									
Vice Chair		X		X			İ.,	0.	0.	0.
(3) David Goss	4.00									
Treasurer		X		X				0.	0.	0.
(4) Frances Ellsworth	4.00									
Secretary		X		X				0.	0.	0.
(5) Richard Allen	4.00									
Past Chair		X		X	_	_		0.	0.	0.
(6) Richard Dahl	2.00]			_	_
Director		X		_		<u> </u>	_	0.	0.	0.
(7) Linda Davidson	2.00									
Director		X				_		0.	0.	0.
(8) Mark Fredback	2.00						ļ			
Director	ļ	X		_		<u> </u>	<u> </u>	0.	0.	0.
(9) Douglas Gross	2.00						l			
Director		X	<u> </u>	_	_	┡	⊢	0.	0.	0.
(10) Lisa Grow	2.00	ļ								
Director		X	<u> </u>	_		<u> </u>	<u> </u>	0.	0.	0.
(11) Kristi Hanson	2.00					İ				
Director	0.00	X	<u> </u>	_	_	├ -	⊢	0.	0.	0.
(12) Debbie Hetherington	2.00	١.,								
Director	2 00	X	-			 	├	0.	0.	0.
(13) Charley Jones	2.00	٠,								
Director	2 00	X		-	-	<u> </u>	\vdash	0.	0.	0.
(14) Bill Kearns	2.00	. ,							0.	^
Director	2.00	X	-		⊢	 	⊢	0.	U •	0.
(15) Katharine Kimball	2.00	x				ŀ		0.	0.	^
Director	2 00	^	\vdash		-	├	-		0.	0.
(16) Clint Marshall	2.00	X						0.	0.	0.
Director	2 00	^		-	-	+-	\vdash	 		<u> </u>
(17) Nicholas Marshall	2.00	x						0.	_ ′ 0.	0.
<u>Director</u>	<u> </u>	1.4			<u></u>	<u> </u>	1		<u>U.</u>	Form 990 (2017)

Form 990 (2017) Universit	ty of Id	lal	10	Fc	ur	<u>ıda</u>	it:	ion, Inc.	<u>23-7098</u>	<u>404</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employe	es (continued)	r —		
. (A)	(B)			_ (C				(D)	(E)		(F)	
Name and title	Average	(do		Posi heck r		than (one	Reportable	Reportable		timate	_
`	hours per week					s botl r/trus		compensation	compensation		nount	of
	(list any	\vdash	- u,		10010	17.0.03	.00,	from the	from related organizations		other pensa	
	hours for	direct				.		organization	(W-2/1099-MISC)		om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, , , , , , , , , , , , , , , , , ,	1	anızat	
	organizations	Itrusi	nal tre		oyee	ompe		·		an	d relat	ed
	below	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	шес			orga	anızatı	ons
	line)	Ē	TE.	₽	-Xe	돌통	균					
(18) Lee McCollum	2.00								_			^
Director	2 00	X		-		<u> </u>		0.	0.			0.
(19) Craig Olson	2.00	,,										0
Director	2 00	X						0.	0.			0.
(20) Jim Pierce	2.00	,,										^
Director	2 00	X		Н				0.	0.			0.
(21) Nick Purdy	2.00	x						0.				0
Director	2.00	^	H			\vdash		<u> </u>	0.			0.
(22) Helen Stevenson	2.00	x	ļ					0.	0.			0.
Director	2.00	^	\vdash	-				0.	<u> </u>			<u> </u>
(23) Linda Copple Trout	2.00	x						0.	0.			0.
Director	40.00	^	\vdash					0.	•			<u> </u>
(24) Joy Fisher Executive Director	40.00	l				x		142,403.	0.	5	2,3	70.
(25) Shawna Lindquist	40.00	-	_					142,403.	•		<u> </u>	,, , ,
Director Endowment & Gift Administr	10,00					x		107,234.	0.	3	9,7	21.
Bilectol, Bildownelle & Gilt Mamiliati						-					- 	
		1										
1b Sub-total							▶	249,637.	0.	9	2,0	91.
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								249,637.	0.	9	2,0	91.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer,			e, ke	y en	nplo	yee,	orl	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3_		X
4 For any individual listed on line 1a, is the si	•							· · · · · · · · · · · · · · · · · · ·	the organization			
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or	•						elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son				5	L	X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (C) Name and business address Description of services Compensation Walter Scott, 1 Charlotte Sq, Edinburgh, EH24DZ Scotland, UNITED KINGDOM <u>201,920.</u> <u> Investment Manager</u> Cambridge Associates, LLC Investment 167,810. 100 Summer St., Boston, MA 02110 Consultant Pzena Investments, 120 W 45 St., 20th Floor, New York, NY 10036 <u>Investment Manager</u> <u>110,539.</u> Loomis Sayles P O Box 7247-6804, Philadelphia, PA 19170 103,063. Investment Manager Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

17 156 254

Form **990** (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 21,117,965 2,919,262 Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 117 965 Business Code Program Service 900099 2 a Previously Distributed Gifts 570,303 570,303 f All other program service revenue q Total. Add lines 2a-2f 570 303 Investment income (including dividends, interest, and 6,233,184. other similar amounts) 6,233,184 Income from investment of tax-exempt bond proceeds 4 5 Royalties 3,219 3,219, (i) Real (II) Personal 6 a Gross rents 113,020 b Less rental expenses 0 c Rental income or (loss) 113,020 d Net rental income or (loss) 113,020, 113,020 (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 72,460,069 370,000 b Less cost or other basis and sales expenses 61,658,349 511,000 <141,000 c Gain or (loss) 10,801,720, d Net gain or (loss) 10,660,720 10 660 720. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Miscellaneous 900099 125,332 125,332. b Commission Recapture 10,524. 523000 10,524 c Cash Value Life Insurance 524298 10,255 10,255. d All other revenue e Total. Add lines 11a-11d 146,111

Total revenue. See instructions

38 844 522

570 303

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	<u> </u>
	Check if Schedule O contains a responsor include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	<u>20,59</u> 9,508.	20,599,508.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	251,019.	220,897.	30,122.	
•	trustees, and key employees Compensation not included above, to disqualified	231,019.	220,031.		
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	458,819.	403,761.	55,058.	
8	Pension plan accruals and contributions (include	230,013.	100,7010		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	231,065.	203,337.	27,728.	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	•			
b	Legal	51,406.	46,958.	4,448.	
C	Accounting	36,840.	7,000.	29,840.	· • • • • • • • • • • • • • • • • • • •
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	857,418.	857,418.		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	27,746.		27,746.	
12	Advertising and promotion	2,032.		2,032.	
13	Office expenses	23,153.		23,153.	
14	Information technology	33,462.		33,462.	
15	Royalties				
16	Occupancy	50,300.		50,300.	
17	Travel	16,279.	_	16,279.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	24 240		24 240	
19	Conferences, conventions, and meetings	34,342.		34,342.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,678.		16,678.	
23	Insurance Other expenses, Itemize expenses not covered	10,0/8.		10,0/0.	
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses	84,808.	84,808.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	22,774,875.	22,423,687.	351,188.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (2017)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	19,723,874.	1	33,810,042.
	2	Savings and temporary cash investments		2_	
	3	Pledges and grants receivable, net	3,170,416.	3	3,310,107.
	4	Accounts receivable, net	227,280.	4	248,646.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	-		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ι		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	233,741.	7	132,159.
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 4,963,457.			
	ь	Less accumulated depreciation 10b	4,420,457.	10c	4,963,457.
	11	Investments - publicly traded securities	275,656,181.		287,107,384.
	12	Investments - other securities See Part IV, line 11	16,437,315.	12	19,640,191.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	·
	15	Other assets See Part IV, line 11	367,354.	15	319,051.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	320,236,618.	16	349,531,037.
	17	Accounts payable and accrued expenses	10,747,104.	17	11,819,920.
	18	Grants payable		18	
	19	Deferred revenue		19	4,350,037.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	7,550,064.		18,959,085.
	26	Total liabilities. Add lines 17 through 25	18,297,168.	26	35,129,042.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
뒫	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	73,128,361.	30	77,225,835.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	228,811,089.	32	237,176,160.
Z	33	Total net assets or fund balances	301,939,450.		314,401,995.
_	34	Total liabilities and net assets/fund balances	320,236,618.	34	349,531,037.

	990 (2017) University of Idaho Foundation, Inc.	<u> 23-</u>	<u>7098</u>	<u>404</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	'Total revenue (must equal Part VIII, column (A), line 12)	1	38	<u>,84</u>	<u>4,5</u>	<u>22.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,77</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	16	,06	9,6	<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,93</u>		
5	Net unrealized gains (losses) on investments	5	3	<u>, 57</u>	0,9	<u>60.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<7	,17	8,0	62.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	314	,40	1,9	95.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					\mathbf{x}
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	,			
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis			,		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u></u>

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

•

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

University of Idaho Foundation, Inc.

Employer identification number 23-7098404

Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 X 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 l activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1.10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 University of Idaho Foundation, Inc. 23-7098404 Page 2

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not				•			
	include any "unusual grants ")	27,246,645,	19,004,124.	16,123,165.	20,552,299.	21,117,965.	104,044,198.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities			İ				
	furnished by a governmental unit to	,						
	the organization without charge							
4	Total. Add lines 1 through 3	27,246,645.	19 004 124.	16,123,165.	20,552,299.	21,117,965.	104,044,198.	
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)						2,657,592.	
	Public support. Subtract line 5 from line 4						101 386 606	
Sec	tion B. Total Support		· · - · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	27,246,645.	19,004,124.	16,123,165.	20,552,299.	21,117,965,	104,044,198.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	6,858,735.	6,365,008,	6,891,561,	6,490,857.	6,349,423,	32,955,584.	
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)	182,551.	14,568.	39,218.	14,339.	146,111.	<u>396,787.</u>	
11	Total support. Add lines 7 through 10						137,396,569.	
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —	
<u></u>	organization, check this box and stor	here	roomtogo					
	ction C. Computation of Publ					Г., I	72 70 **	
	Public support percentage for 2017 (•	olumn (f))		14	73.79 %	
	Public support percentage from 2016				14 00 4 (00)	15	73.53 %	
16a	33 1/3% support test - 2017. If the d	•		iline 13, and line	14 IS 33 1/3% OF IT	nore, check this bo	x and ►X	
	stop here. The organization qualifies			10 16	luna 15 to 00 1/00/	ar mara abaali ti		
D	33 1/3% support test - 2016. If the condition have	-			ine 15 is 33 1/3%	or more, check tr	IIS DOX	
47-	and stop here. The organization qual	•	• • •		10 160 or 16b o	and line 14 is 100/	0r more	
1/a	10% -facts-and-circumstances tes							
	and if the organization meets the "fact			•		t viriow the organ	IIZALIUII	
	meets the "facts-and-circumstances"					170 and line 15 in	1004 or	
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the				-		, 	
40	organization meets the "facts-and-circ							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

(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)

Se	ction A. Public Support	zaca de de de de de de de de de de de de de					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	<u> </u>			•	/	
	membership fees received (Do not		İ			_	
	include any "unusual grants ")						
2	Gross receipts from admissions,					/	
	merchandise sold or services per-					/	
	formed, or facilities furnished in				/	r	
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				/		
	iness under section 513					i	
4	Tax revenues levied for the organ-				/		
	ization's benefit and either paid to			/	ľ		
	or expended on its behalf				<u> </u>	<u> </u>	
5	The value of services or facilities	·					
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons		/				
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		/				
•	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from line 6)		/				
	ction B. Total Support		/				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10	Gross income from interest,	/				-	
	dividends, payments received on securities loans, rents, royalties,	/					
	and income from similar sources	/					
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
•	Add lines 10a and 10b	/					
11	Net income from unrelated business						
	activities not included in 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 five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						<u> </u>
	<u>ction C. Computation of Publ</u>					T	
	Public support percentage for 2017 (•	olumn (f))		15	<u>%</u>
	Public support percentage from 2016					16	
	ction D. Computation of Inves			_		ı ı	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	_%
19:	a 33 1/3% support tests - 2017. If the	-					7 is not
	more than 33 1/3%, check this box a	· = '	-				
ı	o 33 1/3% support tests - 2016. If the	-					and
	line 48 is not more than 33 1/3%, che		-			-	▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	

Part IV | Supporting Organizations

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

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
İ			
L	1		
	2		
-	3a		
ŀ	3b		
	3c		
	40		
	4a		
	46		
ŀ	<u>4b</u> _		
	4c		
ŀ	5a		
_	5b		
-	5c		
İ			
	6		
	7		
}	8		
-	<u>9a</u>		
	9b _		
	9c		
	100		
	10a		
	10b	20.57	2017

		<u> 19840</u>	4 Pa	<u>age 5</u>
Pa	t IV Supporting Organizations (continued)			
	Use the exception accepted a gift or contribution from any of the following paragray?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	'A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	140		
	below, the governing body of a supported organization?	11a_	\vdash	<u> </u>
	A family member of a person described in (a) above?	11b	\vdash \dashv	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c_		<u> </u>
<u> </u>	tion b. Type i Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported]		
		1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>	 	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations	2_		
<u> </u>	tion of Type it Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			Ì
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sac	tion D. All Type III Supporting Organizations		1	L
<u> </u>	tion D. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.05	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ł
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ŀ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		\vdash
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}		
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	s).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			23-7098404 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI \ See instructions Al
'	other Type III non-functionally integrated supporting organizations must co	-		Trait vi / See ilistructions. Al
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	_	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	<u> </u>		
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		,
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting or	ganization (see
-	instructions).	, ,	., ,,	

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990 EZ) 2017 University of			3-7098404 Page 7
Par	i jes iii tteit t atteatianj integratea etc	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	· · · · · · · · · · · · · · · · · · ·
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	<u> — . — . — . — . — . — . — . — . — . </u>		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI) See instructions	<u> </u>	_	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
,	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5				
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

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) Schedule A, Part II, Line 10, Explanation for Other Income: Commission Recapture 2013 Amount: \$ 8,711. 2014 Amount: \$ 15,772. 2015 Amount: \$ 18,960. 2016 Amount: \$ 12,935. 2017 Amount: \$ 10,524. Change in Cash Value of Life Insurance

2013 Amount: \$ 22,440.

2014 Amount: \$ -1,204.

2015 Amount: \$ 16,914.

2016 Amount: \$ -3,674.

2017 Amount: \$ 10,255.

Litehouse Kibbie Dome

2013 Amount: \$ 140,000.

Miscellaneous

2013 Amount: \$ 11,400.

2015 Amount: \$ 3,344.

2016 Amount: \$ 5,078.

2017 Amount: \$ 125,332.

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 Open to Public Inspection

Name of the organization

Employer identification number 23-7098404

	University of Idah			23-7098404
Par				r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
	•	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets hel	id in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any	y other purpose cor	nferring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	on Form 990, Par	t IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or	education) Prese	ervation of a historic	cally important land area
	Protection of natural habitat	Prese	ervation of a certified	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ution in the form of a	a conservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or to	erminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspecti	ion, handling of	
	violations, and enforcement of the conservation easements			L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, an	d enforcing conser	vation easements during the year
	<u> </u>		_	
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enf	forcing conservation	n easements during the year
	\$			(1)(2)(1)
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirement	s of section 170(h)(
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	ition's financial statements	s that describes the	e organization's accounting for
Pai	conservation easements rt III Organizations Maintaining Collections o	of Art Historical Tre	asures or Oth	er Similar Assets
	Complete if the organization answered "Yes" on Form		454105, 01 0111	01 0111111di 7100010.
	If the organization elected, as permitted under SFAS 116 (A)		c revenue statemer	at and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descri		saich in fuitherance	e of public service, provide, in Fair Am,
b	If the organization elected, as permitted under SFAS 116 (A)		venue statement ar	ad halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e	•		
	relating to these items	ducation, or research in the	artificiance of public	s service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar as	ssets for financial di	
~	the following amounts required to be reported under SFAS		-	
а	Revenue included on Form 990, Part VIII, line 1			> \$
a 5	Assets included in Form 990 Part Y			

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

			<u>ho Foundat</u>				<u>23-70</u>			<u> 19e 2</u>
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, o	r Othe	<u>r Simi</u>	lar Asse	ts (contin	iued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	are a si	gnıfıcant	use of its	collection	n item	s
	(check all that apply)									
а	Public exhibition	d	Loan or excl	hange progra	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how they further th	ne organizatio	n's exer	npt purp	ose in Parl	i XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	r sımılar	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "	Yes" on	Form 99	0, Part IV,	lıne 9, or		
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other ass	sets not	ıncluded	l	_		_
	on Form 990, Part X?							Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
								Amount	t	
C	Beginning balance					1c	ļ			
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial accoi	unt liabil	ıty?		_ Yes	느	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an		rm 990, Part	IV, line 1	10				
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	264,541,402,	235,904,296.	239,316	218.		<u>583,381.</u>	208	464	444.
b	Contributions	8,871,251.	13,212,417,	5,648	799.	11,	816,402,	9	987	776.
C	Net investment earnings, gains, and losses	20,544,868.	28,336,518,	3,499	104.	<1,	051,548.	> 33	<u>.530</u>	038.
d	Grants or scholarships	11,227,594.	10,879,733,	10,372	2,261.	9,	<u>837,790.</u>	9	287	<u>972.</u>
е	Other expenditures for facilities							ĺ		
	and programs									
f	Administrative expenses	2,094,158.	2,032,096.		564.	2.	194,227.	2	110,	905.
g	End of year balance	280,635,769.	264,541,402.	235,904	296.	239,	<u>316,218,</u>	240	<u>. 583</u>	381.
2	Provide the estimated percentage of the curi	-	e (line 1g, column (a	a)) held as						
а	Board designated or quasi-endowment	12.84	_%							
	Permanent endowment ► 87.16	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administer	red for th	ne organ	ızatıon	ľ		
	by [.]								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	•						3b		Ц
4	Describe in Part XIII the intended uses of the		owment funds							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		<u> </u>				. 1			
	Description of property	(a) Cost or o	1 ' '	or other	• •	ccumulat		(d) Boo	k valu	е
		basis (investr		(other)	aer	preciation		1 00		
	Land		4,96	3,457.				4,96	<u>3,4</u>	<u>5/.</u>
	Buildings									
	Leasehold improvements									
	Equipment			-		_				
	Other							4 96		<u> </u>

23-7098404 Page 3

Schedule D (Form 990) 2017

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	t XI Reconciliation of Revenue per Audited Financial Stateme				<u>7098404 Page4</u> 1
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		tii itevellae poi i	o tui i	••
1	Total revenue, gains, and other support per audited financial statements			1	42,415,482.
2	'Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·	12/113/1021
– a	Net unrealized gains (losses) on investments	2a	3,570,960.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
ď		2d		j	
е	Add lines 2a through 2d			2e	3,570,960.
3	Subtract line 2e from line 1			3	38,844,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	38,844,522.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>			
1	Total expenses and losses per audited financial statements			1_	22,883,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		Ì	
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	108,778.]	
e	Add lines 2a through 2d			2e	108,778.
3	Subtract line 2e from line 1			3	22,774,875.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	0.1 10 1.1 10 1.1 11.1	4b			
	Add lines 4a and 4b			4c	0.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	22,774,875.
	rt XIII Supplemental Information.				
Pa:	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any added to the University of the University and Support to the University a	ditional in	formation		A, line 2, Part Al,
	rt XII, Line 2d - Other Adjustments:				
			,		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number

Name of the organization					Linployer identi	ilication number
University of I	daho Fou	ndation,	Inc.		23-70984	04_
			tside the United States. Comple	te if the organ	ization answered "	Yes" on
Form 990, Part I						
_	_		ds to substantiate the amount of its gra			ı —
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes No
O. Francisco Door	owho in Doublish		procedures for monitoring the use of its	aranta and a	thar acoustones our	taida tha
For grantmakers. Desc United States.	onbe in Part v the	e organization s	procedures for monitoring the use of its	grants and o	iner assistance ou	iside trie
	he following Parl	I line 3 table ca	an be duplicated if additional space is n	eeded \		
(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
(-, 3	offices	employees,	(by type) (such as, fundraising, pro-	• •	gram service,	expenditures
	in the region	independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				- -		
East Asia and the						
Pacific	0	0	Investments		<u> </u>	5,507,612,
Europe (Including						
Iceland & Greenland)	0	0	Investments			13,281,975.
			L			1 450 014
North America	0	0	Investments			1,459,014.
	_					<u> </u>
						
· ·						
3 a Sub-total	0	0			.	20,248,601,
b Total from continuation		, ·			_	20,240,001.
sheets to Part I	,	0				0.
c Totals (add lines 3a	,			 .		
	•					i

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

Schedule F (Form 990) 2017

and 3b)

University of Idaho Foundation, Inc.

Schedule F (Form 990) 2017

23-7098404

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)			:			Schedule F (Form 990) 2017
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					empt ▲	
(f) Manner of cash disbursement					recognized as tax-e)	
(e) Amount of cash grant					foreign country, er	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	-				is listed above that are re isel has provided a secti	r entities
(b) IRS code section and EIN (if applicable)					recipient organization th the grantee or cour	other organizations or
1 (a) Name of organization						 Enter total number of other organizations or entities

30

23-7098404

Page 3

University of Idaho Foundation, Inc.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Schedule F (Form 990) 2017

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Yes X No

Instructions for Form 5713; don't file with Form 990)

Schedule F	F (Form 990) 2017	University	v of Idah	o Foundation	, Inc.	23-7098404	Page 5
Part V	Supplementa	I Information					
			art I, line 2 (monito	ring of funds); Part I, line	3, column (f) (account	ing method, amounts of	
						d), and Part III, column (c)	
				nplete this part to provi			
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.
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Open to Public Inspection

OMB No 1545-0047

Name of the organization	Tritical to the Thebo	, C					Employer identification number 23-7098404
Part General Information on Grants and Assistance	and Assistance	FOULT	111				E0E0001 C7
1 Does the organization maintain records to substantiate the amount of th	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
critena used to award the grants or assistance?	stance?				٠		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and I	Domestic Organi	zations and Domesti	c Governments.	omplete if the orga	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	Jed.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
University of Idaho							Scholarships, Student
8/5 Ferimeter Dr. Moscow. ID 83844	82-6000094	501(c)(3)	20,599,508	0			
	and government or	ganizations listed in th	ne line 1 table		l		
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					Schodule I (Form 990) (2017)
LHA FOF Paperwork Reduction Act Notice	s, see the instruct	IONS TOT FORM SEC.					OCHEQUIE I (FOITH SEO) (EVIT)

34

Page 2 (f) Description of noncash assistance 23-7098404 (e) Method of valuation (book, FMV, appraisal, other) The University of Idaho Foundation processes and makes distributions to the Internal controls are employed to safeguard assets. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 Distributions to the University of Idaho are made in accordance with endowment agreements, gift use agreements, and donor directives (d) Amount of non-cash assistance University of Idaho Foundation, Inc. (c) Amount of cash grant Monitoring the use of grants or other assistance: (b) Number of recipients (a) Type of grant or assistance University of Idaho. Part I, Line 2: Schedule I (Form 990) (2017) Part III

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

23-7098404 University of Idaho Foundation, Inc.

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
•				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		İ	
	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			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		<u> </u>
	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	7		X
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	8	ļ	<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9	I	I

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Schedule J (Form 990) 2017

University of Idaho Foundation, Inc.

23-7098404

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2017

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

(1) 3 oy Fisher (A) Name and Title compensation (ii) Bonus & (iii) Chrief (iii) Chr		(ii) Bonus & incentive compensation 0.		other deferred compensation 0.	benefits 52,370.	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(A) Name and Title compensation Joy Fisher Outive Director (I) (I) (I) (I) (I) (I) (I) (I	(i) (ii) (ii	(ii) Bonus & incentive compensatio	(iii) Other reportable compensation 0 • 0 •	compensation 0.	70.		
Joy Fisher (0) 142,403. Outive Director (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	142		0 0	000			
Joy Fisher (1) Outlive Director (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (3) (1) (4) (1) (5) (1) (6) (1) (7) (1) (8) (1) (9) (1) (10) (1) (11) (1) (12) (1) (13) (1) (14) (1) (15) (1) (17) (1) (18) (1) (19) (1) (20) (1) (31) (1) (4) (1) (5) (1) (6) (1) (7) (1) (8) (1) (9) (1) (10) (1) (11) (1) (12) (1) (13) (1) (14) (1) (15) (1) <td>142</td> <td></td> <td>0 0</td> <td>00</td> <td></td> <td></td> <td></td>	142		0 0	00			
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(II)	(ii)						
0)	(6)						
(ii)	(ii)						
0	3						•
[(ii)]	(ii)						

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

University of Idaho Foundation, Inc.

Employer identification number 23-7098404

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art		itomo continuatos	rom ood, rare vin, into 1g				
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	51	1,857,226.	Fair Market	Val	ue	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous					_		
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	X	3	1,054,000.	<u>Fair Market</u>	Val	ue	
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		_	2 226				
25	Other (Wheat Commodi)	X	3	8,036.	<u>Fair Market</u>	_Val	<u>ue</u>	
26	Other ()						_	
27	Other ()							
28	Other (L	<u> </u>				
29	Number of Forms 8283 received by the organization		•					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29		— —,	. 1	
00-	District the second did the experimentary receive his			nominal in Domit Livers 4 Marson	-b 00 4b-4	 `	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		ai contribution, and	which ish t required to be u	sea for	00-		v
L	exempt purposes for the entire holding period?	,				30a		<u>X</u>
	If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance p	ackey that r	nauros the review	of any populandard contribu	tions?		x	
31	-	=				31	^	
32a	Does the organization hire or use third parties of contributions?	oi reiateu Ol	gariizations to soil	icit, process, or sell noncash		322		X
h	If "Yes," describe in Part II.					32a	-	
33	If the organization didn't report an amount in c	aluma (c) fo	r a type of propert	y for which column (a) is che	cked			
	describe in Part il	olamii (c) 10	a type of propert	y for writer column (a) is the	onou,			
	GOOGING HIT GIT II	-				LL		

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 University of Idaho For	indation, Inc.	23-7098404 Page 2
Part II Supplemental Information. Provide the information requires reporting in Part I, column (b), the number of contributions, the this part for any additional information	red by Part I, lines 30b, 32b, and 33, number of items received, or a comb	and whether the organization
Schedule M, Line 32b:		
The Board of Directors established a Gi	ft Acceptance Comm	ittee with
formal policies and procedures requirir	ng the review and a	pproval of
most non-cash (non-standard)gifts.		
	•	
	·	
	, 	
	_	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

University of Idaho Foundation, Inc.

Employer identification number 23-7098404

Form 990, Part VI, Section B, line 11b:
The completed Form 990 is made available and included in the Board of
Directors materials for review by all directors before filing the return.
At a Board Meeting preceding the filing of the tax return, the Director of
Finance answers questions and reviews with the Operations Committee and
Board of Directors to facilitate the review.
Form 990, Part VI, Section B, Line 12c:
On an annual basis, officers, directors, and employees complete a conflict
of interest disclosure. If a conflict of interest is deemed to exist by the
Board of Directors, the person with the conflict is forbidden from
involvement in any action for that particular matter.
Form 990, Part VI, Section B, Line 15:
All staff are subject to annual reviews. Salaries are approved during the
annual budget process.
Form 990, Part VI, Section C, Line 19:
Audited financial statements are posted to the website
www.uidahofoundation.org. Governing documents and conflict of interest
policies are maintained in the University of Idaho Foundation office and
available upon request.
Form 990, Part IX, Line 11e:
The University of Idaho Foundation accepts and manages donations to the
University of Idaho. Fundraising activities are managed and financed by LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization University of Idaho Foundation, Inc.	Employer identification number 23-7098404
the University of Idaho and are not the responsibility of	the
University of Idaho Foundation.	
Form 990, Part XI, line 9, Changes in Net Assets:	7.060.004
GASB Statement 81 Implementation (see explanation below)	-7,069,284.
Uncollectible Pledge Expense	
Total to Form 990, Part XI, Line 9	-7,178,062.
Form 990, Part XI, Line 9, Changes in Net Assets:	
The University of Idaho Foundation implemented, as requir	ed by GASB,
Statement 81, Irrevocable Split Interest Agreements, requ	iring a
reclassification of \$7,069,284 from fund balance to defer	red
revenue/liabilities.	
Form 990, Part XII, Line 2c:	
The Board of Directors approves the financial statements	and selects
the independent auditor of the financial statements.	
,	