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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 four dations)

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

OMB No 1545-0047

	ai 1104011	ue Service	► Go to w	/ww.irs.gov	/Form990 for in:	structions an	id the late	est informa	auon:		Inspec	JUUN
AF	or the	2018 calend	lar year, or tax year beg	inning J	UL 1, 20	18 and	l ending	<u>J</u> UN 3	0, 2	019		
B C	heck if pplicable	C Name o	f organization			-		D Em	ployer id	lentifical	ion number	
	Addres change	s Univ	ersity of Id	aho Fo	undation	, Inc.						
	Name change		usiness as					7	2	3-709	98404	
	Initial		r and street (or P.O. box if	mail is not del	livered to street ad-	dress)	Room/sui	te E Tele	ephone n			
	Final return/	875	Perimeter Dr	ive, M	S 3143				2	<u> </u>	<u> 35-4000</u>	
	termin- ated		town, state or province, c			ostal code		G Gross	s receipts \$	i	78,393	<u>,500</u>
	Amend return	MOSC	* *************************************	4-3143				H(a) Is	this a gr	oup retu		
	Applica tion pendin		and address of principal o	officer Joy	Fisher			fo	r subord	linates?		X No
		same	as C above					-} H `'		linates inclu		
			X 501(c)(3) 501((insert no.)	4947(a)(1)	or [5	 "			t (see instruc	itions)
			uidahofounda			Other >	I. Vo				tate of legal do	micile: T
		Summary		ш <u>я</u> ма	Sociation	Ottler V	<u> </u> <u> </u>	ar or iorinat	IUII. 12	7 O M 3	tate of legal oo	miche. ±
Fa	4 ,	Summinary	be the organization's miss		t exemplement entry	Tnsr	vire	manag	<u>ه ۵</u>	disti	cibute	
e e	1 1	orivate	e support to	enhanc	e the ex	cellenc	e of	Unive	rsit	v of	Idaho	
Ja.	_		ox If the organiz									
Activities & Governance			oting members of the gove				3300 07 111	510 tilaii 20	370 O7 110	3		2
Ğ	l		dependent voting membe							4		2
୪	l .		of individuals employed	-						5		+
ıţ;	l		of volunteers (estimate if	-	-	, ,				6		2
Ę;			ed business revenue from			2				7a		0
⋖	l d	Net unrelated	l business taxable income	e from Form	990-T, line 38					7b		0
		•							or Year		Current \	
ø	8 (Contributions	and grants (Part VIII, line	e 1h)					17,9		22,015	
Z.	9 1	Program serv	rice revenue (Part VIII, line	∍ 2g)					70,3			8,878
Revenue	10 I	nvestment in	come (Part VIII, column (A), lines 3, 4	, and 7d)				93,9		11,467	
Œ	11 (Other revenue	e (Part VIII, column (A), Iir	nes 5, 6d, 8d	, 9c, 10c, and 1	1e)			62,3			,455
	12	Total revenue	- add lines 8 through 11	(must equa	Part VIII, colum	n (A), line 12)			44,5		33,661	
	13 (Grants and si	ımılar amounts paid (Part	IX, column ((A), lines 1-3)		· L	20,5	<u> </u>		22,611	
		-	to or for members (Part I						40 0	0.	1 177	0
es	15 3	Salaries, othe	er compensation, employe	ee benefits (Part IX, column	(A), lines 5-10)	' -	9	40,9		1,176	
Expenses			fundraising fees (Part IX,		_		Λ F			0.		0
옸			sing expenses (Part IX, co		· · · · · · · · · · · · · · · · · · ·		0.	1 2	34,4	61	1,402	020
		•	ses (Part IX, column (A), III						74.8		25,190	
			es. Add lines 13-17 (must			1e 25)	-		$\frac{74,8}{69,6}$		8,470	
- 2			expenses Subtract line					Beginning of		$\overline{}$	End of Y	
ance		F-4-1 4 /	(Dort V. June 46)		aP	ES	 	349,5			363,413	
Assets or designations of Balances	20	i otal assets (ran A, line 10)		TO IN COM		-		29,0		34,786	
Vet und	21 22 1	i utai liauliities Not seeste er	Part X, line 16) s (Part X, line 26) fund balances. Subtract e Block I declare that I have examine	line of Ell	Time So			314,4			328,627	
P	art II	Signatur	e Block	III G Z CHOIL	- 203	<u> </u>						
Unde	er nenal	ties of periury	I declare that I have examine	ed this return	noludise accomo	anving schedul	es and stat	ements, and	to the be	st of my k	nowledge and I	belief, it is
true.	correct	and complete	e. Declaration of preparer (ot	her than offic	er is based on all	information of w	vhich prepa	rer has any l	knowledg	e.	-	•
			IMANBIE	īl —	OGDEN. UT	 		-	7/10	4/20	20	
Sigr	n	Signatur	re of officer		OGDE				Daté	-,		
Her		Debor	ah Bell, Director of Fir	ıance								
		Type or	print name and title					•				
		Print/Type pre	parer's name		Preparer's signat	ure		Date		heck	PTIN	
	ı l								if	etf-employed_	<u> </u>	
Paid	,	Erm's name							Firm's E	IN ▶		
	parer	Firm's name										
Prep		Firm's address	S >									
Prep			\$ >						Phone r	10.		

Form	990 (2018) 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 Foundation, Inc., is to inspire.
	manage, and distribute private support to enhance the excellence of the University of Idaho.
	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?
	F
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	bis the organization occurrency of the state
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$11, 987, 054. including grants of \$11, 299, 351.) (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 nonendowment donors: 10,817
	
	10 725 250 11 212 040 62 070
4b	(Code) (Expenses \$ 12,735,358. including grants of \$ 11,312,048.) (Revenue \$ 62,878.)
	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: 1,578
	Number of endowment donors: 2,459
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	/ CAPPOINTS - /
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 24 . 722 . 412 •

Form **990** (2018)

Form 990 (2018) 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)?		v	
	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	-2	<u> </u>	
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			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- T
	Schedule D, Part III	_8_		X
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c	_	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	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			
	Schedule D, Parts XI and XII	12a	<u> </u>	├─
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	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 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. ,,		<u> </u>
_	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	$ldsymbol{ld}}}}}}$
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^ -
18	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,"			† <u> </u>
	complete Schedule G, Part III	19		<u>x</u>
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	Х	l

University of Idaho Foundation, Inc. 23-7098404 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х Schedule J 23 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 X Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule I Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L. Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 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 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V. line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O 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 No Yes

1a	Enter the	number i	reported in	Box 3	of Form	1096	Enter 0	- if not	applicable
----	-----------	----------	-------------	-------	---------	------	---------	----------	------------

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	(gambling) winnings to prize winners?

35

0

1a

1b

					Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l	1		163	-110
Za	filed for the calendar year ending with or within the year covered by this return	2a	l 0] :
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	٥,		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
ь	If "Yes," enter the name of the foreign country: ▶		•			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		$\overline{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	7	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he ord	anization solicit			
	any contributions that were not tax deductible as charitable contributions?	Ĭ		6a	ŀ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (or gifts	_		
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	<u></u>	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 1	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a_		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	۱	1		·	
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter.	عمد ا	1			1
_	Gross income from members or shareholders	11a				ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				
2-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	120		_
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
	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.					1
b	Enter the amount of reserves the organization is required to maintain by the states in which the					1
	organization is licensed to issue qualified health plans	13b				1
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		n or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O					
		_		Form	990	(2018)

Form 990 (2018) 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

	Cl. 1 (C) 1 (1 C) 2 (1			\mathbf{x}
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			لككا
Sec	tion A. Governing Body and Management		Vaa	No
	Enter the number of voting members of the governing body at the end of the tax year 24		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
				{
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		<u> </u>
_	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	ا		 -
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		х
_	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a		
D	persons other than the governing body?	7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		 -
8		 8a	X	
	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	90	-25	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
000	tion B. I onoics (mis decisin b requests information about policies not required by the internal revenue decision	-	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•
а	The organization's CEO, Executive Director, or top management official	15a	$\overline{\mathbf{x}}$	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<u> </u>		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		<u> </u>
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u> </u>		
•	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			٠, ا
	exempt status with respect to such arrangements?	16b		
Sec	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	avail	able
.5	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Deborah Bell, Director of Finance - 208-885-4000			
	875 Perimeter Dr, MS 3143, Moscow, ID 83844-3143			

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

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 hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer a		Highest compensated all complete and complet	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC) ~	other compensation from the organization and related organizations
(1) Andrew Emerson	10.00									
Chair		Х	ļ	Х	ļ	<u> </u>	_	0.	0.	0.
(2) Craig Olson	4.00									
Vice Chair		X	_	Х		<u> </u>	_	0.	0.	0.
(3) David Goss	4.00								_	_
Treasurer	4-00	X		Х		<u> </u>	_	0.	0.	0.
(4) Frances Ellsworth	4.00		l	١.,						_
Secretary		X	<u> </u>	X		-	_	0.	0.	0.
(5) Karen Gowland	4.00	١,,	l	ι,,						
Past Chair	2 00	X	_	Х	<u> </u>	┝	<u> </u>	0.	0.	0.
(6) Clint Marshall	2.00	١,,						0.	0.	0.
Director	2 00	X				-	_	0.	0.	0.
(7) Linda Davidson	2.00	X						0.	0.	0.
Director	2.00	^	┝	_	-	 	_	+ 0,	0.	- 0
(8) Richard Dahl	2.00	x				l		0.	0.	0.
Director	2.00	₽	<u> </u>	\vdash	H	┢	┝	- 0.	0.	
(9) Rod Gramer	2.00	X				l		0.	0.	О.
Director (10) Paralle Care	2.00	^	_		-	 		- 0.	0.	
(10) Douglas Gross	2.00	X			ĺ			0.	0.	0.
Director (11) Lisa Grow	2.00	<u> </u>	-	-	-	┝╌	-	0.		
Director	2.00	X						0.	0.	О.
(12) Kristi Hanson	2.00	<u> </u>	-		-	 	-	0.		
Director	2.00	X						0.	0.	О.
(13) Debbie Hetherington	2.00	<u> </u>	\vdash	\vdash	┢	╁	┢	 		-
Director	2.00	x						0.	0.	О.
(14) Katharine Kimball	2.00	1			\vdash			 		
Director	2.00	x						0.	0.	ο.
(15) Linda Copple Trout	2.00		\vdash	 	Н	t	\vdash	†		
Director	2,00	\mathbf{x}						0.	0.	ο.
(16) Nicholas Marshall	2.00		\vdash	H	\vdash	t	┢			
Director		\mathbf{x}						0.	0.	0.
(17) Bill McCann	2.00	Ħ	\vdash	\vdash	\vdash	T	T			
Director		x						0.	٥.	0.

	SILY OF IC	-					_		23-1030	<u> </u>	Pa	age C
Part VII Section A. Officers, Directors,		ploy	ees		_	ghe	st C					
(A)	(B)			((-			(D)	(E)		(F)	
Name and title	Average		not c	Posi	more	than •		Reportable	Reportable		tımate	_
	hours per week			ss pe				compensation	compensation		ount o	of
	(list any	_					Ė	from the	from related organizations		other pensa	tion
	hours for	direct	l			- G		organization	(W-2/1099-MISC)		om the	
	related	10 aa	ste			nsate		(W-2/1099-MISC)	(,,		anızatı	
	organizations	frust	ם		yee	эшо		, ,		and	d relate	ed
	below	Individual trustee or director	Institutional trustee	 ja	Key employee	Highest compensated employee	Je.			orga	nızatı	anc
	line)	皇	眶	Officer	Key	High	Ferr					
(18) Lee McCollum	2.00	.										^
Director		X	<u> </u>		L_			0.	0.	<u> </u>		0
(19) Jim Pierce	2.00	┨	l						_			^
Director		X			L			0.	0.	<u> </u>		0
(20) Nick Purdy	2.00								_			^
Director		X			<u> </u>	_	_	0.	0.	ļ		0
(21) Helen Stevenson	2.00	ļ							_			^
Director		X	_		_			0.	_0.	<u> </u>		0
(22) Jo Anne Stringfield	2.00	١			1				_			^
Director	0.00	X	_	<u> </u>	ļ			0.	0.	├ ──		0
(23) Mark Fredback	2.00	١.,						١	•			^
Director		X		<u> </u>	_		_	0.	0.	├──		0
(24) Blair Wilson	2.00	١.,						0.	0.			0
Director		X	<u> </u>	_		L		0.	0.	 		
(25) Richard Allen	2.00	١.,					1	0.	0.			0
Director	- 2 00	X			<u> </u>	├	_	0.	0.	├─		
(26) Bill Kearns	2.00	x						0.	0.			0
Director		Λ		L	Ĺ	L_	Ļ	0.	0.	├─		-0
1b Sub-total								261,505.	0.		6,1	
c Total from continuation sheets to Pa	rt VII, Section A							261,505.	0.		$\frac{6,1}{6,1}$	
d Total (add lines 1b and 1c)									L	1 0	U , I	/ 0
2 Total number of individuals (including b		nose	liste	ed a	bove	e) wr	no re	eceived more than \$100	J,000 of reportable			
compensation from the organization							_				Yes	No
0 D III								hishaat aamnanaatad a	mployee en	\Box	103	
3 Did the organization list any former off			⊎, К€	y er	npic	yee	, or I	nignest compensated e	inployee on	3		x
line 1a? If "Yes," complete Schedule J							4 ~**	har aamnaneetien frem	the organization			
4 For any individual listed on line 1a, is the									trie organization	4	X	
and related organizations greater than									idual for convocs	+		
5 Did any person listed on line 1a receive	e or accrue compe						uat	eu organization or indiv	idual for Services			- -

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Walter Scott, 1 Charlotte Sq, Edinburgh, EH24DZ Scotland, UNITED KINGDOM	Investment Manager	225,149.
Cambridge Associates, LLC 100 Summer St., Boston, MA 02110	Investment Consultant	167,804.
Pzena Investments, 120 W 45 St., 20th Floor, New York, NY 10036	Investment Manager	162,333.
Loomis Sayles P O Box 7247-6804, Philadelphia, PA 19170	Investment Manager	107,142.

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

See Part VII, Section A Continuation sheets

Form **990** (2018)

Form 990 Univers	ity of I	dal	10	Fo	oui	nda	at:	ion, Inc.	23-709	8404
Part VII Section A. Officers, Directors, 1	rustees, Key E	mpl	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	 -
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	١,		Pos				Reportable	Reportable	Estimated
	hours per	<u>(c</u>	heck	all	that	app	iy) I	compensation from	compensation from related	amount of other
	week					a		the	organizations	compensation
	(list any	ector				oldm		organization	(W-2/1099-MISC)	from the
	hours for	or dir	, i			ated e		(W-2/1099-MISC)		organization
	related	nstee	truste		 8	ubeus			1	and related organizations
	organizations below	dal tr	bona		yold r	st con				Organizations
	line)	Individual trustee or director	Insbtubonal trustee	Officer	Key er	Highest compensated employee	Former			
(27) Charley Jones	2.00	t	\vdash				\vdash			
Director		X						0.	0.	C
(28) Joy Fisher	40.00							-		
Executive Director						X		152,877.	0.	50,378
29) Shawna Lindquist	40.00									
Director, Endowment & Gift		┕				X	_	108,628.	0.	35,798
	<u> </u>	1								
			<u> </u>	<u> </u>	₩	_	\vdash			
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								261 505		06 174
otal to Part VII, Section A, line 1c								261,505.		86,176

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or Unrelated Total revenue exempt function business revenue revenue fts, Grants 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 22,015,344 similar amounts not included above 1f 4,378,241 g Noncash contributions included in lines 1a-1f \$ 22,015,344 h Total. Add lines 1a-1f Business Code 2 a Previously Distributed Gifts 62,878. 62,878 900099 Program Service Revenue f All other program service revenue 62,878. Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,864,754. 6,864,754 other similar amounts) Income from investment of tax-exempt bond proceeds 4 2.021. 2.021 5 Royalties (ı) Real (II) Personal 104,123 6 a Gross rents b Less rental expenses 104,123. c Rental income or (loss) 104,123. 104,123 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 46,566,069. 2,769,000. assets other than inventory b Less cost or other basis 41,889,770, 2,842,500 and sales expenses 4,676,299 <73.500 c Gain or (loss) 4,602,799. 4,602,799 d Net gain or (loss) 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** 900099 13,565 13,565. Miscellaneous 2,450. 523000 2,450. Commission Recapture <6,704.> <6,704. Cash Value Life Insurance 524298 d All other revenue 9,311. e Total. Add lines 11a-11d 33,661,230, 62,878. 11,583,008. Total revenue. See instructions 12 Form 990 (2018)

Form 990 (2018) University of Idaho Foundation, Inc. 23

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<i>/b,</i>	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	22 (11 200	00 611 300		
	and domestic governments See Part IV, line 21	22,611,399.	22,611,399.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	<u> </u>			· · · · · · ·
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,	268,668.	236,428.	32,240.	
•	trustees, and key employees	200,000.	230,420.	32,240.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	617,871.	543,726.	74,145.	
7	Other salaries and wages Pension plan accruals and contributions (include	017,071.	3=3,140•	12,123.	
8	section 401(k) and 403(b) employer contributions)				
9	· · · · · · · · · · · · · · · · · · ·	290,455.	255,600.	34,855.	
10	Other employee benefits Payroll taxes	270,433.	233,000.	34,033	
11	Fees for services (non-employees)	·			···
''a	Management				
b	Legal	34,171.	33,521.	650.	
	Accounting	38,790.	8,950.	29,840.	
d	Lobbying		- 0,7500		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	934,750.	933,819.	931.	
g	Other (If line 11g amount exceeds 10% of line 25,		200,0=		·
9	column (A) amount, list line 11g expenses on Sch O.)	23,359.		23,359.	
12	Advertising and promotion	38.		38.	
13	Office expenses	27,258.		27,258.	
14	Information technology	80,846.		80,846.	
15	Royalties	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	50,300.		50,300.	
17	Travel	13,750.		13,750.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,605.		18,605.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	81,184.		81,184.	
24	Other expenses. Itemize expenses not covered 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 O.)				
а					
b					
С					
d					
е	All other expenses	98,969.	98,969.		
25	Total functional expenses. Add lines 1 through 24e	25,190,413.	24,722,412.	468,001.	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)				

Par	<u> </u>	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	33,810,042.	1	28,584,622.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	3,310,107.	3	4,772,662.	
	4	Accounts receivable, net	248,646.	4	276,762.	
	5	Loans and other receivables from current and former officers, directors,			<u>-</u>	
		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				
ĺ		employers and sponsoring organizations of section 501(c)(9) voluntary				
אַ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net	132,159.	7	24,915.	
As	8	Inventories for sale or use	<u> </u>	8	<u></u>	
	9	Prepaid expenses and deferred charges		9	•	
		Land, buildings, and equipment cost or other			·	
l		basis Complete Part VI of Schedule D 10a 4,865,957.			,	
	b	Less: accumulated depreciation 10b	4,963,457.	10c	4,865,957.	
	11	Investments - publicly traded securities	287,107,384.	11	298,646,465.	
	12	Investments - other securities See Part IV, line 11	19,640,191.	12	25,929,654.	
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	319,051.	15	312,347.	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	349,531,037.	16	363,413,384.	
	17	Accounts payable and accrued expenses	11,819,920.	17	11,515,598.	
	18	Grants payable		18		
	19	Deferred revenue	4,350,037.	19	5,283,184.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
Se	22	Loans and other payables to current and former officers, directors, trustees,	-			
		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				
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X of				
		Schedule D	18,959,085.	25_	17,987,351.	
	26	Total liabilities. Add lines 17 through 25	35,129,042.	26	34,786,133.	
		Organizations that follow SFAS 117 (ASC 958), check here ▶			÷	
se		complete lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets		27		
Bai	28	Temporarily restricted net assets		28		
Net Assets or Fund Balances	29	Permanently restricted net assets		29		
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			·	
ğ		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds	77,225,835.	30	82,424,339.	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.	
اق	32	Retained earnings, endowment, accumulated income, or other funds	237,176,160.	32	246,202,912.	
-	33	Total net assets or fund balances	314,401,995.	33	328,627,251.	
	34	Total liabilities and net assets/fund balances	349,531,037.	34	363,413,384.	

-orn	1990 (2018) University of Idano Foundation, Inc.	40	- / 0 3 0	404	Pa	ge 12
	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		,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,19		
3	Revenue less expenses Subtract line 2 from line 1	3		,47		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,40		
5	Net unrealized gains (losses) on investments	5	5	,83	<u>1,8</u>	<u>30.</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	<u>7,3</u>	91.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	328	,62	<u>7,2</u>	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					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				لــــا
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 reviewe	d on a				
	separate basis, consolidated basis, or both			1]
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	s,			
	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 audit		_	v	
	review, or compilation of its financial statements and selection of an independent accountant?		_	2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					ئـــا
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	ıdıt			v
	Act and OMB Circular A-133?			3a		X
þ	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	000	(2046)
				⊢orm	33U	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Employer identification number Name of the organization University of Idaho Foundation, Inc. 23-7098404 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) 6 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 University of Idaho Foundation, Inc. 23-70984

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 23-7098404 Page 2

Part II

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	19,004,124.	16,123,165.	20,552,299.	21,117,965.	22,015,344.	98,812,897.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge						
4	Total. Add lines 1 through 3	19,004,124.	16,123,165.	20,552,299.	21,117,965.	22,015,344.	98,812,897.
	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)						1,216,550.
6	Public support. Subtract line 5 from line 4						97,596,347.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	19,004,124.	16,123,165.	20,552,299.	21,117,965.	22,015,344.	98,812,897.
	Gross income from interest,		· · · · · · · ·			· · · · · ·	<u> </u>
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,365,008.	6,891,561.	6,490,857.	6,349,423.	6,970,898.	33,067,747.
۵	Net income from unrelated business		' '		· · · ·	, ,	
3	activities, whether or not the						
	business is regularly carried on	-					
10	Other income. Do not include gain	-					
10	or loss from the sale of capital						
	assets (Explain in Part VI)	14,568.	39,218.	14,339.	146,111.	9,311.	223,547.
44	Total support. Add lines 7 through 10	11,3001	35,2200				132,104,191.
	Gross receipts from related activities,	ata (saa instructio	,ne)			12	- ' ' -
	First five years. If the Form 990 is for			t fourth or fifth to	l V vear as a sectio		
13	organization, check this box and stop	•	mst, second, time	, locatili, or milita	ix year as a sectio	11 30 1(0)(0)	▶□
Sec	ction C. Computation of Publi	c Support Per	rcentage			·	
	Public support percentage for 2018 (li			olumn (fl)		14	73.88 %
	Public support percentage from 2017			C.C (1//		15	73.79 %
	• • •			line 13, and line 1	ا 14 is 33 1/3% or n		
	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2017. If the o		-	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	•			13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
ь	10% -facts-and-circumstances test					7a, and line 15 is	10% or
J	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						
12	Private foundation. If the organization						
10	Filvate Ioundation. If the organization	i dia noi check a l	JOA OIT III IE 10, 100	, 100, 110, 01 17L	, or look allo box a		

I Pa	edule A (Form 990 or 990-EZ) 2018 U	niversity Organizations	of Idaho	Foundati Section 509/a	on, Inc.	23-709	98404 Page 3
- 4	(Complete only if you checked	-				Part II If the organ	uzation fails to
	qualify under the tests listed b			organization lailed	to quality dilucit	art ii ii iii c organ	inzation lans to
Sec	ction A. Public Support	ciow, picaco com	3,010 1 (2,11 11 7				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	1.7			1	/	
	membership fees received (Do not					/	
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	-			 		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			. –	/		
	furnished by a governmental unit to				/	1	
	the organization without charge						<u> </u>
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and				/		
	3 received from disqualified persons			/			
•	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		·				
c	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·			[
	Public support. (Subtract line 7c from line 6.)			L/		<u> </u>	<u> </u>
	ction B. Total Support	() 0044	#20045		T (4) 0047	(=) 0010	T (6) Tatal
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Amounts from line 6 Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	and income from similar sources					_	ļ
b	Unrelated business taxable income						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Unrelated business taxable income (less section 511 taxes) from businesses						
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here			rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
11 12 13 14 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	ic Support Pe	rcentage		ax year as a sectio		>
11 12 13 14 Sec 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publi Public support percentage for 2018 (ic Support Pe	rcentage divided by line 13,		ax year as a section	15	▶ □
11 12 13 14 Sec 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage from 2018 (Public support percentage from 2018)	ic Support Pe line 8, column (f), o Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))	ax year as a section		>
11 12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here exion C. Computation of Publ Public support percentage from 2018 (Public support percentage from 2017)	ic Support Pe line 8, column (f), c Schedule A, Part stment Incom	rcentage divided by line 13, III, line 15 e Percentage	column (f))	ax year as a section	15	% %
11 12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here exion C. Computation of Publ Public support percentage for 2018 (Public support percentage from 207) Investment income percentage for 2018	ic Support Pe line 8, column (f), o Schedule A, Part stment Incom	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l	column (f))	ax year as a section	15 16	▶ □
11 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here exion C. Computation of Publ Public support percentage from 2018 (Public support percentage from 2017)	ic Support Pe line 8, column (f), of Schedule A, Part stment Incom 118 (line 10c, colur 2017 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17	column (f)) ine 13, column (f))		15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage for 2018 (Public support percentage from 2017 Extin D. Computation of Investment income percentage from 2018 Investment income percentage from 2018 Investment income percentage from 2019	ic Support Pe June 8, column (f), of Schedule A, Part Stment Incom 118 (line 10c, colur) 2017 Schedule A, organization did r	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than :	15 16 17 18 33 1/3%, and line	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage from 2016 (Public support percentage from 2017 (Investment income percentage from 33 1/3% support tests 2018. If the more than 33 1/3%, check this box as 33 1/3% support tests - 2017. If the	ic Support Pe In 8, column (f), of Schedule A, Part stment Income 18 (line 10c, colur 2017 Schedule A, organization did r and stop here. The organization did r	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization qual not check a box or	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s in line 14 or line 198	e 15 is more than s supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line ation ore than 33 1/3%	% % % 17 is not
11 12 13 14 Sec 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage from 2018 (Public support percentage from 2018 (Investment income percentage from 3 33 1/3% support tests 2018. If the more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, check	ic Support Pe ire 8, column (f), of Schedule A, Part stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization qual not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly so in line 14 or line 193 inization qualifies a	e 15 is more than s supported organize a, and line 16 is m as a publicly supp	15 16 17 18 33 1/3%, and line ation ore than 33 1/3% orted organization	% % % 17 is not
11 12 13 14 Sec 15 16 Sec 17 18 19 a b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage from 2016 (Public support percentage from 2017 (Investment income percentage from 33 1/3% support tests 2018. If the more than 33 1/3%, check this box as 33 1/3% support tests - 2017. If the	ic Support Pe ire 8, column (f), of Schedule A, Part stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization qual not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly so in line 14 or line 193 inization qualifies a	e 15 is more than s supported organiza a, and line 16 is m as a publicly supp his box and see in	15 16 17 18 33 1/3%, and line ation ore than 33 1/3% orted organization structions	% % % 17 is not

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
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10a		
10b		

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_{[Ра}	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ŀ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		- <i>-</i> -	-
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c	ļ	L
<u> 5ec</u>	tion B. Type I Supporting Organizations		1	г
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ĺ		ł
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		1
	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,		ł	ļ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_	├	
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		l	
<u>e</u>	supervised, or controlled the supporting organization	2	l	Ь
<u> </u>	tion C. Type II Supporting Organizations		I	г
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		1	
		F	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	į	1.	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			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		'
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	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			ŀ
	significant voice in the organization's investment policies and in directing the use of the organization's	ł	1	l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard	3		
	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 yea(see instruction	s).		
a	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		_1	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	istruction		Na
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	ļ	ļ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	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	,	1		
	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_	Ļ	
3	Parent of Supported Organizations Answer (a) and (b) below.	,		1
а			<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	
RECORD	5 10-11-18 Schedule A (Form	DON OF O	ュハ・ピブ	12019

	edule A (Form 990 or 990 EZ) 2018 University of Idaho Fou			23-7098404 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust or	n Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
_ <u>d</u>	Total (add lines 1a, 1b, and 1c)	1d	-	
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			<u> </u>
_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		<u> </u>
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	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u></u>
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting ord	ranization (see

instructions)

	dule A (Form 990 or 990-EZ) 2018 University of			3-7098404 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions	 		Current Year
	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	<u> </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			
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 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	 		
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			·
2	Underdistributions, if any, for years prior to 2018 (reason-			•
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)		•	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			į
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	_		
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018		-	

Schedule A (Form 990 or 990 EZ) 2018 University of Idaho Foundation, Inc.

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

(See Instructions)
Schedule A, Part II, Line 10, Explanation for Other Income:
Commission Recapture
2014 Amount: \$ 15,772.
2015 Amount: \$ 18,960.
2016 Amount: \$ 12,935.
2017 Amount: \$ 10,524.
2018 Amount: \$ 2,450.
Change in Cash Value of Life Insurance
2014 Amount: \$ -1,204.
2015 Amount: \$ 16,914.
2016 Amount: \$ -3,674.
2017 Amount: \$ 10,255.
2018 Amount: \$ -6,704.
Miscellaneous
2015 Amount: \$ 3,344.
2016 Amount: \$ 5,078.
2017 Amount: \$ 125,332.
2018 Amount: \$ 13,565.

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

University of Idaho Foundation, Inc.

Employer identification number 23-7098404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
•	organization answered "Yes" on Form 990, Part IV, Iir						
		(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 held in donor advi	sed funds				
_	are the organization's property, subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a		e used only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?	, , ,	Yes No				
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organizat						
-	Preservation of land for public use (e.g., recreation or		torically important land area				
	Protection of natural habitat	· —	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of 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				
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	• •	ture				
_	listed in the National Register	,,	2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax				
	year >	3 ,					
4	Number of states where property subject to conservation ea	asement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting.		nservation easements during the year				
	>	-					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year				
	▶\$	-					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization						
	conservation easements						
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.				
-	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	ribes these items.					
ь	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemei	nt and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e						
	relating to these items						
	(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 assets for financi	al gain, provide				
_	the following amounts required to be reported under SFAS 1						
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990. Part X		▶ \$				

Sche	dule D (Form 990) 2018 Univers	ity of Ida	ho Foundat	ion, I	nc.		23-70	9840	4 P	age 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, (or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	at are a s	ignificant	use of its	collectio	n item	IS
	(check all that apply):									
а	Public exhibition	d		hange progra	ams					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further tl	he organızatı	on's exe	mpt purp	ose in Par	XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er sımıla	r assets	_	-	_	,
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	-	ete if the organizatio	n answered	"Yes" on	Form 99	0, Part IV,	lıne 9, or	•	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other as	sets not	ncluded		7	_	٦
	on Form 990, Part X?							J Yes	_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				1			
						-		Amoun	t	
С	Beginning balance					1c				
ď	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>	1		
2 a	Did the organization include an amount on Fo					-		Yes	누	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete it	ı	-							
		(a) Current year	(b) Prior year	(c) Two year		· · /	years back	(e) Four		
1a	Beginning of year balance	280,635,769.	264,541,402.	235,90			316,218.			381.
b	Contributions	8,961,564.	8,871,251.	13,21			548,799.			402.
C	Net investment earnings, gains, and losses	15,613,514.	20,544,868.	28,33			199,104.			548.>
d	Grants or scholarships								, 637	790.
е	e Other expenditures for facilities									
	and programs	1 606 337	2 204 150	2.02	2 000		107 564		104	227
f	Administrative expenses	1,686,337. 291,908,415.	2,094,158.		2,096.		187,564.			227.
g	End of year balance		280,635,769.	264,54	1,402.	235,	904,296.	239	, 310	210.
2	Provide the estimated percentage of the curr			a)) neid as						
a	Board designated or quasi-endowment ► Permanent endowment ► 87.08	12.92	_%							
ь		%								
С	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c short			_ al d.c		.				
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	na aaministe	erea for t	ne organi	zation	ſ	Yes	NI-
	by							20(1)	res	X
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations	tions listed as require	red on Cobadula D2					3a(ii) 3b		
_	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•						30		
Par	t VI Land, Buildings, and Equipm		WITICITE TUTIES	_						
	Complete if the organization answered) Part IV line 11a S	Saa Form 990) Part Y	line 10				
	Description of property	(a) Cost or o	· - · · · · · · · · · · · · · · · · · ·	or other		ccumulat	od	(d) Boo	k valu	
	Description of property	basis (investr		(other)		preciation	I	(a) B 00	N Valu	5
12	Land	320.0 (11100111	<u> </u>	5,957.				4,86	5.9	57.
			1 2,00	-,,,,,,				_, 50	- , -	<u> </u>
	Buildings Leasehold improvements		1	-						
4	Equipment	· · · · · · · · · · · · · · · · · · ·								
٥	Other									
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (B) line 1	(Oc.)		_		4.86	5.9	57.

Schedule D (Form 990) 2018

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

Sche	dule D (Form 990) 2018 University of Idaho Foundation, Inc.		<u>7098404</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	?etun	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements	1_	39,493	<u>,060.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a 5,831,830			
ь	Donated services and use of facilities 2b			
С	Recoveries of prior year grants] .		
d	Other (Describe in Part XIII)	1		
e	Add lines 2a through 2d	2e	5,831	,830.
3	Subtract line 2e from line 1	3	33,661	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	Ť		
-	Investment expenses not included on Form 990, Part VIII, line 7b			
_	Other (Describe in Part XIII)	1		
b		4c		0.
	Add lines 4a and 4b Tital assessment Add lines 9 and 4a (The must equal Form 800, Part I, line 12.)	5	33,661	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per			, 2500
Pa		11011	•••••	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		25,267	804
1	Total expenses and losses per audited financial statements	1	23,201	, 00 = •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a	4		
b	Prior year adjustments 2b	4		
С	Other losses 2c	4		
d	Other (Describe in Part XIII) 2d 77,391	4		201
е	Add lines 2a through 2d	2e	77 25,190	, 391.
3	Subtract line 2e from line 1	3	25,190	<u>,413.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	1		
b	Other (Describe in Part XIII)]		
С	Add lines 4a and 4b	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	25,190	,413.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line	4, Par	X, line 2; Part	XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			
Pa:	rt V, line 4:			
Pro	ovide scholarships and support to the University of Idaho	·		
			·	
Pa:	rt XII, Line 2d - Other Adjustments:			
Un	collectible Pledge Expense		77	<u>,391.</u>
		-		<u>-</u>

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

University of Id	aho Fou	ndation.	Inc.		23-70984	04
			tside the United States. Comple	te if the organ		
Form 990, Part IV, I						
=	-		ds to substantiate the amount of its gra			. —
the grantees' eligibility for	the grants or a	ssistance, and	the selection criteria used to award the	grants or assi	stance? L	Yes No
2 For grantmakers. Describ	e in Part V the	organization's	procedures for monitoring the use of its	grants and of	her assistance ou	tside the
United States						
			an be duplicated if additional space is n			T (6) T-4-1
	offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
East Asia and the						
Pacific	0	0	Investments			5,613,757.
Europe (Including Iceland & Greenland)	0	0	Investments			11,230,126.
Iceland & Greenland)			Investments			11,230,120.
North America	0	0	Investments			596,942.
				-		
3 a Subtotal	0	0		-		17,440,825.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				17,440,825.

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

Schedule F (Form 990) 2018

23-7098404

Page 2

University of Idaho Foundation, Inc.

Schedule F (Form 990) 2018

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

d of ok, FMV, other)					
(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of noncash assistance					
(g) Amount of noncash assistance					xempt
(f) Manner of cash disbursement					recognized as tax-e:
(e) Amount of cash grant					foreign country,
(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 (cl.3) equivalency letter
(c) Region					Enter total number of recipient organizations listed above that are r by the IRS, or for which the grantee or counsel has provided a sect
(b) IRS code section and EIN (if applicable)	,				recipient organization
a) Name of organization				·	2 Enter total number of I

Schedule F (Form 990) 2018

3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2018 University of Idaho Foundation, Inc. 23-7098404

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

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 (d) Amount of recipients cash grant					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2018

Sched	ule F (Form 990) 2018 University of Idaho Foundation, Inc.	23-7098404	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X) No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes [X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes [X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes ☐	🗓 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes ☐	X No

Schedule F	(Form 990) 2018 Universit	ty of Idaho	Foundation,	Inc.	23-7098404	Page 5
Part V	Supplemental Information	 -				
	Provide the information required by	Part I, line 2 (monitor	ring of funds), Part I, line	3, column (f) (acco	ounting method, amounts of	
	investments vs expenditures per re					4
						''
	(estimated number of recipients), as	applicable Also con	npiete this part to provide	any additional in	normation See instructions	
						
		· · · · · · · · · · · · · · · · · · ·		· 		
	· · · · · · · · · · · · · · · · · · ·					
				<u> </u>		
					 	
						
						_
						
	_ 					
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		-				

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

■ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public

Inspection

ê [Employer identification number 23-7098404 Scholarships, Student Related Programs, and (h) Purpose of grant or assistance Operating Support X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 22,611,399 cash grant Inc. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Foundation, (c) IRC section (if applicable) 501(c)(3) Enter total number of other organizations listed in the line 1 table Idaho 82-6000094 General Information on Grants and Assistance (b) El 4 of criteria used to award the grants or assistance? University 1 (a) Name and address of organization or government University of Idaho Name of the organization 875 Perimeter Dr. Moscow, ID 83844 Part Part

Schedule I (Form 990) (2018)

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

23-7098404

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	urred in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
Part I, Line 2:					
Monitoring the use of grants or ot	other assi	assistance:			
The University of Idaho Foundation processes	process	es and mak	es distrib	and makes distributions to the	

Schedule I (Form 990) (2018)

Internal controls are employed to safeguard assets.

University of Idaho.

Distributions to the University of Idaho are made in accordance with

endowment agreements, gift use agreements, and donor directives.

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

University of Idaho Foundation, Inc.

Employer identification number 23-7098404

			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		ļ ,	
	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			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III	•		1
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			. }
	Form 990 of other organizations Approval by the board or compensation committee			l
	,,			ļ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization			. :
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	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	<u>,</u>		لنيدا
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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			لــــا
	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			لـــــا
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u></u>	<u></u>	
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2018

University of Idaho Foundation, Inc.

23-7098404

Page 2

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (i)(a)	reported as deferred on prior Form 990
(1) Joy Fisher	Ξ	152,877.	0	0	0	50,378.	203,255.	0.
Executive Director	(E)	0	0.	0.	0	0.	0	0.
	Θ							
	(ii)							
	Ξ							
	<u>(ii)</u>							
	ω							
	(ii)							
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III Supplemental Information

Part II
The University of Idaho provides payroll services including payments,
tax withholding and reporting for employees contractually loaned to the
University of Idaho Foundation. The University of Idaho Foundation
(7)
Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Noncash Contributions

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

Attach to Form 990.

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

2018

Open to Public Inspection

Name of the organization

Types of Property

University of Idaho Foundation, Inc.

Employer identification number 23-7098404

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		
		applicable	contributions or	amounts reported on	noncash contribu	•	nts
		<u> </u>	items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art	<u> </u>					
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	<u> </u>		<u> </u>			
8	Intellectual property		445				_
9	Securities - Publicly traded	X	117	1,626,590.	Fair Market	Value	•
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests			·			
12	Securities - Miscellaneous						
13	Qualified conservation contribution -	0					
	Historic structures			<u> </u>			
14	Qualified conservation contribution - Other						
15	Real estate - Residential	X	2	2,745,000.	Fair Market	Value	9
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Wheat Commodi)	X	3	6,652.	Fair Market	Value	3
26	Other ()						
27	Other (<u>. </u>			
28	Other ()						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31 X	
	Does the organization hire or use third parties	•	•	•			
	contributions?			.,,		32a	x
ь	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	y for which column (a) is che	cked.		1
	describe in Part II		· · · · · · · · · · · · · · · · · · ·	,	- ·- · ·-)	1	1 :

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 University of Idaho Foundation,		23-7098404	Page 2
Part II Supplemental Information. Provide the information required by Part I, line is reporting in Part I, column (b), the number of contributions, the number of items this part for any additional information	s 30b, 32b, and 3 received, or a co	33, and whether the organization of both Also com	ation iplete
Schedule M, Line 32b:			
The Board of Directors established a Gift Accep	tance Com	nmittee with	
formal policies and procedures requiring the re-	view and	approval of	
most non-cash (non-standard)gifts.			
	-		
			
	, 177		
			_ .
			
		-	
		 -	-
		-,, -	
		-	
		 	

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.

OMB No 1545-0047 Open to Public 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) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	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:	
Uncollectible Pledge Expense	-77,391.
Form 990, Part XII, Line 2c	
The Board of Directors approves the financial statements	and selects
the independent auditor of the financial statements.	
	· · · · · · · · · · · · · · · · · · ·