

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH INC		<b>A Employer identification number</b> 26-0024334
Number and street (or P O box number if mail is not delivered to street address) 3000 E PINE AVE	Room/suite	<b>B Telephone number (see instructions)</b> (986) 224-3992
City or town, state or province, country, and ZIP or foreign postal code MERIDIAN, ID 83642		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 45,615,095	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I	Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	12,308,024			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	223	223		
	<b>4</b> Dividends and interest from securities	772,647	772,647		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	2,238,795			
	<b>b</b> Gross sales price for all assets on line 6a	11,323,520			
	<b>7</b> Capital gain net income (from Part IV, line 2)		6,262,808		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	15,319,689	7,035,678	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	129,231	0	0	129,231
	<b>14</b> Other employee salaries and wages	412,645	0	0	455,321
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	3,586	0	0	4,340
	<b>b</b> Accounting fees (attach schedule)	13,398	1,340	0	12,058
	<b>c</b> Other professional fees (attach schedule)	427,486	9,455	0	384,972
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	70,341	0	0	0
	<b>19</b> Depreciation (attach schedule) and depletion	13,027	0	0	
	<b>20</b> Occupancy	28,371	0	0	28,371
	<b>21</b> Travel, conferences, and meetings	33,999	0	0	35,928
	<b>22</b> Printing and publications	2,273	0	0	2,273
	<b>23</b> Other expenses (attach schedule)	33,892	0	0	26,508
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,168,249	10,795	0	1,079,002
	<b>25</b> Contributions, gifts, grants paid	969,918			969,918
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	2,138,167	10,795	0	2,048,920	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	13,181,522				
<b>b Net investment income</b> (if negative, enter -0-)		7,024,883			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	165,676	185,455	185,455
	<b>2</b> Savings and temporary cash investments . . . . .	77,690	49,702	49,702
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ <u>12,228,568</u> Less allowance for doubtful accounts ▶ _____	14,160,905	12,228,568	12,228,568
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .		2,756	2,756
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	23,228,932	33,002,844	33,002,844
	<b>14</b> Land, buildings, and equipment basis ▶ <u>158,797</u> Less accumulated depreciation (attach schedule) ▶ <u>13,027</u>	0	145,770	145,770
<b>15</b> Other assets (describe ▶ _____)	19,547	0	0	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	37,652,750	45,615,095	45,615,095	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	79,622	63,626	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	79,622	63,626	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	37,367,326	45,264,059	
	<b>25</b> Temporarily restricted . . . . .	205,802	287,410	
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	37,573,128	45,551,469		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	37,652,750	45,615,095		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	37,573,128
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	13,181,522
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	50,754,650
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	5,203,181
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	45,551,469

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	6,262,808
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	1,162,129	22,354,676	0.051986
2016	1,111,329	20,430,174	0.054396
2015	969,846	21,167,274	0.045818
2014	956,562	21,213,806	0.045091
2013	1,039,514	18,142,016	0.057299
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.254590
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.050918
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 32,023,164
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,630,555
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 70,249
<b>7</b> Add lines 5 and 6			<b>7</b> 1,700,804
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 2,048,920

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 63,044.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.
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 BCIDAHOFFOUNDATION.ORG
14 The books are in care of BLUE CROSS OF IDAHO HEALTH SERVICE Telephone no (986) 224-3991

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 and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, 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 foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

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)
(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) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(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 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 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 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 before the first day of the tax year beginning in 2018?
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(j)(3) or 4942(j)(5))
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years 20, 20, 20, 20
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 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 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 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, Form 4720, to determine if the foundation had excess business holdings in 2018).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2018?



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
REYNOLDS MEYERS LLC PO BOX 383 BOISE, ID 83701	MEDIA CONSULTING	185,884
SPARK STRATEGIC SOLUTIONS 225 NORTH 9TH STREET SUITE 800 BOISE, ID 83702	CONSULTING SERVICES	91,151
<b>Total</b> 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
<b>1</b> HIGH FIVE - WORKING TO ADDRESS CHILDHOOD OBESITY BY PROVIDING ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY	869,705
<b>2</b> YOUTH BEHAVIORAL HEALTH - WORKING TO MEET YOUTH WHERE THEY ARE BY BUILDING INNOVATIVE PARTNERSHIPS WITH SCHOOLS AND COMMUNITIES TO ADDRESS TRAUMA AND SUPPORT WELL-BEING	182,655
<b>3</b> RURAL HEALTH - ADDRESSING HEALTH DISPARITIES IN RURAL SETTINGS TO IMPORVE ACCESS TO QUALITY CARE AND HEALTH OUTCOMES	477,138
<b>4</b> EMPLOYEE COMMUNITY FUND - FUNDS FROM BLUE CROSS OF IDAHO HEALTH SERVICE, INC EMPLOYEES USED FOR CHARITABLE PROJECTS OR PROGRAMS IN THE AREAS OF BEHAVIORAL HEALTH, SENIOR HEALTH, VETERAN'S HEALTH AND WOMEN'S AND CHILDREN'S HEALTH	224,817

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> _____ _____	
<b>2</b> _____ _____	
All other program-related investments See instructions	
<b>3</b> _____ _____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	31,930,602
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	580,224
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	32,510,826
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	32,510,826
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	487,662
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	32,023,164
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,601,158

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,601,158
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	70,249
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	70,249
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,530,909
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,530,909
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,530,909

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,048,920
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,048,920
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	70,249
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,978,671

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				1,530,909
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	75,300			
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .	106,876			
<b>e</b> From 2017. . . . .	64,615			
<b>f</b> Total of lines 3a through e. . . . .	246,791			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>2,048,920</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				1,530,909
<b>e</b> Remaining amount distributed out of corpus	518,011			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	764,802			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .		0		
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	75,300			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	689,502			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .	106,876			
<b>d</b> Excess from 2017. . . . .	64,615			
<b>e</b> Excess from 2018. . . . .	518,011			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				





**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1	14354 06 SHS VBTLX		2008-03-28	2018-07-12
1	2060 763 SHS VEXAX			2018-10-22
	8229 775 SHS VINIX			2018-05-04
	12344 663 SHS VINIX			2018-05-04
	6172 331 SHS VINIX		2008-12-31	2018-05-04
	2154 919 SHS VINIX		2009-03-06	2018-07-12
	3780 493 SHS VINIX		2009-03-06	2018-10-22
	6566 119 SHS VINIX		2009-03-06	2018-10-22
	40120 361 SHS RRRX			2018-10-25
	5434 192 SHS VEXAX			2018-07-12

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
150,000		148,772	1,228
175,000		67,237	107,763
2,000,000		802,049	1,197,951
3,000,000		1,203,073	1,796,927
1,500,000		601,537	898,463
550,000		210,012	339,988
950,000		368,435	581,565
1,650,000		639,914	1,010,086
800,000		842,380	-42,380
500,000		177,303	322,697

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,228
			107,763
			1,197,951
			1,796,927
			898,463
			339,988
			581,565
			1,010,086
			-42,380
			322,697

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
48,520			48,520

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
			48,520

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
RALPH WOODARD 3000 E PINE AVE MERIDIAN, ID 83642	PRESIDENT - CHAIRMAN 1 00	0	0	0
MIKE REYNOLDSON 3000 E PINE AVE MERIDIAN, ID 83642	VICE PRESIDENT - VICE CHAIR 1 00	0	0	0
MARK KOHLER 3000 E PINE AVE MERIDIAN, ID 83642	GENERAL COUNSEL - SECRETARY 1 00	0	0	0
DAVID WARD 3000 E PINE AVE MERIDIAN, ID 83642	TREASURER 1 00	0	0	0
DAVE JEPPESEN 3000 E PINE AVE MERIDIAN, ID 83642	DIRECTOR 1 00	0	0	0
JIM 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-DOYLE 3000 E PINE AVE MERIDIAN, ID 83642	EXECUTIVE DIRECTOR 40 00	102,359	26,872	0



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A H BUSH ELEMENTARY 380 WEST ANDERSON STREET IDAHO FALLS, ID 83402	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
ALTURAS INTER ACADEMY 3950 S YELLOWSTONE HWY SUITE 200 IDAHO FALLS, ID 83402	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
ARCO ELEMENTARY 250 S WATER STREET ARCO, ID 83213	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	100
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASSOCIATION OF IDAHO CITIES 3100 S VISTA AVENUE SUITE 201 BOISE, ID 83705	NONE	GOV	PROVIDED FUNDS FOR THEIR ANNUAL CONFERENCE	5,000
BOISE PUBLIC SCHOOLS EDUCATION 8169 WEST VICTORY ROAD BOISE, ID 83709	NONE	PC	PROVIDED FUNDS TO PURCHASE A DATA TRACKING SYSTEM FOR THE COMMUNITY SCHOOLS INITIATIVE	7,760
CITY OF BONNERS FERRY PO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	SUPPORT BOCO PROGRAM, ENCOURAGE HEALTHY EATING BY CHILDREN, CREATE SCHOOL CROSS COUNTRY/COMMUNITY WALKING TRAIL	17,500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF REXBURG 35 NORTH 1ST STREET REXBURG, ID 83440	NONE	GOV	SUPPORT THE DEVELOPMENT OF A RECREATION CENTER	60,500
COEUR D'ALENE SCHOOL DIST 271 311 NORTH 10TH ST COEUR DALENE, ID 83814	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
FARMIN-STIDWELL ELEMENTARY 1626 SPRUCE ST SANDPOINT, ID 83864	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FILER ELEMENTARY SCHOOL 700 STEVENS AVE FILER, ID 83328	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
FRIENDS OF SODA SPRINGS PARK PO BOX 259 SODA SPRINGS, ID 83276	NONE	PC	SUPPORT RUBBER SURFACING PROJECT AT CARIBOU COMMUNITY PLAYGROUND	10,000
GLENN'S FERRY ELEMENTARY 639 NORTH BANNOCK ST GLENN'S FERRY, ID 83623	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b>				<b>969,918</b>



**3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HENRYS FORK ELEMENTARY 425 N 3RD W STREET ST ANTHONY, ID 83445	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	100
HIBBARD ELEMENTARY 2413 N 3000 W REXBURG, ID 83440	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	250
HIGHLAND ELEMENTARY 112 BOULEVARD AVE CRAIGMONT, ID 83523	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HILLSIDE JUNIOR HIGH 3536 WEST HILL RD BOISE, ID 83703	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 4355 WEST EMERALD ST SUITE 250 BOISE, ID 837062072	NONE	PC	PROVIDED FUNDS FOR THEIR PROFESSIONAL DEVELOPMENT INSTITUTE	3,000
IDAHO DEPARTMENT OF HEALTH & WELFARE 450 WEST STATE STREET BOISE, ID 837200036	NONE	GOV	SUPPORT STATEWIDE PROGRAM TO ADDRESS CHILDHOOD TRAUMA	19,000
<b>Total . . . . . ▶ 3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
IONA ELEMENTARY 5338 OWENS STREET IONA, ID 83427	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	250
JEFFERSON ELEMENTARY SCHOOL 200 S LATAH ST BOISE, ID 83705	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
KAMIAH ELEMENTARY 711 9TH STREET KAMIAH, ID 83536	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIBERTY ELEMENTARY 1740 EAST BERGESON ST BOISE, ID 83706	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
LINDY ROSS ELEMENTARY SCHOOL 526 SOUTH OASKLEY ST DUBOIS, ID 83423	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	100
LOWELL ELEMENTARY 1507 N 28TH ST BOISE, ID 83703	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MACKAY ELEMENTARY PO BOX 390 MACKAY, ID 83251	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
MARY MCPHERSON ELEMENTARY SCHOOL 1050 E AMITY RD MERIDIAN, ID 83604	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
MIDWAY ELEMENTARY 623 NORTH 3500 EAST MENAN, ID 83434	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	100
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NAMPA CHRISTIAN ELEMENTARY 505 W ORCHARD AVE NAMPA, ID 83651	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
NORTH IDAHO STEM CHARTER 15633 N MEYER RD RATHDRUM, ID 83858	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
OREGON TRAIL ELEMENTARY 660 PARK AVE TWIN FALLS, ID 83301	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PIONEER ELEMENTARY 900 SHARKEY STREET SALMON, ID 83467	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
PONDEROSA ELEMENTARY 3483 EAST PONDEROSA BLVD POST FALLS, ID 83854	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
PONDEROSA ELEMENTARY SCHOOL 2850 N NAOMI MERIDIAN, ID 83642	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
POST REGISTERPO BOX 1800 IDAHO FALLS, ID 83403	NONE	NC	PROVIDED FUNDS FOR THEIR HEALTHCARE SUMMITT	5,000
ROSS ELEMENTARY SCHOOL 610 NORTH SCHOOL AVE KUNA, ID 83634	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
SAINT ALPHONSUS FOUNDATION 1055 NORTH CURTIS ROAD BOISE, ID 83706	NONE	PF	PROVIDED FUNDS FOR PHYSICAL ACTIVITY EQUIPMENT	2,500
<b>Total . . . . .</b>				<b>969,918</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCHOOL NURSE ORG OF IDAHO 3870 SHIMMRING WAY MERIDIAN, ID 83642	NONE	PC	PROVIDED FUNDS FOR IDAHO SCHOOL NURSES ASSOCIATION ANNUAL CONFERENCE	2,000
SOUTHWEST DISTRICT HEALTH 13307 MIAMI LANE CALDWELL, ID 83607	NONE	GOV	PROVIDED FUNDS FOR THEIR IDAHO INTEGRATED BEHAVIORAL HEALTH CONFERENCE	2,200
SYRINGA MIDDLE SCHOOL 1100 WILLOW ST CALDWELL, ID 83605	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b>				969,918

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TERRETON ELEMENTARY 1252 EAST 1500 NORTH TERRETON, ID 83450	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	100
THE SPEEDY FOUNDATION INC PO BOX 5866 BOISE, ID 83705	NONE	PC	PROVIDED FUNDS TO DEVELOP A STATEWIDE SUICIDE PREVENTION STRATEGIC PLAN	20,000
THIRKILL ELEMENTARY 60 EAST 4TH SOUTH ST SODA SPRINGS, ID 83276	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPRIVER ELEMENTARY SCHOOL 75 FERN ST FERNWOOD, ID 83830	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
VALLEY VIEW ELEMENTARY 3555 N MILWAUKEE BOISE, ID 83704	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
WHITE PINE ELEMENTARY 401 LINDEN STREET BOISE, ID 83706	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WHITMAN ELEMENTARY 1840 9TH AVE LEWISTON, ID 83501	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
CITY OF BONNERS FERRY PO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	PROVIDED FUNDS TO PURCHASE CARDIOVASCULAR EQUIPMENT	26,589
CITY OF JEROME 152 EAST AVE A JEROME, ID 83338	NONE	GOV	PROVIDED FUNDS TO PURCHASE OUTDOOR FITNESS EQUIPMENT	10,000
<b>Total . . . . . ▶ 3a</b>				969,918



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDUCATION FOUNDATION - JOINT SCHOOL DISTRICT #2 1303 EAST CENTRAL DRIVE MERIDIAN, ID 83642	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	10,000
IDAHO HOSPITAL ASSOCIATION PO BOX 1278 BOISE, ID 837011278	NONE	PC	PROVIDED FUNDS FOR THEIR IDAHO HOSPITAL ASSOCIATION CONFERENCE	2,500
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE BOISE, ID 83725	NONE	GOV	SPONSORSHIP OF EDUCATIONAL BREAKFAST FOR MEDICAL CLINICS PARTICIPATION IN THE COHORT 3 PRACTICE TRANSFORMATION TRAINING	1,550
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF SHOSHONE 207 S RAIL ST W SHOSHONE, ID 83352	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	10,000
UNITED WAY OF TREASURE VALLEY PO BOX 16330 BOISE, ID 83715	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	10,000
VALLEY REGIONAL TRANSIT 700 NE 2ND STREET SUITE 100 MERIDIAN, ID 83642	NONE	GOV	PROVIDED FUNDS TO INTEGRATE DIGITAL SCHEDULING SOFTWARE FOR RIDES2WELLNESS PROGRAM	20,000
<b>Total . . . . .</b>				<b>969,918</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADV AGAINST FAMILY VIOLENCE PO BOX 1496 CALDWELL, ID 83605	NONE	PC	PROVIDED FUNDS FOR LEARNING CENTER UPGRADE	9,940
HAYDEN CANYON CHARTER 13782 NORTH GOVERNMENT WAY HAYDEN, ID 83835	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY AND HEALTHY EATING	7,000
JANNUS INC1607 W JEFFERSON ST BOISE, ID 83702	NONE	PC	PROVIDED FUNDS FOR PRENATAL AND POSTPARTUM SUPPORT GROUPS AND PARENTING PROGRAM	40,000
<b>Total . . . . . ▶ 3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTERLINK VOLUNTEER CAREGIVERS 650 ADDISON AVE W SUITE 201 TWIN FALLS, ID 83301	NONE	PC	PROVIDED FUNDS FOR TRANSPORTATION COSTS FOR LOW INCOME SENIORS TO HEALTH RELATED APPOINTMENTS	31,500
CITY OF LAPWAI 315 S MAIN ST PO BOX 336 LAPWAI, ID 83540	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	40,000
PEREGRINE ELEMENTARY 1860 W WALTMAN ST MERIDIAN, ID 83646	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	9,950
<b>Total . . . . .</b>				<b>969,918</b>

▶ **3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF EMMETT501 E MAIN EMMETT, ID 83617	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	19,724
CITY OF JEROME152 EAST AVE A JEROME, ID 83338	NONE	GOV	SUPPORTS PROJECTS OR PROGRAMS THAT PROMOTE YOUTH WELLNESS AND ACTIVE LIFESTYLES	9,962
GREATER IDAHO ALZHEIMERS ASSOCIATION 111 S ORCHARD STE 200 BOISE, ID 83705	NONE	PC	SUPPORTS PROJECTS OR PROGRAMS THAT PROVIDE CAREGIVER SUPPORT AND EDUCATION	10,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOSCOW SCHOOL DIST 281 650 NORTH CLEVELAND STREET MOSCOW, ID 83843	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	10,000
PHILANTHROPY NORTHWEST 2101 FOURTH AVENUE SUITE 650 SEATTLE, WA 98121	NONE	PC	PROVIDED FUNDS FOR ANNUAL PHILANTHROPY NORTHWEST CONFERENCE	5,000
PRIEST RIVER LAMANNA HIGH SCHOOL 596 HIGHWAY 57 PRIEST RIVER, ID 83856	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY AND/OR NUTRITIONAL EQUIPMENT	500
<b>Total . . . . .</b>				<b>969,918</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
IDAHO RURAL HEALTH ASSN PO BOX 2012 EAGLE, ID 83616	NONE	PC	PROVIDE A MEETING VENUE FOR EDUCATION AND FOR SUPPORT OF ANNUAL CONFERENCE	3,000
CITY OF BONNERS FERRY PO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	PROVIDED FUNDS FOR A SYNTHETIC ICE SKATE RINK	61,744
IDAHO PUBLIC TELEVISION 1455 N ORCHARD STREET BOISE, ID 83706	NONE	PC	PROVIDED FUNDS TO SUPPORT EDUCATIONAL PROGRAMMING FOR CHILDREN	20,000
<b>Total . . . . .</b>				<b>969,918</b>

**▶ 3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF HOMEDALE 31 W WYOMING AVE HOMEDALE, ID 83628	NONE	GOV	FUND PETERSON PARK IMPROVEMENTS	10,000
CITY OF AMERICAN FALLS 550 N OREGON TRAIL AMERICAN FALLS, ID 83211	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF ARCOPO BOX 196 ARCO, ID 83213	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . .</b>				969,918

**▶ 3a**



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF ASHTONPO BOX 689 ASHTON, ID 83420	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF CALDWELLPO BOX 1179 CALDWELL, ID 83606	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF CASCADE 105 S MAIN STREET CASCADE, ID 83611	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF CHUBBUCK 5160 YELLOWSTONE AVE CHUBBUCK, ID 83202	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF CLIFTON 175 WEST CENTER CLIFTON, ID 83328	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF COEUR D'ALENE 710 E MULLAN AVE COEUR DALENE, ID 83814	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF COTTONWOODPO BOX 571 COTTONWOOD, ID 83522	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF COUNCILPO BOX 606 COUNCIL, ID 83612	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF CROUCH342 VILLAGE CIRCLE CROUCH, ID 83622	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF DAYTON999 N WESTSIDE HWY DAYTON, ID 83232	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF DRIGGS PO BOX 48 60 S MAIN ST DRIGGS, ID 83422	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF EAGLE660 E CIVIC LANE EAGLE, ID 83616	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF EAST HOPEPO BOX 186 HOPE, ID 83836	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF EMMETT501 E MAIN EMMETT, ID 83617	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF FERDINAND PO BOX 101 FERDINAND, ID 83526	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF FAIRFIELD 407 SOLDIER RD FAIRFIELD, ID 83327	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF FERNAN LAKE PO BOX 1775 COEUR DALENE, ID 83816	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF GARDEN CITY 6015 GLENNWOOD ST GARDEN CITY, ID 83714	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF GEORGETOWN382 MAIN ST GEORGETOWN, ID 83239	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF GOODING308 5TH AVE WEST GOODING, ID 83330	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF GRACE 103 E CENTER ST PO BOX 288 GRACE, ID 83241	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF GRANGEVILLE 225 WEST NORTH ST GRANGEVILLE, ID 83530	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF HARRISONPO BOX 73 HARRISON, ID 83833	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . .</b>				969,918

**▶ 3a**



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF HEYBURN941 18TH ST HEYBURN, ID 83336	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF JULIAETTAPO BOX 229 JULIAETTA, ID 83535	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF HOLLISTER2392 MAIN ST HOLLISTER, ID 83301	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF JEROME152 EAST AVE A JEROME, ID 83338	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF LEWISTONPO BOX 617 LEWISTON, ID 83501	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF KAMIAHPO BOX 338 KAMIAH, ID 83536	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF MALAD59 BANNOCK ST MALAD, ID 83252	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF MERIDIANPO BOX 670 CALDWELL, ID 836060670	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF MOUNTAIN HOMEPO BOX 10 MOUNTAIN HOME, ID 83647	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF MOSCOW 206 E 3RD ST MOSCOW, ID 83843	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF MUD LAKE 1124 EAST 1500 NORTH TERRETON, ID 83450	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF NEW MEADOWS PO BOX 324 NEW MEADOWS, ID 83654	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF NAMPA401 3RD ST S NAMPA, ID 83651	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF NEWDALEPO BOX 70 NEWDALE, ID 83436	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF OROFINO217 FIRST ST OROFINO, ID 83544	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF PAULPO BOX 130 PAUL, ID 83347	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF PECKPO BOX 105 PECK, ID 83545	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF PIERCEPO BOX 356 PIERCE, ID 83546	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF POCATELLO 911 NORTH 7TH AVE PO BOX 4169 POCATELLO, ID 83205	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF PONDERAYPO BOX 500 PONDERAY, ID 83852	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF PRESTON70 WEST ONEIDA PRESTON, ID 83262	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF RATHDRUM 8047 WEST MAIN ST RATHDRUM, ID 83850	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF REXBURG 35 NORTH 1ST STREET REXBURG, ID 83440	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF SANDPOINT 1123 LAKE STREET SANDPOINT, ID 83864	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . .</b>				969,918

▶ **3a**



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF SHELLEY 101 SOUTH EMMERSON SHELLEY, ID 83274	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF SMELTERVILLE 501 MAIN ST SMELTERVILLE, ID 83686	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF ST ANTHONY 420 NORTH BRIDGE ST ST ANTHONY, ID 83445	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . .</b>				969,918

**▶ 3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF SWAN VALLEY PO BOX 105 SWAN VALLEY, ID 83449	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF TETONIA 3192 PERRY AVE PO BOX 57 TETONIA, ID 83452	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF TWIN FALLS 321 2ND AVENUE EAST TWIN FALLS, ID 83301	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . .</b>				969,918

▶ **3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF WALLACE703 CEDAR ST WALLACE, ID 83873	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF WESTONPO BOX 689 WESTON, ID 83286	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF DOVERPO BOX 115 DOVER, ID 83825	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . . ▶ 3a</b>				969,918

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF ATOMIC CITY PO BOX 196 ARCO, ID 83213	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF HOMEDALE 31 W WYOMING AVE HOMEDALE, ID 83628	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
CITY OF SHOSHONE 207 S RAIL ST W SHOSHONE, ID 83352	NONE	GOV	PROMOTE PHYSICAL ACTIVITY AMONG YOUTH	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
SOUTHWEST DISTRICT HEALTH 13307 MIAMI LANE CALDWELL, ID 83607	NONE	GOV	DESIGN AND IMPLEMENT A CRISIS SYSTEM TO SERVICE RURAL COMMUNITIES AND VULNERABLE POPULATIONS	75,000
IDAHO COMMUNITY FOUNDATION 210 WEST STATE STREET BOISE, ID 83702	NONE	PC	FUND VOICE OF THE COMMUNITY PROJECT	40,000
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	PROVIDED FUNDS FOR TRAIL COUNTERS	2,280
<b>Total . . . . .</b>				969,918



**3a**

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
CITY OF TWIN FALLS 321 2ND AVENUE EAST TWIN FALLS, ID 83301	NONE	GOV	FUND TRAIL IMPROVEMENTS AND TO DEVELOP PEDESTRIAN AND BICYCLE FACILITIES	10,000
CITY OF DRIGGS PO BOX 48 60 S MAIN ST DRIGGS, ID 83422	NONE	GOV	PROVIDED FUNDS FOR PEDESTRIAN CROSSING SIGNAGE	10,000
CITY OF ASHTON PO BOX 689 ASHTON, ID 83420	NONE	GOV	PROVIDED FUNDS FOR TENNIS COURT IMPROVEMENTS IN CITY PARK	10,000
<b>Total . . . . .</b>				969,918

▶ **3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF REXBURG 35 NORTH 1ST STREET REXBURG, ID 83440	NONE	GOV	PROVIDED FUNDS TO PROMOTE PHYSICAL ACTIVITY AND HEALTHIER DIETS	137,719
UNIVERSITY OF IDAHO 875 PERIMETER DR MS 3020 MOSCOW, ID 838443020	NONE	GOV	PROVIDED FUNDS TO SUPPORT TRAINING NEEDS AND ACCESS TO ON-GOING CLINICAL SUPPORT IN CONSULTATION TO RURAL PROVIDERS	75,000
<b>Total . . . . .</b> ▶ <b>3a</b>				969,918

**TY 2018 Accounting Fees Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	13,398	1,340	0	12,058



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Depreciation Schedule

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE	2018-07-15	64,282		SL	10 000000000000	3,214	0	0	
AV EQUIPMENT	2018-07-15	9,570		SL	5 000000000000	957	0	0	
CONSTRUCTION/ARCHITECHT (LEASEHOLD IMPROVEMENTS)	2018-07-01	76,452		SL	4 670000000000	8,191	0	0	
SIGN	2018-08-01	3,861		SL	5 000000000000	322	0	0	
WALL MURAL (LEASEHOLD IMPROVEMENT)	2018-09-01	4,632		SL	4 500000000000	343	0	0	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Expenditure Responsibility Statement

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
POST REGISTER	PO BOX 1800 IDAHO FALLS , ID 83403	2018-02-01	5,000	GRANT FUNDS WILL BE USED EXCLUSIVELY TO SUPPORT KEY FUNCTIONS OF THE ANNUAL IDAHO HEALTHCARE SUMMIT THE SUMMIT PROVIDES AN OPPORTUNITY FOR BCFIH TO ACTIVELY PARTICIPATE IN CONVENING KEY STAKEHOLDERS INVOLVED IN HEALTH CARE ISSUES FOR THE PURPOSE OF IDENTIFYING AND PROMOTING CROSS LEARNING/DISCUSSION ON ISSUES IMPORTANT TO FURTHERING THE BCFIH AGENDA FOCUSING ON THE HEALTH OF IDAHOANS	5,000	NONE	3/08/18 & 3/15/18	2018-03-15	THE IDAHO HEALTHCARE SUMMIT WAS ATTENDED BY 253 PEOPLE ATTENDEES INCLUDED, BUT WERE NOT LIMITED TO, HEALTHCARE PROVIDERS, HEALTHCARE PAYERS, GOVERNMENT LEADERS AND STAFF MEMBERS, ELECTED OFFICIALS, LEADER AND STAFF OF NON-PROFIT ORGANIZATIONS, THE MEDIA, CONSULTANTS, BUSINESS LEADERS AND CIVIC LEADERS THE TOTALITY OF THE GRANT WENT TOWARD FEES AND TRAVEL COSTS FOR A KEY PRESENTER AND FACILITATOR, DR LAUREN SMITH, FOR WHOM TOTAL EXPENSES EXCEEDED \$13,000 KEY THEMES AND ISSUES OF THE SUMMIT INCLUDED PATIENT-CENTERED HEALTHCARE, VALUE-BASED HEALTHCARE CONTRACTING, COLLABORATION AMONG DISPARATE GROUPS TOWARD SOLVING PROBLEMS AND TAKING ADVANTAGE OF OPPORTUNITIES, CREATING COLLECTIVE IMPACT IN COMMUNITIES, CHANGES IN BEHAVIORAL HEALTHCARE

**TY 2018 Investments - Other Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC  
**EIN:** 26-0024334

**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD TOTAL BOND FUND	AT COST	9,398,122	9,398,122
VANGUARD EXTENDED MARKET INDEX FUND	AT COST	4,893,809	4,893,809
VANGUARD INSTITUTIONAL INDEX FUND	AT COST	7,559,572	7,559,572
DODGE & COX INT'L STOCK FUND	AT COST	4,723,471	4,723,471
VANGUARD INTERNATIONAL STOCK FUND	AT COST	5,359,263	5,359,263
RREEF	AT COST	1,067,860	1,067,860
ACCRUED DIVIDENDS	AT COST	747	747

**TY 2018 Land, Etc.  
Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
FURNITURE	64,282	3,214	61,068	61,068
AV EQUIPMENT	9,570	957	8,613	8,613
CONSTRUCTION/ARCHITECHT (LEASEHOLD IMPROVEMENTS)	76,452	8,191	68,261	68,261
SIGN	3,861	322	3,539	3,539
WALL MURAL (LEASEHOLD IMPROVEMENT)	4,632	343	4,289	4,289

**TY 2018 Legal Fees Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	3,586	0	0	4,340

**TY 2018 Other Assets Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INCOME TAX RECEIVABLE	19,547		

**TY 2018 Other Decreases Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

<b>Description</b>	<b>Amount</b>
UNREALIZED GAIN/LOSS	5,203,181

**TY 2018 Other Expenses Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	3,683	0	0	3,683
PROGRAM SUPPLIES	21,277	0	0	13,893
POSTAGE	876	0	0	876
MEALS	5,737	0	0	5,737
CELL PHONES	519	0	0	519
EQUIPMENT RENTAL	1,077	0	0	1,077
BANK SERVICE CHARGE	240	0	0	240
PUBLIC RELATIONS	98	0	0	98
OTHER MISCELLANEOUS EXPENSE	385	0	0	385



**TY 2018 Other Professional Fees Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
OTHER PROFESSIONAL FEES	427,486	9,455	0	384,972

**TY 2018 Taxes Schedule**

**Name:** BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**EIN:** 26-0024334

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAXES	70,341	0	0	0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2018**

**Name of the organization**  
BLUE CROSS OF IDAHO FOUNDATION FOR  
HEALTH INC

**Employer identification number**  
26-0024334

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH INC	<b>Employer identification number</b> 26-0024334
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<b>Part I</b>			
<b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE CROSS OF IDAHO HEALTH SERVICE INC 3000 E PINE AVE MERIDIAN, ID 83642	\$ 608,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	BLUE CROSS OF IDAHO HEALTH SERVICE INC 3000 E PINE AVE MERIDIAN, ID 83642	\$ 10,891,860	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
3	BLUE CROSS OF IDAHO HEALTH SERVICE INC 3000 E PINE AVE MERIDIAN, ID 83642	\$ 300,330	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	BLUE CROSS OF IDAHO CARE PLUS INC 3000 E PINE AVE MERIDIAN, ID 83642	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	STEVE J TOBIASON 3000 E PINE AVE MERIDIAN, ID 83642	\$ 6,094	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH INC	<b>Employer identification number</b> 26-0024334
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**Part II Noncash Property**

<b>(a)</b> No. from Part I	<b>(b)</b> Description of noncash property given	<b>(c)</b> FMV (or estimate) (See instructions)	<b>(d)</b> Date received
(See instructions) Use duplicate copies of Part II if additional space is needed			
2	42,000 SHARES VANGUARD INSTITUIONAL INDEX FUND	\$ 10,891,860	2019-04-02
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

<b>Name of organization</b> BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH INC	<b>Employer identification number</b> 26-0024334
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____