823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

| Form 990-1             | Г (2018)                            | University of Idaho Foundation, Inc.   | 23-70            | 98404              |                | Page 2 |
|------------------------|-------------------------------------|--|------------------|--------------------|----------------|--------|
| Part I                 | II T                                | otal Unrelated Business Taxable Income   |                  |                    |                |        |
| 33                     | Total o                             | f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  |                  | 33                 | (5,90          | 3)     |
| 34                     | Amour                               | nts paid for disallowed fringes  | •                | 34                 |                |        |
| 35                     | Deduct                              | tion for net operating loss arising in tax years beginning before January 1,2018 (see instructions)  |                  | 35                 |                |        |
| 36                     |                                     | of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of   |                  |                    |                |        |
|                        |                                     | 3 and 34   |                  | 36                 | (5,90          | )3)    |
| 37                     |                                     | ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 38               | \$7                | 1.0            | 00.    |
| 38                     |                                     | ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,   |                  |                    |                |        |
| _                      |                                     | he smaller of zero or line 36  |                  | 38                 | (5,90          | )3)    |
| Part W Tax Computation |                                     |  |                  |                    |                |        |
| 39                     | Organ                               | izations Taxable as Corporations. Multiply line 38 by 21% (0.21)   |                  | - 39               |                | 0.     |
| 40                     | Trusts                              | Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:  |                  |                    |                |        |
|                        | T                                   | Fax rate schedule or Schedule D (Form 1041)  | <b>&gt;</b>      | - 40               |                |        |
| 41                     | Proxy                               | tax. See instructions ative minimum tax (trusts only)  | <b>&gt;</b>      | - 41               |                |        |
| 42                     | Alterna                             | ative minimum tax (trusts only)  |                  | 42                 |                |        |
| 43                     | Tax or                              | n Noncompliant Facility Income. See instructions   |                  | 43                 |                |        |
| 44                     | Total.                              | Add lines 41, 42, and 43 to line 39 or 40, whichever applies   |                  | 44                 |                | 0.     |
| Part \                 | / T                                 | ax and Payments ,  |                  |                    |                |        |
| 45a                    | Foreig                              | n tax credit (corporations attach Form 1118; trusts attach Form 1116)  |                  |                    |                |        |
| b                      | Other                               | credits (see instructions)   |                  | _  `               |                |        |
| C                      | Genera                              | al business credit. Attach Form 3800   |                  |                    |                |        |
| d                      | Credit                              | for prior year minimum tax (attach Form 8801 or 8827)  |                  |                    |                |        |
| е                      | Total                               | credits. Add lines 45a through 45d   |                  | 45e                |                |        |
| 46                     | Subtra                              | act line 45e from line 44  |                  | 46                 |                | 0.     |
| 47                     | Other                               | taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other  | (attach schedule | ) 47               |                |        |
| 48                     | Total 1                             | tax. Add lines 46 and 47 (see instructions)  |                  | 48                 |                | 0.     |
| 49                     | 2018 1                              | net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  |                  | 49                 |                | 0.     |
| 50 a                   | Payme                               | ents: A 2017 overpayment credited to 2018  |                  | _ ¥ [              |                |        |
| b                      | 2018                                | estimated tax payments 50p   |                  | $\neg$             |                |        |
| C                      | Tax de                              | eposited with Form 8868  |                  |                    |                |        |
| d                      | Foreig                              | n organizations. Tax paid or withheld at source (see instructions) 50d   |                  |                    |                |        |
| е                      | Backu                               | p withholding (see instructions) 50e   |                  |                    |                |        |
| f                      | Credit                              | for small employer health insurance premiums (attach Form 8941) 50f  |                  |                    |                |        |
| g                      | Other                               | credits, adjustments, and payments: Form 2439  |                  |                    |                |        |
| •                      | F                                   | Form 4136 Other Total 50g  |                  |                    |                |        |
| 51                     | Total                               | payments. Add lines 50a through 50g  |                  | 50                 |                |        |
| 52                     |                                     | ated tax penalty (see instructions). Check if Form 2220 is attached  |                  | 52                 |                |        |
| 53                     |                                     | ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed   | •                | - 53               |                |        |
| 54                     | Overp                               | ayment, If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | •                | - 54               |                |        |
| 55                     | Enter t                             | the amount of line 54 you want: Credited to 2019 estimated tax   | funded           | - 55               |                |        |
| Part \                 | VI S                                | Statements Regarding Certain Activities and Other Information (see Instru  | ctions)          |                    |                |        |
| 56                     | At any                              | time during the 2018 calendar year, did the organization have an interest in or a signature or other authori   | ity              |                    | Yes            | No     |
|                        | over a                              | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil  | e                |                    |                |        |
|                        | FinCE                               | N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country  |                  |                    |                |        |
|                        | here                                | •  |                  |                    |                | X      |
| 57                     | During                              | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo   | reign trust?     |                    | _              | Х      |
|                        | If "Yes                             | s," see instructions for other forms the organization may have to file   |                  |                    |                | `      |
| 58                     | Enter                               | the amount of tax-exempt interest received or accrued during the tax year 🕨 \$   |                  |                    | _              |        |
|                        | Und                                 | der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to<br>rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle | the best of my k | nowledge and belie | i, it is true, |        |
| Sign                   |                                     |  |                  | May the IRS discus | s this return  | with   |
| Here                   |                                     | 10 10 10 13 le 7/14/2020 Director of Finance   |                  | the preparer shown |                | _      |
|                        |                                     | Signature of Officer Date Title  |                  | instructions)?     | Yes            | No     |
|                        |                                     | Print/Type preparer's name Preparer's signature Date   | Check            | ıf PTIN            |                |        |
| Paid                   |                                     |  | self- employe    | d                  |                |        |
| Prepa                  | arer                                |  |                  |                    |                |        |
| -                      | Use Only Firm's name ▶ Firm's EIN ▶ |  |                  |                    |                |        |
|                        |                                     |  |                  |                    |                |        |
|                        |                                     | Firm's address   | Phone no.        |                    |                |        |