Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For cale	lendar year 2017 or tax year beginning		, and ending	<u> </u>	
	e of foundation			A Employer identification	number
_	UE CROSS OF IDAHO FOUNDAT		•		
	ALTH, INC.	26-0024334			
	er and street (or P O box number if mail is not delivered to street an	B Telephone number			
	00 E. PINE AVE	208-331-76	54		
	or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is po	ending, check here
	RIDIAN, ID 83642				,
G Che	eck all that apply" Initial return	=	ormer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return		2. Foreign organizations me	eting the 85% test.
	Address change	Name change		Foreign organizations me check here and attach co	mputation
	eck type of organization X Section 501(c)(3) ex	empt private foundation	VΨ	E If private foundation sta	tus was terminated
		Other taxable private founda		under section 507(b)(1)	(A), check here
	market value of all assets at end of year J Accounting	ng method Cash	X Accrual	F If the foundation is in a	
•		her (specify)		under section 507(b)(1)	(B), check here
▶\$		in (d) must be on cash basi	S.)		
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
1	1 Contributions, gifts, grants, etc., received	14,255,338.			ļ
2	2 Check X if the foundation is not required (mattach Sch. 0				•
3	Interest on savings and temporary cash investments	36.	36.		STATEMENT 1
4	4 Dividends and interest from securities	464,650.	464,650.		STATEMENT 2
5	5a Gross rents				
	h Net rental income or (loss)				
م ا	6a Net gain or (loss) from sale of assets not on line 10	547,871.			ECEIVED 1
ä	b Gross sales price for all 1,340,067.				ျှ
exerge 7	7 Capital gain net income (from Part IV, line 2)		547,871.	5	NOV 2 0 2018 0
۹ ا	8 Net short-term capital gain			N/A G	NOV 2 0 2018 0
9	9 Income modifications Goss sales less returns				<u> </u>
10	Oa and allowances				DODEN. UT
	b Less Cast of goods sold				
	c Gross profit or (loss)				
11	1 Other income				
12	2 Total Add lines 1 through 11	15,267,895.	1,012,557.	0.	112.424
13	3 Compensation of officers, directors, trustees, etc	143,696.	0.	0.	143,696.
14	4 Other employee salaries and wages	102,672.	0.	0.	69,183.
15					
Expenses	6a Legal fees STMT 3	25,211.	0.	0.	24,457.
E	b Accounting fees STMT 4	3,700.	370.	0.	3,330.
Ž	c Other professional fees STMT 5	232,461.	1,227.	0.	235,573.
Administrative E	7 Interest	7	_		
TE 18	8 Taxes STMT 6	1,756.	0.	0.	0.
.뙲 19	9 Depreciation and depletion				
<u>`</u> ∄20	0 Occupancy	4 4 4	_		45 504
₹ 21	1 Travel, conferences, and meetings	18,692.	0.	0.	15,731.
E 22	2 Printing and publications	833.	0.	0.	1,201.
글 23	·	74,319.	0.	0.	75,451.
늹 24	4 Total operating and administrative			_	560 655
Del	expenses. Add lines 13 through 23	603,340.	1,597.	0.	568,622.
O 25	5 Contributions, gifts, grants paid	603,617.			603,617.
26	6 Total expenses and disbursements.		_		
\bot	Add lines 24 and 25	1,206,957.	1,597.	0.	1,172,239.
27	7 Subtract line 26 from line 12				
	Excess of revenue over expenses and disbursements	14,060,938.			
	b Net investment income (if negative, enter -0-)		1,010,960.		
	c Adjusted net income (if negative, enter -0-)			0.	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2017) HEALTH, INC.

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End of year

End of year

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of	End of year			
_	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	3,821.	165,676.	<u> 165,676.</u>			
	2	Savings and temporary cash investments	38,331.	77,690.	<u>77,</u> 690.			
	3	Accounts receivable						
		Less, allowance for doubtful accounts ▶						
	4	Pledges receivable 14,160,905.		_				
		Less allowance for doubtful accounts ▶	10,000.	14,160,905.	14,160,905.			
	5	Grants receivable		,	•			
	6	Receivables due from officers, directors, trustees, and other			· ·			
	Ŭ	disqualified persons						
	7	Other notes and loans receivable			1			
	•	Less allowance for doubtful accounts			·i-			
	8	Inventories for sale or use	-					
Assets	_	Prepaid expenses and deferred charges						
Ass	9	Investments - U.S. and state government obligations						
`					·			
		Investments - corporate stock						
- 1		Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
		Investments - mortgage loans	21 010 100	22 220 022	22 220 022			
	13	Investments - other STMT 8	21,018,189.	23,228,932.	23,228,932.			
	14	Land, buildings, and equipment. basis	<u> </u>					
		Less accumulated depreciation		10 545	10 545			
	15	Other assets (describe ► INCOME TAX RECEIVAB)	0.	19,547.	19,547.			
	16	Total assets (to be completed by all filers - see the	04 050 044	20 650 850	25 650 550			
		instructions. Also, see page 1, item I)	21,070,341.	37,652,750.	37,652,750.			
Į	17	Accounts payable and accrued expenses	60,642.	79,622.				
	18	Grants payable						
ş	19	Deferred revenue						
= 1	20	Loans from officers, directors, trustees, and other disqualified persons						
ā	21	Mortgages and other notes payable						
-1	22	Other liabilities (describe)						
				70.505				
_	23	Total liabilities (add lines 17 through 22)	60,642.	79,622.				
		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26, and lines 30 and 31.						
S	24	Unrestricted	21,009,699.	37,367,326.				
Balances	25	Temporarily restricted		205,802.				
	26	Permanently restricted						
2		Foundations that do not follow SFAS 117, check here						
린		and complete lines 27 through 31.						
Ö	27	Capital stock, trust principal, or current funds			1			
Net Assets or Fund	28	Paid-in or capital surplus, or land, bldg., and equipment fund		.,				
ĄŠ	29	Retained earnings, accumulated income, endowment, or other funds						
힐	30	Total net assets or fund balances	21,009,699.	37,573,128.	İ			
	31	Total liabilities and net assets/fund balances	21,070,341.	37,652,750.				
_		Analysis of Changes in Not Assets or Fund Ba	·					

Part III Analysis of Changes in Net Assets or Fund Balances

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	21,009,699.
2	Enter amount from Part I, line 27a	2	14,060,938.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN/LOSS	3	2,502,491.
4	Add lines 1, 2, and 3	4	37,573,128.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	37,573,128.

BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH, INC.

	LTH, INC.						6-002		Page
Part IV Capital Gains	and Losses for Tax on	Investment	Income	_	ATTACI		TATEM		
(a) List and describe	the kind(s) of property sold (for e arehouse, or common stock, 200 s	example, real esta	te,	` P -	ow acquired Purchase	(c) Date	acquired day, yr.)	(d) Dar (mo., d	
				+	Donation				
1 <u>a</u> b			 	+-					
C	· · · · · · · · · · · · · · · · · · ·			+		·		 -	
d				+				_	
e	7 m 1	-		_				_	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		•		Gain or (loss) s (f) minus (
a									
b									
C						•			
d									
e 1,340,067.			792,19	6.				547	,871
Complete only for assets show	ng gain in column (h) and owned t	by the foundation	on 12/31/69.		- (I) Gains (0	Col. (h) gain	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		co		not less than (from col. (
a									
b									
С									
d									
e								547	<u>,871</u>
Papital gain net income or (net c	If gain, also er	nter in Part I, line r -0- in Part I, line	7	}	2			547	,871
, ,	•		•	7					·
Net short-term capital gain or (lo If gain, also enter in Part I, line 8		and (6)		11					
If (loss), enter -0- in Part I, line 8				Ŋ	3			12	,948
Part V Qualification L	Inder Section 4940(e) fo	or Reduced	Tax on Net	Inves	tment Inc	ome			-
For optional use by domestic privat	e foundations subject to the section	n 4940(a) tax on	net investment in	come.)			 -		
or apalonar add by democrat privat		10 10(0) 1011 011		,,					
f section 4940(d)(2) applies, leave t	his part blank.								
Nas the foundation liable for the sec	tion 4942 tax on the distributable	amount of any ve	ear in the base nei	riod?				Yes	X N
f "Yes," the foundation doesn't quali									
	each column for each year; see the			ntries.					
(a)	(b)	1		(c)			Destrok	(d) oution ratio	
Base periód years Calendar year (or tax year beginni	Advicted qualifying	distributions	Net value of ne		able-use assets	;	(col. (b) div	ided by col	(c))
2016		11,329.		20.	430,174		11-7		5439
2015		69,843.			167,274				4581
2014		56,562.			213,806				4509
2013		39,514.			142,016	 -			5729
2012		56,686.			955,988				4296
Total of line 1, column (d)						2		. 2	4557
Average distribution ratio for the	Savear hace period - divide the tot	ral on line 2 hy 5 () or by the numb	er of ve	ars	<u> </u>			
the foundation has been in existe	•	ar on mic 2 by 5.0	o, or by the numb	içi üi yü	ais	3		. 0	4911
the foundation has been in existe	nice ii iess man 5 years					-			<u> </u>
. Catas the automorphism of appellantal	his was assets for 2017 from Dart	V line E				4	ر ا	2,354	676
Enter the net value of noncharital	ble-use assets for 2017 from Part	A, 1111E 3				<u> </u>		2,331	<u>, </u>
M. B. ab. base 4 business 0						١.		1,097	928
Multiply line 4 by line 3						5		<u> </u>	, , , , 0
. Fator 40/ a4 ant :	no /10/ of Dort 1 to 075\							1 በ	,110
Enter 1% of net investment incor	ile (1% of Part I, line 2/0)					6	 	10	, 110
Add have C 4 C						_		1,108	Usb
Add lines 5 and 6						7	 	<u> </u>	, 038
	5					1.		1 172	220
Enter qualifying distributions from	•					8	<u> </u>	1,172	, 433
, ,	n line 7, check the box in Part VI, I	line 1b, and comp	lete that part usir	ng a 1%	tax rate.				
See the Part VI instructions.					-				
23521 01-03-18							F	orm 990-	- r (20

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7

BLUE CROSS OF IDAHO FOUNDATION FOR

Part VI Excise Tax Based on Investment Income (Section	4940(a) 4940(b) 4940(a) or 40	26-0024 48 - see ir		ns)
<u> </u>		- 3ee II		,
1a Exempt operating foundations described in section 4940(d)(2), check here				
Date of ruling or determination letter(attach copy of letter		 -	1.0	110.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check he	ere A and enter 1%	1	10,	110.
of Part I, line 27b	star 49/ of Post I live 10 col (h)			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, en	, , , ,			0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	nly; others, enter -U-)	2	1.0	110.
3 Add lines 1 and 2	only others onto: 0)	3	10,	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	•	4	1.0	$\frac{0.}{110.}$
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	U-	5	10,	110.
6 Credits/Payments	6a 24,303.			İ
a 2017 estimated tax payments and 2016 overpayment credited to 2017				1
b Exempt foreign organizations - tax withheld at source				1
c Tax paid with application for extension of time to file (Form 8868)	6c 16,000.]
d Backup withholding erroneously withheld	6d 0.			202
7 Total credits and payments. Add lines 6a through 6d		7	40,	303.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220	is attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		102
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp		10	30,	193.
11 Enter the amount of line 10 to be Credited to 2018 estimated tax	30,193. Refunded ▶		.	<u> </u>
Part VII-A Statements Regarding Activities			1 1	al Nia
1a During the tax year, did the foundation attempt to influence any national, state, or local	al legislation or did it participate or intervene	ın	Ye	
any political campaign?			1a	X
\boldsymbol{b} Did it spend more than \$100 during the year (either directly or indirectly) for political		tion	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any materials published or			
distributed by the foundation in connection with the activities.				_
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri				
(1) On the foundation. \$ (2) On foundation main			}	
e Enter the reimbursement (if any) paid by the foundation during the year for political emanagers. ► \$ 0 .	xpenditure tax imposed on foundation			
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2	<u> </u>
If "Yes," attach a detailed description of the activities.	,		-	
3 Has the foundation made any changes, not previously reported to the IRS, in its gover	roing instrument articles of incornoration of			1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the			4a	X
	ic year.	N/A	4b	+
 b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the 	wear?	/	5	X
	; year ·			+
If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	find oither			
, , , , , , , , , , , , , , , , , , , ,	med cluici.			
By language in the governing instrument, or By state language that offertively amonds the governing instrument so that no mail	ndatory directions that conflict with the state	laver		
By state legislation that effectively amends the governing instrument so that no main the government and the government are the government of the gover	moatory directions that conflict with the state	IAW	6 X	-
remain in the governing instrument?	Learning Dart II and (a) and Dart M.			
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	complete Part II, col. (c), and Part XV		7 X	+-
8a Enter the states to which the foundation reports or with which it is registered. See ins	tructions. ►			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or designate)	: _		_
of each state as required by General Instruction G2 If "No," attach explanation			8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning	g of section 4942(j)(3) or 4942(j)(5) for caler	ndar		
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes			9	X
O Did any persons become substantial contributors during the tax year? If "Yes," attach a	_	TMT 10	10 X	
		r-	rm 990-P	

26-0024334 Page 5 Form 990-PF (2017) HEALTH, INC. Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.BCIDAHOFOUNDATION.ORG Telephone no. ► (208)331-7590 14 The books are in care of ▶ BLUE CROSS OF IDAHO HEALTH SERVICE Located at ▶ 3000 E. PINE AVE., MERIDIAN, ID ZIP+4 >83642 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year No Yes 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X 1c before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)) a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2017.) 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? Form 990-PF (2017)

Form 990-PF (2017) HEALTH, INC.			26-00243	34	ı	Page 6		
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R							
5a During the year, did the foundation pay or incur any amount to				•	Yes	No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No	,	'			
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire							
any voter registration drive?			es X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y	es X No		^				
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section							
4945(d)(4)(A)? See instructions Yes X No								
• • • • • • • • • • • • • • • • • • • •	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for							
the prevention of cruelty to children or animals?		es X No						
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	N/A	5b		نـــــا		
section 53.4945 or in a current notice regarding disaster assistance? See instru Organizations relying on a current notice regarding disaster assistance, check h				30				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined						
expenditure responsibility for the grant?			es 🔲 No			i		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	_	.,			١ ١			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav premiums on							
a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,	Y	es X No					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X		
If "Yes" to 6b, file Form 8870.								
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗶 No					
b. If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b				
Part VIII Information About Officers, Directors, Truste	es, Foundation Mai	nagers, Highly						
Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and the	our componention							
List all officers, directors, trustees, and foundation managers and tr	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans	T	(e) Exp	ense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deterred compensation	a	(e) Exp ccount, allowar	other		
	to position	enter -o-j	Compensation	+	unova	1000		
SEE STATEMENT 11		116,966.	7,603.	. 1	9,1	28.		
		}						
			ļ					
				_				
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none	enter "NONE "	<u> </u>	J				
	(b) Title, and average	THE THE	(d) Contributions to employee benefit plans and deferred		(e) Exp	ense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	a	ccount, allowar	other		
NONE	devoted to position		compensation	†				
		†		1				
				\perp				
		ļ		_				
		 		4_				
		<u> </u>	<u> </u>			0		
Total number of other employees paid over \$50,000			E	, 00)-PF			
			FULL	, 55		(ZUII)		

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compen	sation
NONE		
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 WORKED WITH SEVERAL ORGANIZATIONS TO BUILD NEIGHBORHOOD		
PLAYGROUNDS, DEVELOP OUTDOOR ACTIVITIES FOR CHILDREN TO GET		
OUTSIDE AND "MOVE", AND HEALTHY EATING CAMPAIGNS.	505,6	<u>89.</u>
2 A COMMUNITY GARDEN WAS DEVELOPED TO PROVIDE VEGETABLES TO	_	
THOSE IN NEED, WITH VOLUNTEERS HELPING TO BUILD, MAINTAIN,	_ , _	
AND HARVEST THE VEGETABLES.	4,5	44.
3 MENTAL HEALTH YOUTH	_	
PROVIDED GRANT FUNDS TO HELP TRAIN INDIVIDUALS WHO INTERACT	ـ ـ ـ	- 4
WITH YOUTH ABOUT BEHAVIORAL HEALTH.	59,3	54.
4 <u> </u>		
GDD GDD DDVDVD 10	٠, ,	
SEE STATEMENT 12 Part IX-B Summary of Program-Related Investments	88,0	00.
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
37/3	Aniount	
1 <u>N/A</u>	_	
2		
	7	
	7	
All other program-related investments. See instructions.		·
3		
	_	
	_	
	_	
Total. Add lines 1 through 3	•	0.

HEALTH, INC.

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F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	22,368,942.
b	Average of monthly cash balances	1b	326,161.
C	Fair market value of all other assets	1c	·····
d	Total (add lines 1a, b, and c)	1d	22,695,103.
е			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	22,695,103.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	340,427.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,354,676.
6	Minimum investment return. Enter 5% of line 5	6	1,117,734.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certai	n
	foreign organizations, check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,117,734.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	10,110.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,107,624.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,107,624.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,107,624.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,172,239.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,172,239.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	10,110.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,162,129.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies	for the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

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	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	•	·		
line 7				1,107,624.
2 Undistributed income, if any, as of the end of 2017			· · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2016 only		<u></u> .	0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2017	_	<u> </u>		
a From 2012				
b From 2013 75,300.				
c From 2014				
d From 2015				
e From 2016 106,876.				
1 Total of lines 3a through e	182,176.			
4 Qualifying distributions for 2017 from	102,1700			
Part XII, line 4: \$ 1,172,239.				
a Applied to 2016, but not more than line 2a			0.	,
b Applied to undistributed income of prior			•	
		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>			1,107,624.
d Applied to 2017 distributable amount	64,615.			1,107,024.
e Remaining amount distributed out of corpus	04,013.		:	0.
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))		-		
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	246,791.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
1 Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018			··-	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		İ		
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	_			•
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	246 724			
Subtract lines 7 and 8 from line 6a	246,791.			
O Analysis of line 9.	ļ			
a Excess from 2013 75,300.				İ
b Excess from 2014	İ			İ
c Excess from 2015				
d Excess from 2016 106,876.				
e Excess from 2017 64,615.				

Form 990-PF	(2017) HEALTH,		J FOUNDATION	TOR	26-002	24334 Page 1
	Private Operating Fo		structions and Part VII-	A, question 9)	N/A	
1 a If the fo	oundation has received a ruling or	determination letter that	it is a private operating			
founda	tion, and the ruling is effective for	2017, enter the date of the	he ruling	>		/
b Check l	box to indicate whether the found	ation is a private operatin	g foundation described in	section	4942(j)(3) or 494	42(J)(Ś)
2 a Enter th	ne lesser of the adjusted net	Tax year		Prior 3 years		
ıncome	from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
ınvestn	nent return from Part X for					_
each ve	ar listed					
b 85% of		-				
	ing distributions from Part XII,					
-	or each year listed					
	ts included in line 2c not					
	rectly for active conduct of				<i>a</i>	
	activities					
•	ing distributions made directly			/	1	
•	ve conduct of exempt activities					
	ct line 2d from line 2c					
	ete 3a, b, or c for the		-	/		
alternat	ive test relied upon:				1	
	" alternative test - enter			/		
(I) Va	lue of all assets	"	 ,	/	 	
	lue of assets qualifying			/		
	der section 4942(j)(3)(B)(i) ment" alternative test - enter	_		 	-	
	ninimum investment return			/		
	in Part X, line 6 for each year		4	,	1	
listed						
	rt" alternative test - enter		/			
	tal support other than gross restment income (interest,		/ /			
	idends, rents, payments on		/ /			
se	curities loans (section		/ /		1	
	2(a)(5)), or royalties)	 .			 	
	pport from general public d 5 or more exempt		/ /			
org	ganizations as provided in		/ /			
se	ction 4942(j)(3)(B)(iii)					
(3) La	rgest amount of support from		/		i i	
an	exempt organization					
	oss investment income			: Ab - 4	had \$5 000 as man	- in coasts
Part XV	Supplementary Infor at any time during the			the foundation	nad \$5,000 or more	a in assets
			20110113.7	<u> </u>		
	nation Regarding Foundation	_				
	y managers of the foundation who ut only if they have contributed m			butions received by the	foundation before the close	of any tax
• •	ut only it triey have contributed in	ore man 45,000). (See se	:cuon 507(u)(z).)			
NONE						
	managers of the foundation who ntity) of which the foundation has			or an equally large portio	in of the ownership of a par	tnership or
	nuty) of willon the foundation has	a 10 % of greater filteres				
NONE						
	nation Regarding Contribution			-		
	nere X if the foundation or					sts for funds. If
	ndation makes gifts, grants, etc., t					
a The nar	ne, address, and telephone numb	er or email address of the	e person to whom applica	itions should be address	ed.	
b The for	m in which applications should be	e submitted and informati	ion and materials they sh	ould include		
c Any sul	omission deadlines:					
				<u> </u>		
d Any res	trictions or limitations on awards	, such as by geographica	l areas, charitable fields, l	kınds of institutions, or c	other factors	

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Part XV | Supplementary Information

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3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ACEQUIA ELEMENTARY SCHOOL		gov	SUPPORT PROJECTS OR	
360 N 350 E			PROGRAMS THAT	
RUPERT, ID 83350			ENCOURAGE PHYSICAL	
		ļ	ACTIVITY	500
ASSOCIATION OF IDAHO CITIES		GOV	PROVIDED FUNDS FOR	
3100 S VISTA AVENUE SUITE 201			THEIR ANNUAL	
BOISE, ID 83705			CONFERENCE, HEALTHY	
·			PEOPLE, HEALTHY PLACES	
	-		PRESENTATION	5,000
BOGUS BASIN MOUNTAIN RESORT		PC	SUPPORT THE BEGINNER	
2600 N BOGUS BASIN ROAD			SKI/BOARD CHILDREN'S	
BOISE, ID 83702			ZONE	250,000
BOISE PARKS & RECREATION		gov	SUPPORT THEIR LET'S	
150 N. CAPITAL BLVD.		[·	MOVE BOISE PROGRAM	
BOISE, ID 83702				5,000
<u> </u>				
CARBERRY ELEMENTARY SCHOOL		gov	SUPPORT PROJECTS OR	
1950 EAST 12TH STREET			PROGRAMS THAT	
EMMETT, ID 83617			ENCOURAGE PHYSICAL	
ADD C	IOVERTIMENT OF CHIEF	m/a)	ACTIVITY	500
	CONTINUATION SHEE	T(S)	<u> </u>	603,617
Approved for future payment				
CITY OF BONNERS FERRY		GOV	SUPPORT YOUTH ACCESS	
PO BOX 149			TO HEALTHY, AFFORDABLE	
BONNERS FERRY, ID 83805			FOODS AND PHYSICAL	
	·		ACTIVITY OPPORTUNITIES	166,667
CITY OF REXBURG		GOV	SUPPORT YOUTH ACCESS	
35 NORTH 1ST STREET			TO HEALTHY, AFFORDABLE	
REXBURG, ID 83440			FOODS AND PHYSICAL	
			ACTIVITY OPPORTUNITIES	166,667
CITY OF SANDPOINT		gov	SUPPORT YOUTH ACCESS	
1123 LAKE STREET			TO HEALTHY, AFFORDABLE	
SANDPOINT, ID 83864			FOODS AND PHYSICAL	
			ACTIVITY OPPORTUNITIES	166,666
Total			► 3b	500,000

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Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

1 Program service revenue a b c d g Fees and contracts from government agencies 2 Membership dues and assessments	(e) Related or exempt function income
a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments	Tunction income
b	
c d e e f g Fees and contracts from government agencies 2 Membership dues and assessments	
d e e f f f f f f f f f f f f f f f f f	
e f g Fees and contracts from government agencies 2 Membership dues and assessments	
f g Fees and contracts from government agencies 2 Membership dues and assessments	
g Fees and contracts from government agencies 2 Membership dues and assessments	
2 Membership dues and assessments	
3 Interest on savings and temporary cash	
investments 14 36	
4 Dividends and interest from securities 14 464,650	•
5 Net rental income or (loss) from real estate:	
a Debt-financed property	
b Not debt-financed property	
6 Net rental income or (loss) from personal	
property	
7 Other investment income	1
8 Gain or (loss) from sales of assets other	
than inventory 18 547,871	
9 Net income or (loss) from special events	
10 Gross profit or (loss) from sales of inventory	
11 Other revenue	
a	
	
<u> </u>	
d	+
e	-
12 Subtotal. Add columns (b), (d), and (e)	. 0.10 557
13 Total. Add line 12, columns (b), (d), and (e)	1,012,557
(See worksheet in line 13 instructions to verify calculations.)	
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	
Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the account of the contributed important of the contributed in co	omnlichment of
the foundation's exempt purposes (other than by providing funds for such purposes).	Jilipiisiiilielit oi
	
	
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Form 990-PF (2017) HEALTH, INC. 26-0024334

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

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	Exempt Organ	izations					
1 Did the	organization directly or indi	rectly engage in any of the follow	ing with any other organizatio	n described in section 501(c)		Yes	No
(other th	nan section 501(c)(3) organ	nizations) or in section 527, relati	ng to political organizations?	• •			
•		ation to a noncharitable exempt o			1		
(1) Cas					1a(1)		X
	er assets				1a(2)		Х
b Other tra					10(2)		
· ·		hle everet erganization			15/13		X
	es of assets to a noncharita	· •			1b(1)	 	X
		ncharitable exempt organization			1b(2)		$\frac{\Lambda}{X}$
	tal of facilities, equipment,				1b(3)	 	X
	mbursement arrangements				1b(4)	\vdash	
	ns or loan guarantees				1b(5)	\vdash	X
		embership or fundraising solicitat			1b(6)	_	X
_		uling lists, other assets, or paid e	• •		<u>1c</u>		<u> </u>
	•		• •	vays show the fair market value of th	-	ets,	
				e in any transaction or sharing arrang	gement, snow in		
	• •	other assets, or services received		1 (4) 5			
(a) Line no	(b) Amount involved	(c) Name of noncharitat	ne exempt organization	(d) Description of transfers, transact	tions, and sharing arri	angemen	ts
N/A							
				_			
				<u> </u>			
				 			
				 			
				<u> </u>			
			·				
			·				
\longrightarrow							
		<u> </u>		1	**		
	•	tly affiliated with, or related to, on	ie or more tax-exempt organiz	ations described			7
		n 501(c)(3)) or in section 527?			Yes	LX.	No
b If "Yes," (complete the following sch		1 <u></u>				
	(a) Name of org	janization	(b) Type of organization	(c) Description of	relationship		
	N/A						
		·					
				tements, and to the best of my knowledge on of which preparer has any knowledge	May the IRS of	iscuss t	nis
Sign L	70 1111	1		De ella I	return with the		
Here	- Taphak	overy/	<u> </u>	President	X Yes	L,	No
Sig	nature of officed or trustee		<u>Date</u>	Title	<u>L</u>		
	Print/Type preparer's na	ime Preparer's	signature	Date Check if	PTIN		
.			- A.z.	self- employed			
Paid	LORI BOYCE	OXO	100gc	- 10/8/18	P00121		
Preparer	Firm's name ► DEL	OITTE TAX LLP	\mathcal{O}	Firm's EIN	86-10657	72	
Use Only							
		O RENAISSANCE C					
	DE	TROIT, MI 48243	3	Phone no. 3	<u> 13-396-3</u>		
					Form 99 0)-PF	(2017)

HEALTH , INC .
Part IV | Capital Gains and Losses for Tax on Investment Income

Part IV Capital Gains and Los	sses for Tax on Investment Income			
	i describe the kind(s) of property sole rick warehouse, or common stock, 20		(b) How acquired P - Purchase D - Donation	d (c) Date acquired (d) Date sold (mo., day, yr.)
1a 1315.475 SHS VI	<u> </u>		B Bonation	04/30/0812/05/17
b 416.008 SHS VI				05/09/0812/05/17
c 4285.714 SHS RI				03/24/0911/30/17
d 3269.398 SHS DO				VARIOUS 12/05/17
e 5008.347 SHS V				12/16/1512/05/17
1 245.412 SHS VEX				12/16/15/03/17/17
g 440.651 SHS VII				VARIOUS 03/17/17
h 1173.070 SHS V				05/09/0803/17/17
1775.650 SHS VE		50		VARIOUS 03/17/17
_ 3607.293 SHS VI				12/21/07/03/17/17
k CAPITAL GAINS I	DIVIDENDS			
1				
m				
n				
0				
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		h) Gain or (loss)
` ,	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)
a 110,000.		42,920.		67,080.
b 100,000.		44,290.		55,710.
c 90,000.		93,635.		-3,635.
d 150,000.		100,181.		49,819.
e 150,000.		110,775.		39,225.
18,732.		15,709.		3,023.
g 95,842.		89,048.		6,794.
h 255,143.		124,891.		130,252.
59,205.		53,051.		6,154.
275,345.		117,696.		157,649.
35 000		117,0301		35,800.
k 35,800.	<u> </u>			33,0001
				
m				
n				
Complete only for accets showing	a gour in column (h) and owned by t	he foundation on 12/21/60		
Complete only for assets snowin	ng gain in column (h) and owned by t		(I) LO	sses (from col. (h)) of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		not less than "-0-")
(//	as of 12/31/69	over col. (j), if any		
<u>a</u>				67,080.
<u>b</u>				55,710.
С				-3,635.
<u>d</u>	<u></u>			49,819.
e				39,225.
1				3,023.
g			**	6,794.
h				130,252.
			**	6,154.
				157,649.
k				35,800.
<u>"</u>			<u>.</u>	
<u>'</u>		- 10-1		
<u>m</u>	·	**		
<u>n</u>				
0	17			· ·
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	III Fart I, line / } I-" in Part I, line 7	2	547,871.
3 Net short-term capital gain or (los		d (6)		
If gain, also enter in Part I, line 8,		PΙ	_ [12 040
If (loss), enter "-0-" in Part I, line 8	3		_3	12,948.

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Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SUPPORT PROJECTS OR CAREY ELEMENTARY SCHOOL Gov 20 PANTHER LN PROGRAMS THAT CAREY, ID 83320 ENCOURAGE PHYSICAL ACTIVITY 500. CASCADE SCHOOL DISTRICT Gov DEVELOPMENT OF BEHAVIORAL HEALTH 209 N SCHOOL ST PROGRAM 6,200. CASCADE, ID 83611 SUPPORT THE CITY OF CENTRAL DISTRICT HEALTH DEPT. bov 707 N ARMSTRONG PLACE STAR BIKE/PEDESTRIAN INFRASTRUCTURE BOISE, ID 83704 IMPROVEMENT PROJECT 10,000. CENTRAL ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR ROGRAMS THAT PO BOX 239 ENCOURAGE PHYSICAL SUGAR CITY, ID 83448 ACTIVITY 500. CHALLIS ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR PROGRAMS THAT 1000 BLUFF AVE ENCOURAGE PHYSICAL CHALLIS, ID 83226 ACTIVITY 350. CHILDREN'S HOME SOCIETY PС TO ENHANCE THE SARM SPRINGS TRAINING 740 WARM SPRINGS AVE BOISE, ID 83712 INSITUTE, WHICH PROVIDES BEHAVIORAL HEALTH TRAINING 1,250. CITY OF AMERICAN FALLS gov SUPPORT OF PROJECTS OR ROGRAMS THAT 550 N OREGAN TRAIL ENCOURAGE PHYSICAL AMERICAN FALLS, ID 83211 ACTIVITY OR NUTRITION 1,000. SUPPORT OF PROJECTS OR CITY OF ASHTON bov PROGRAMS THAT PO BOX 689 ENCOURAGE PHYSICAL ASHTON, ID 83420 ACTIVITY OR NUTRITION 1,000. CITY OF BLACKFOOT gov SUPPORT OF PROJECTS OR PROGRAMS THAT 157 N BROADWAY ENCOURAGE PHYSICAL BLACKFOOT, ID 83221 ACTIVITY OR NUTRITION 1,000. Gον SUPPORT A MASTER BIKE CITY OF BONNERS FERRY AND PEDESTRIAN PLAN PO BOX 149 BONNERS FERRY, ID 83805 AND CITY POOL RECONSTRUCTION 80,000. 342,617. Total from continuation sheets

HEALTH Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
	show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CITY OF CALDWELL		GOV	SUPPORT OF PROJECTS OR	
PO BOX 1179			PROGRAMS THAT	
CALDWELL, ID 83606			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,0
CITY OF CAMBRIDGE		gov	SUPPORT OF PROJECTS OR	
PO BOX 220			PROGRAMS THAT	
CAMBRIDGE, ID 83610			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,0
CITY OF CAREY		GOV	SUPPORT OF PROJECTS OR	
20482 N MAIN STREET			PROGRAMS THAT	
CAREY, ID 83320			ENCOURAGE PHYSICAL	
CARLI, ID 03320	,		ACTIVITY OR NUTRITION	1,0
CITY OF CHUBBUCK		GOV	SUPPORT OF PROJECTS OR	
5160 YELLOWSTONE AVE			PROGRAMS THAT	
CHUBBUCK, ID 83202			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,0
CITY OF CLIFTON		GOV	SUPPORT OF PROJECTS OR	
175 WEST CENTER			PROGRAMS THAT	
CLIFTON, ID 83328			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,0
CITY OF DAYTON		GOV	SUPPORT OF PROJECTS OR	
999 N WESTSIDE HWY		100	PROGRAMS THAT	
			ENCOURAGE PHYSICAL	
DAYTON, ID 83232			ACTIVITY OR NUTRITION	1,0
CITY OF DRIGGS		gov	SUPPORT OF PROJECTS OR	
PO BOX 48,			PROGRAMS THAT	
DRIGGS, ID 83422			ENCOURAGE PHYSICAL	
		1	ACTIVITY OR NUTRITION	1,0
CITY OF EMMETT		gov	SUPPORT OF PROJECTS OR	
501 E MAIN ,		İ	PROGRAMS THAT	
EMMETT, ID 83617			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,0
CITY OF EMMETT		GOV	THE FOUNDATION	
501 E MAIN		1	PROVIDED FUNDS TO THE	
EMMETT, ID 83617		1	CITY OF EMMETT FOR	
·			CROSSWALK IMPROVEMENTS	10,0
CITY OF FATERING		GOV	SUPPORT OF PROJECTS OR	
CITY OF FAIRFIELD		F**	PROGRAMS THAT	
407 SOLDIER RD				
FAIRFIELD, ID 83327		1	ENCOURAGE PHYSICAL	1 0
		<u> </u>	ACTIVITY OR NUTRITION	1,0

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3 Grants and Contributions Paid During the	rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CITY OF GARDEN CITY		GOV	SUPPORT OF PROJECTS OR	
6015 GLENNWOOD ST		[PROGRAMS THAT	
GARDEN CITY, ID 83714			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,000
CITY OF GARDEN VALLEY		GOV	CURRORM OF PROTECTS OR	
PO BOX 10		GOV	SUPPORT OF PROJECTS OR	
		1	PROGRAMS THAT	
GARDEN VALLEY, ID 83622			ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION	1,000
CITY OF GRACE	ļ	GOV	SUPPORT OF PROJECTS OR	
PO BOX 288			PROGRAMS THAT	
GRACE, ID 83241			ENCOURAGE PHYSICAL	
		<u> </u>	ACTIVITY OR NUTRITION	1,000
CITY OF HEYBURN		gov	SUPPORT OF PROJECTS OR	
941 18TH ST		ļ	PROGRAMS THAT	
HEYBURN, ID 83336	1		ENCOURAGE PHYSICAL	
•			ACTIVITY OR NUTRITION	1,000
CITY OF HOMEDALE		GOV	SUPPORT OF PROJECTS OR	
31 W. WYOMING AVE			PROGRAMS THAT	
HOMEDALE, ID 83628			ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION	1,000
CITY OF IONA		GOV	SUPPORT OF PROJECTS OR	
3548 N MAIN ST	İ		PROGRAMS THAT	
IONA, ID 83427			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,000
CITY OF JEROME		gov	SUPPORT OF PROJECTS OR	
152 EAST AVE A			PROGRAMS THAT	
JEROME, ID 83338	ļ		ENCOURAGE PHYSICAL	
<u> </u>			ACTIVITY OR NUTRITION	1,000
CITY OF KETCHUM		GOV	SUPPORT OF PROJECTS OR	
480 EAST AVE	1		PROGRAMS THAT	
KETCHUM, ID 83340			ENCOURAGE PHYSICAL	
			ACTIVITY OR NUTRITION	1,000
CITY OF MALAD		GOV	SUPPORT OF PROJECTS OR	
59 BANNOCK ST		1	PROGRAMS THAT	
MALAD, ID 83252			ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION	1,000
CITY OF MCCALL		GOV	SUPPORT OF PROJECTS OR	
216 PARK ST.			PROGRAMS THAT	
MCCALL, ID 83638		1	ENCOURAGE PHYSICAL	
_		L	ACTIVITY OR NUTRITION	1,000

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient CITY OF MERIDIAN P&R GOV SUPPORT OF PROJECTS OR 11 WEST BOWER STREET ROGRAMS THAT MERIDIAN, ID 83642 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF MOUNTAIN HOME Gov SUPPORT OF PROJECTS OR PROGRAMS THAT PO BOX 10 MOUNTAIN HOME, ID 83647 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF NAMPA SUPPORT OF PROJECTS OR GOV 401 3RD ST S PROGRAMS THAT NAMPA ID 83651 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF POCATELLO Gov SUPPORT OF PROJECTS OR PO BOX 4169 PROGRAMS THAT POCATELLO, ID 83205 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF REXBURG gov SUPPORT A COUNTY PARKS 35 NORTH 1ST STREET AND TRAIL PLAN, PARENT REXBURG, ID 83440 YOUTH SURVEYS AND A WELLNESS FAIR 45,487. CITY OF ROCKLAND SUPPORT OF PROJECTS OR bov 135 S MAIN ST PROGRAMS THAT ROCKLAND, ID 83271 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF SANDPOINT Gov SUPPORT FOR A HEALTH 1123 LAKE STREET ASSESSMENT RESEARCH & SANDPOINT, ID 83864 STUDY 37,000. CITY OF SHELLEY Gov SUPPORT OF PROJECTS OR 101 SOUTH EMMERSON PROGRAMS THAT SHELLEY, ID 83274 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF SHOSHONE SUPPORT OF PROJECTS OR Gov 207 S. RAIL ST. W. PROGRAMS THAT SHOSHONE, ID 83352 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. GOV CITY OF SUGAR CITY SUPPORT OF PROJECTS OR 10 E CENTER ST PROGRAMS THAT SUGAR CITY, ID 83448 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. Total from continuation sheets

HEALTH, INC.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CITY OF TETONIA bov SUPPORT OF PROJECTS OR PO BOX 57 PROGRAMS THAT TETONIA, ID 83452 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF TWIN FALLS Gov SUPPORT OF PROJECTS OR 321 2ND AVENUE EAST PROGRAMS THAT TWIN FALLS, ID 83301 ENCOURAGE PHYSICAL ACTIVITY OR NUTRITION 1,000. CITY OF WESTON GOV SUPPORT OF PROJECTS OR PROGRAMS THAT PO BOX 68 ENCOURAGE PHYSICAL WESTON, ID 83286 ACTIVITY OR NUTRITION 1,000. COEUR D'ALENE SCHOOL DISTRICT #271 bov SUPPORT PROJECTS OR 311 NORTH 10TH ST PROGRAMS THAT ENCOURAGE PHYSICAL COEUR D'ALENE, ID 83814 ACTIVITY 350. COUNCIL SCHOOL DIST. #13 gov PROVIDED FUNDS FOR PO BOX 468 PHYSICAL EDUCATION EQUIPMENT 5,000. COUNCIL, ID 83612 DALTON ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 6335 NORTH MT CARROL PROGRAMS THAT ENCOURAGE PHYSICAL DALTON GARDENS, ID 83815 ACTIVITY 350. DIETRICH ELEMENTARY SCHOOL SUPPORT PROJECTS OR bov 406 N PARK ST PROGRAMS THAT ENCOURAGE PHYSICAL DIETRICH, ID 83324 ACTIVITY 500. EAGLE HILLS ELEMENTARY Gov SUPPORT PROJECTS OR PROGRAMS THAT 650 RANCH DR ENCOURAGE PHYSICAL EAGLE, ID 83616 ACTIVITY 500. SUPPORT PROJECTS OR EAST CANYON ELEMENTARY Gov PROGRAMS THAT 18408 NORTHSIDE BLVD NAMPA, ID 83687 ENCOURAGE PHYSICAL ACTIVITY 500. EDGEMONT ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR PROGRAMS THAT 1240 AZALEA DR ENCOURAGE PHYSICAL IDAHO FALLS, ID 83404 ACTIVITY 350. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient FARMIN STIDWELL ELEMENTARY SCHOOL SUPPORT PROJECTS OR boν 1626 SPRUCE ST. PROGRAMS THAT SANDPOINT, ID 83864 ENCOURAGE PHYSICAL ACTIVITY 350. ST. LUKES REGIONAL MEDICAL HEALTH ÞС SUPPORT THE FITONE CENTER HEALTH EXPO 300 W MAIN ST #100 BOISE ID 83702 2,500. GARFIELD ELEMENTARY SCHOOL GOV SUPPORT PROJECTS OR 1914 S. BROADWAY PROGRAMS THAT BOISE, ID 83706 ENCOURAGE PHYSICAL ACTIVITY 350. GATEWAY ELEMENTARY SCHOOL bov SUPPORT PROJECTS OR 10901 W. MCMILLAN RD PROGRAMS THAT BOISE, ID 83713 ENCOURAGE PHYSICAL ACTIVITY 500. GREENHURST ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 1701 DISCOVERY PLACE PROGRAMS THAT NAMPA, ID 83686 ENCOURAGE PHYSICAL ACTIVITY 500. HAROLD B LEE ELEMENTARY bov SUPPORT PROJECTS OR PROGRAMS THAT 4726 WEST HIGHWAY 36 DAYTON, ID 83232 ENCOURAGE PHYSICAL ACTIVITY 500. HAWTHORNE ELEMENTARY SUPPORT PROJECTS OR Gov 2401 W TARGEE ST PROGRAMS THAT BOISE, ID 83705 ENCOURAGE PHYSICAL ACTIVITY 350. HEYBURN ELEMENTARY SCHOOL SUPPORT PROJECTS OR GOV 1151 7TH ST. PROGRAMS THAT HEYBURN, ID 83336 ENCOURAGE PHYSICAL ACTIVITY 500. HOMEDALE ELEMENTARY SCHOOL bov SUPPORT PROJECTS OR 420 W WASHINGTON AVE PROGRAMS THAT HOMEDALE, ID 83628 ENCOURAGE PHYSICAL ACTIVITY 500. HOMEDALE FARMERS MARKET Ьc PROVIDED FUNDS FOR YOUTH EDUCATION AT THE 5303 ORMSBY AVE. CALDWELL, ID 83607 FARMERS MARKET 160. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient HORSESHOE BEND ELEMENTARY GOV SUPPORT PROJECTS OR PROGRAMS THAT 398 SCHOOL DRIVE HORSESHOE BEND, ID 83629 ENCOURAGE PHYSICAL ACTIVITY 350. HOWE ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR PO BOX 60 3512 LITTLE LOST RIVER HWY PROGRAMS THAT HOWE ID 83244 ENCOURAGE PHYSICAL ACTIVITY 100. HUNTER ELEMENTARY SCHOOL GOV SUPPORT PROJECTS OR 2051 W. MCMILLAN RD PROGRAMS THAT MERIDIAN, ID 83646 ENCOURAGE PHYSICAL ACTIVITY 500. IDAHO CHILDRENS TRUST FUND Gov SUPPORT FOR ADVERSE 450 W STATE ST. CHILDHOOD EXPERIENCE TRAINING BOISE, ID 83720 19,500. IDAHO FALLS SCHOOL DISTRICT #91 GOV SUPPORT PROJECTS OR 690 JOHN ADAMS PARKWAY PROGRAMS THAT IDAHO FALLS, ID 83401 ENCOURAGE PHYSICAL ACTIVITY 3,000. IDAHO FOODBANK PROVIDED FUNDS FOR A ÞС HEALTHY COOKING 3562 S TK AVE BOISE, ID 83705 EDUCATION PROGRAM FOR FOODBANK RECIPIENTS 10,000. IMMANUEL LUTHERAN SCHOOL bov SUPPORT PROJECTS OR 2055 FILER AVE E PROGRAMS THAT TWIN FALLS, ID 83301 ENCOURAGE PHYSICAL ACTIVITY 500. Gov SUPPORT PROJECTS OR IOWA ELEMENTARY PROGRAMS THAT 626 W IOWA AVE ENCOURAGE PHYSICAL NAMPA, ID 83686 ACTIVITY 500. Gov SUPPORT PROJECTS OR IT STODDARD ELEMENTARY 460 YORK DRIVE PROGRAMS THAT BLACKFOOT, ID 83221 ENCOURAGE PHYSICAL ACTIVITY 500. PROVIDED FUNDS TO HELP JANNUS, INC. ÞС PROVIDE HEALTHY FOOD 1607 W JEFFERSON ST DPTIONS 25,000. BOISE, ID 83702 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager or substantial contributor Name and address (home or business) recipient JEFFERSON ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR PROGRAMS THAT 200 S. LATAH ST BOISE, ID 83705 ENCOURAGE PHYSICAL ACTIVITY 350. JEROME SCHOOL DISTRICT GOV SUPPORT PROJECTS OR 125 4TH AVENUE WEST PROGRAMS THAT JEROME, ID 83338 ENCOURAGE PHYSICAL ACTIVITY 350. KAMIAH SCHOOL DIST. #304 Gov PROVIDED FUNDS FOR GYM 1102 HILL ST AND WEIGHT ROOM KAMIAH, ID 83536 IMPROVEMENTS 3,020. KENNEDY ELEMENTARY Gov SUPPORT PROJECTS OR 60 SOUTH 5TH WEST PROGRAMS THAT REXBURG, ID 83440 ENCOURAGE PHYSICAL ACTIVITY 500. KOELSCH ELEMENTARY Gov SUPPORT PROJECTS OR 2015 NORTH CURTIS RD PROGRAMS THAT BOISE, ID 83706 ENCOURAGE PHYSICAL ACTIVITY 500. LAKE HAZEL ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 11711 W LAKE HAZEL RD PROGRAMS THAT BOISE, ID 83709 ENCOURAGE PHYSICAL ACTIVITY 500. LAKE RIDGE ELEMENTARY Gov SUPPORT PROJECTS OR 615 BURKE LN PROGRAMS THAT NAMPA, ID 83686 ENCOURAGE PHYSICAL ACTIVITY 500. LAKEVUE ELEMENTARY bov SUPPORT PROJECTS OR 12843 CIRRUS DRIVE PROGRAMS THAT NAMPA, ID 83651 ENCOURAGE PHYSICAL 500. ACTIVITY LEWIS & CLARK ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 1102 LASTER ST PROGRAMS THAT ENCOURAGE PHYSICAL CALDWELL, ID 83607 ACTIVITY 500. LINCOLN ELEMENTARY Gov SUPPORT PROJECTS OR PROGRAMS THAT 1200 GRANT CALDWELL, ID 83605 ENCOURAGE PHYSICAL ACTIVITY 500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient Gov SUPPORT PROJECTS OR LINCOLN ELEMENTARY SCHOOL PROGRAMS THAT 358 EAST 2ND SOUTH ENCOURAGE PHYSICAL REXBURG, ID 83440 ACTIVITY 500. SUPPORT PROJECTS OR LINDY ROSS ELEMENTARY Gov 526 SOUTH OASKLEY ST PROGRAMS THAT ENCOURAGE PHYSICAL DUBOIS, ID 83423 100. ACTIVITY LONGFELLOW ELEMENTARY GOV SUPPORT PROJECTS OR 2500 S HIGBEE AVE PROGRAMS THAT IDAHO FALLS, ID 83404 ENCOURAGE PHYSICAL ACTIVITY 350. SUPPORT PROJECTS OR MACKAY SCHOOL DISTRICT #182 kov PO BOX 390 PROGRAMS THAT MACKAY, ID 83251 ENCOURAGE PHYSICAL 350. ACTIVITY MARSING ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 205 8TH AVE W. PROGRAMS THAT MARSING, ID 83639 ENCOURAGE PHYSICAL ACTIVITY 500. MARY MCPHERSON ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR PROGRAMS THAT 1050 E. AMITY RD MERIDIAN, ID 83604 ENCOURAGE PHYSICAL ACTIVITY 850. MERIDIAN ELEMENTARY SCHOOL bov SUPPORT PROJECTS OR 1035 NW 1ST ST. PROGRAMS THAT MERIDIAN, ID 83642 ENCOURAGE PHYSICAL ACTIVITY 500. MIDDLETON HEIGHTS ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 611 CEMETERY RD PROGRAMS THAT ENCOURAGE PHYSICAL MIDDLETON, ID 83644 ACTIVITY 500. bov SUPPORT PROJECTS OR MONROE ELEMENTARY SCHOOL PROGRAMS THAT 3615 W CASSIA BOISE, ID 83705 ENCOURAGE PHYSICAL ACTIVITY 500. SUPPORT PROJECTS OR NAMPA CHRISTIAN ELEMENTARY SCHOOL GOV PROGRAMS THAT 505 W ORCHARD AVE ENCOURAGE PHYSICAL NAMPA, ID 83651 ACTIVITY 500. Total from continuation sheets

HEALTH, INC.

3 Grants and Contributions Paid During the	ear (Continuation)	, , , , , , , , , , , , , , , , , , , 		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CITY OF NAMPA		GOV	PROVIDED FUNDS FOR THE	
401 3RD ST. S			CONSTRUCTION OF A	
NAMPA, ID 83651			COMMUNITY FRUIT AND	
			VEGGIE STAND	5,00
NEZPERCE ELEMENTARY SCHOOL DISTRICT		GOV	SUPPORT PROJECTS OR	
#302			PROGRAMS THAT	
614 SECOND AVE			ENCOURAGE PHYSICAL	
NEZPERCE, ID 83543			ACTIVITY	35
NORTH ELEMENTARY SCHOOL		GOV	SUPPORT PROJECTS OR	
		501	PROGRAMS THAT	
470 N 3RD ST.			ENCOURAGE PHYSICAL	
MOUNTAIN HOME, ID 83647			ACTIVITY	50
OBECON MBATI ELEMENTARY		COV	CUIDDODM DDOTECMS OD	
OREGON TRAIL ELEMENTARY		gov	SUPPORT PROJECTS OR	
660 PARK AVE			PROGRAMS THAT	
TWIN FALLS, ID 83301			ENCOURAGE PHYSICAL	
			ACTIVITY	50
PHOENIX MULTISPORT, INC		PC	THE FOUNDATION	
2239 CHAMPA ST.			PROVIDED FUNDS FOR	
DENVER, CO 80205			CLIMBING EQUIPMENT	2,00
PIERCE PARK ELEMENTARY		GOV	SUPPORT PROJECTS OR	
5015 N PIERCE PARK LN			PROGRAMS THAT	
BOISE, ID 83714			ENCOURAGE PHYSICAL	
			ACTIVITY	3,00
PILLAR FALLS ELEMENTARY		gov	SUPPORT PROJECTS OR	
3105 STADIUM BLVD			PROGRAMS THAT	
TWIN FALLS, ID 83301			ENCOURAGE PHYSICAL	
			ACTIVITY	50
PONDEROSA ELEMENTARY SCHOOL		GOV	SUPPORT PROJECTS OR	
2850 N NAOMI			PROGRAMS THAT	
MERIDIAN, ID 83642			ENCOURAGE PHYSICAL	
			ACTIVITY	50
PRESTON EDUCATION FOUNDATION		gov	SUPPORT PROJECTS OR	
105 EAST 2ND			PROGRAMS THAT	
SOUTH PRESTON, ID 83263			ENCOURAGE PHYSICAL	
			ACTIVITY	35
IDAHO ASSOCIATION FOR THE EDUCATION	,	₽C	PROVIDED FUNDS FOR THE	
OF YOUNG CHILDREN			PROFESSIONAL	
4355 WEST EMERALD ST. STE. 250			DEVELOPMENT INSTITUTE	
BOISE, ID 83706	1			5,00
Total from continuation sheets	<u> </u>	1	1	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SUPPORT PROJECTS OR PROSPECT ELEMENTARY SCHOOL Gov 4300 N. RED HORSE WAY PROGRAMS THAT MERIDIAN, ID 83646 ENCOURAGE PHYSICAL ACTIVITY 500. ROBERTS ELEMENTARY SCHOOL Gov SUPPORT PROJECTS OR 682 N 2858 E PROGRAMS THAT ROBERTS ID 83444 ENCOURAGE PHYSICAL ACTIVITY 50. ROOSEVELT ELEMENTARY SCHOOL bov SUPPORT PROJECTS OR 908 E JEFFERSON ST PROGRAMS THAT BOISE, ID 83712 ENCOURAGE PHYSICAL 50Ò. ACTIVITY RUPERT ELEMENTARY Gov SUPPORT PROJECTS OR 202 18TH STREET PROGRAMS THAT RUPERT, ID 83350 ENCOURAGE PHYSICAL ACTIVITY 500. SACAJAWEA ELEMENTARY SCHOOL GOV SUPPORT PROJECTS OR 1710 N ILLINOIS AVE PROGRAMS THAT CALDWELL, ID 83605 ENCOURAGE PHYSICAL ACTIVITY 500. ST. ALPHONSUS REGIONAL MEDICAL CENTER РC PROVIDED FUNDS FOR 1055 NORTH CURTIS ROAD CAPITAL CLASSIC SCHOOL AWARD FOR PHYSICAL BOISE, ID 83706 EDUCATION EQUIPMENT 2,500. SAWTOOTH ELEMENTARY SCHOOL GOV SUPPORT PROJECTS OR PROGRAMS THAT 1771 STADIUM BLVD. TWIN FALLS, ID 83301 ENCOURAGE PHYSICAL ACTIVITY 500. SHOSHONE ELEMENTARY SCHOOL SUPPORT PROJECTS OR GOV 61 E. HIGHWAY 24 PROGRAMS THAT ENCOURAGE PHYSICAL SHOSHONE, ID 83705 ACTIVITY 500. GOV SUPPORT PROJECTS OR SIENA ELEMENTARY SCHOOL PROGRAMS THAT 2870 E ROME DR ENCOURAGE PHYSICAL MERIDIAN, ID 83642 ACTIVITY 500. Gov SUPPORT PROJECTS OR SILVER SAGE ELEMENTARY SCHOOL 7700 W. SNOHOMISH ST. PROGRAMS THAT BOISE, ID 83709 ENCOURAGE PHYSICAL 500. ACTIVITY Total from continuation sheets

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
		2011	TURBORE PROTECTS OF	
SNAKE RIVER ELEMENTARY		GOV	SUPPORT PROJECTS OR	
500 STAMPEDE DR			PROGRAMS THAT	
NAMPA, ID 83687			ENCOURAGE PHYSICAL ACTIVITY	500
ST MARY'S CATHOLIC SCHOOL		GOV	SUPPORT PROJECTS OR	
2620 W STATE ST			PROGRAMS THAT	
BOISE, ID 83702			ENCOURAGE PHYSICAL	500
			ACTIVITY	500
SUMMIT ELEMENTARY SCHOOL		GOV	SUPPORT PROJECTS OR	
200 10TH AVE W		Ì	PROGRAMS THAT	
JEROME, ID 83338	}		ENCOURAGE PHYSICAL	
			ACTIVITY	500
TETON ELEMENTARY SCHOOL		GOV	SUPPORT PROJECTS OR	
126 WEST MAIN		Bov	PROGRAMS THAT	
TETON, ID 83451			ENCOURAGE PHYSICAL	
IEION, ID 63431			ACTIVITY	100
	1.5	-		
TIMBERLINE ELEMENTARY		gov	SUPPORT PROJECTS OR	
22869 HIGHWAY 11			PROGRAMS THAT	
WEIPPE, ID 83544			ENCOURAGE PHYSICAL	
			ACTIVITY	3,000
UPRIVER ELEMENTARY SCHOOL		gov	SUPPORT PROJECTS OR	
75 FERN ST			PROGRAMS THAT	
FERNWOOD, ID 83830			ENCOURAGE PHYSICAL	
			ACTIVITY	350
INTERV. DE DEPENDANT GOVOOL		GOV	SUPPORT PROJECTS OR	
VALLEY ELEMENTARY SCHOOL		GOV	PROGRAMS THAT	
882 VALLEY RD HAZELTON, ID 83335			ENCOURAGE PHYSICAL	
MAZEBION, ID 03333			ACTIVITY	500
VALLEY VIEW ELEMENTARY SCHOOL		gov	SUPPORT PROJECTS OR	
3555 N. MILWAUKEE ST.			PROGRAMS THAT	
BOISE, ID 83704			ENCOURAGE PHYSICAL	
			ACTIVITY	500
VAN BUREN ELEMENTARY SCHOOL		GOV	SUPPORT PROJECTS OR	
3115 MARBLE FRONT RD.			PROGRAMS THAT	
CALDWELL ID 83605			ENCOURAGE PHYSICAL	
			ACTIVITY	500
WEST ELEMENTARY		GOV	SUPPORT PROJECTS OR	
415 WEST 2ND NORTH			PROGRAMS THAT	
MOUNTAIN HOME, ID 83647			ENCOURAGE PHYSICAL	E 0.0
		<u> </u>	ACTIVITY	500

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor GOV SUPPORT PROJECTS OR WHITE PINE ELEMENTARY PROGRAMS THAT 401 LINDEN STREET BOISE, ID 83706 ENCOURAGE PHYSICAL 500. ACTIVITY WILCOX ELEMENTARY SCHOOL GOV SUPPORT PROJECTS OR 427 LARK LANE PROGRAMS THAT ENCOURAGE PHYSICAL POCATELLO, ID 83201 ACTIVITY 350. WILLIAM HOWARD TAFT ELEMENTARY GOV SUPPORT PROJECTS OR PROGRAMS THAT 3722 WEST ANDERSON ST BOISE, ID 83703 ENCOURAGE PHYSICAL ACTIVITY 350. SUPPORT PROJECTS OR XAVIER CHARTER SCHOOL ÞС PROGRAMS THAT 1218 NORTH COLLEGE RD WEST TWIN FALLS, ID 83301 ENCOURAGE PHYSICAL 350. ACTIVITY Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	IPORARY (CASH IN	VESTMENTS	STATEMENT 1	
SOURCE		REVE			(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
MONEY MARKET INTERE	ST	36.			36.	0.	
TOTAL TO PART I, LI	NE 3		36.		36.	0.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FROM	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE7	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		
SECURITIES	500,450.	35,80	00. 40	64,650.	464,650	0.	
TO PART I, LINE 4	500,450.	35,80	0. 40	64,650.	464,650	0.	
FORM 990-PF		LEGAL	FEES			STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT II	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES		25,211.	-	0.	0	24,457.	
			. — —				
TO FM 990-PF, PG 1,	LN 16A	25,211.	-	0.		24,457. ====================================	
TO FM 990-PF, PG 1,	LN 16A	25,211.		0.	0	24,457.	
FORM 990-PF, PG 1,	LN 16A ==	25,211.	-	0.	0	STATEMENT 4	
			-) VEST-	(C) ADJUSTED NET INCOME	STATEMENT 4 (D) CHARITABLE	
FORM 990-PF		ACCOUNTI (A) EXPENSES	NG FEES (B) NET INV MENT IN) VEST-	(C) ADJUSTED NET INCOME	STATEMENT 4 (D) CHARITABLE	

FORM 990-PF	OTHER PROFES	SIONAL FEES	S:	ratement 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WEBSITE DESIGN FEES	20,942.	0.	0.	20,942.
CONTRACTING SERVICES	92,489.	0.	0.	73,902.
OTHER PROFESSIONAL FEES	119,030.	1,227.	0.	140,729.
TO FORM 990-PF, PG 1, LN 16C	232,461.	1,227.	0.	235,573.
FORM 990-PF	TAX	ES	S	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	1,756.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,756.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 7
	(A)	(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
POSTAGE	699.	0.	0.	749.
BANK CHARGES	30.	0.	0.	30.
PROGRAM SUPPLIES	23,753.	0.	0.	24,835.
HONORARIUM	12,600.	0.	0.	12,600.
MARKETING	8,663.	0.	0.	8,663.
TRAINING	14,548.	0.	0.	14,548.
MEALS	3,435.	0.	0.	3,435.
EVENTS FEES & EXPENSES	2,375.	0.	0.	2,375.
MISCELLANEOUS	6,125.	0.	0.	6,125.
TELEPHONE	395.	0.	0.	395.
OFFICE SUPPLIES	1,696.	0.	0.	1,696.
TO FORM 990-PF, PG 1, LN 23	74,319.	0.	0.	75,451.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD TOTAL BOND FUND	FMV	4,691,487.	4,691,487.
VANGUARD EXTENDED MARKET INDEX	FUND FMV	4,063,091.	4,063,091.
VANGUARD INSTITUTIONAL INDEX FU	ND FMV	7,221,296.	7,221,296.
DODGE & COX INT'L STOCK FUND	FMV	3,105,047.	3,105,047.
VANGUARD INTERNATIONAL STOCK FU	ND FMV	2,941,272.	
FIDELITY MUTUAL FUNDS	FMV	1,206,739.	1,206,739.
TOTAL TO FORM 990-PF, PART II,	LINE 13	23,228,932.	23,228,932
FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INCOME TAX RECEIVABLE	0.	19,547.	19,547.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT	10
	PART VII-A, LINE 10		

NAME OF CONTRIBUTOR

ADDRESS

BLUE CROSS OF IDAHO CARE PLUS, INC.

3000 E Pine Ave. MERIDIAN, ID 83642

FORM 990-PF	PART VIII - TRUSTEES	LIST OF OFFICERS, AND FOUNDATION MAN	DIRECTORS AGERS	STAT	EMENT 11
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
T. RALPH WOODARD 3000 E. PINE AVE. MERIDIAN, ID 83642		PRESIDENT - CI	HAIRMAN 0.	0.	0.
MICHAEL REYNOLDSON 3000 E. PINE AVE. MERIDIAN, ID 83642		VICE PRESIDENT	T - VICE CHAI 0.	0.	0.
MARK KOHLER 3000 E. PINE AVE. MERIDIAN, ID 83642		GENERAL COUNSI	EL - SECRETAR 0.	0.	0.
DAVID WARD 3000 E. PINE AVE. MERIDIAN, ID 83642		TREASURER 1.00	0.	0.	0.
DAVID JEPPESEN 3000 E. PINE AVE. MERIDIAN, ID 83642		DIRECTOR 1.00	0.	0.	0.
JAMES HICKEY 3000 E. PINE AVE. MERIDIAN, ID 83642		DIRECTOR 1.00	0.	0.	0.
CANDI ALLPHIN 3000 E. PINE AVE. MERIDIAN, ID 83642		DIRECTOR 1.00	0.	0.	0.
ROGER QUARLES 3000 E. PINE AVE. MERIDIAN, ID 83642		DIRECTOR 1.00	0.	0.	0.
GARY DYER 3000 E. PINE AVE. MERIDIAN, ID 83642		DIRECTOR 1.00	0.	0.	0.
KENDRA E. WITT-DOYI 3000 E. PINE AVE. MERIDIAN, ID 83642	LE	EXECUTIVE DIRE	ECTOR 116,966.	7,603.	19,128.

BLUE CR	OSS OF	IDAHO	FOUNDATION	FOR	HEALT
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26-0024334

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

116,966.

7,603.

19,128.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

ACTIVITY FOUR

CULTIVATE RELATIONSHIPS FOR CREATING HEALTHY COMMUNITIES, ENHANCE LEADERSHIP SKILLS, AND ESTABLISH PARTNERSHIPS IN ORDER TO INFLUENCE POLICIES AND PROJECTS THAT ARE HEALTH-RELATED.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

88,066.