

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 for instructions and the latest information.

OMB No. 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH INC		A Employer identification number 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 Telephone number (see instructions) (986) 224-3992
City or town, state or province, country, and ZIP or foreign postal code MERIDIAN, ID 83642		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>51,284,714</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	F 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 <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	590,014				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments	438	438			
	4 Dividends and interest from securities	1,190,410	1,190,410			
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	1,413,539				
	b Gross sales price for all assets on line 6a	10,035,209				
	7 Capital gain net income (from Part IV, line 2)		5,843,839			
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less: Cost of goods sold						
c Gross profit or (loss) (attach schedule)						
11 Other income (attach schedule)						
12 Total. Add lines 1 through 11		3,194,401	7,034,687	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	140,535	0	0	140,535	
	14 Other employee salaries and wages	562,474	0	0	529,543	
	15 Pension plans, employee benefits					
	16a Legal fees (attach schedule)	1,084	0	0	459	
	b Accounting fees (attach schedule)	8,100	810	0	7,290	
	c Other professional fees (attach schedule)	842,289	31,093	0	805,452	
	17 Interest					
	18 Taxes (attach schedule) (see instructions)	70,347	0	0	0	
	19 Depreciation (attach schedule) and depletion	23,030	0	0		
	20 Occupancy	37,412	0	0	37,652	
	21 Travel, conferences, and meetings	33,934	0	0	35,105	
	22 Printing and publications	970	0	0	970	
	23 Other expenses (attach schedule)	39,219	0	0	35,778	
	24 Total operating and administrative expenses. Add lines 13 through 23		1,759,394	31,903	0	1,592,784
	25 Contributions, gifts, grants paid		1,240,714			1,240,714
26 Total expenses and disbursements. Add lines 24 and 25		3,000,108	31,903	0	2,833,498	
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements		194,293				
b Net investment income (if negative, enter -0-)			7,002,784			
c Adjusted net income (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
Assets	1 Cash—non-interest-bearing	185,455	345,333	345,333
	2 Savings and temporary cash investments	49,702	447,902	447,902
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ 468,692 Less: allowance for doubtful accounts ▶ _____	12,228,568	468,692	468,692
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,756	2,997	2,997
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	33,002,844	49,904,620	49,904,620
	14 Land, buildings, and equipment: basis ▶ _____ 151,227 Less: accumulated depreciation (attach schedule) ▶ 36,057	145,770	115,170	115,170
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	45,615,095	51,284,714	51,284,714	
Liabilities	17 Accounts payable and accrued expenses	63,626	111,444	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	63,626	111,444	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	45,264,059	50,983,980	
	25 Net assets with donor restrictions	287,410	189,290	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	45,551,469	51,173,270		
30 Total liabilities and net assets/fund balances (see instructions) .	45,615,095	51,284,714		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	45,551,469
2 Enter amount from Part I, line 27a	2	194,293
3 Other increases not included in line 2 (itemize) ▶ _____	3	5,427,508
4 Add lines 1, 2, and 3	4	51,173,270
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 29 .	6	51,173,270

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.)	
1a See Additional Data Table					
b					
c					
d					
e					
(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)		
a See Additional Data Table					
b					
c					
d					
e					
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a See Additional Data Table					
b					
c					
d					
e					
2 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 }					2 5,843,839
3 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					3 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?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Yes No

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))
2018	1,978,671	32,023,164	0.061789
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
2 Total of line 1, column (d)			2 0.259080
3 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			3 0.051816
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 43,383,838
5 Multiply line 4 by line 3			5 2,247,977
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 70,028
7 Add lines 5 and 6			7 2,318,005
8 Enter qualifying distributions from Part XII, line 4			8 2,833,498

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 calculation. Includes sub-rows 6a-6d for credits and payments. Total amount due is 145, and amount overpaid is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection, and books in care.

Located at 3000 E PINE AVE MERIDIAN ID ZIP+4 83642

Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt trusts and foreign accounts.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. Yes 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? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions **5b**

Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** Yes No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** Yes No

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SPARK STRATEGIC SOLUTIONS COMMUNITY RELATIONS 225 NORTH 9TH STREET SUITE 800 BOISE, ID 83702	CONSULTING SERVICES	168,017
FSG INC 500 BOYLSTON ST STE 600 BOSTON, MA 02116	CONSULTING SERVICES	149,347
REYNOLDS MEYERS LLC PO BOX 383 BOISE, ID 83701	CONSULTING SERVICES	100,866
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 HIGH FIVE - WORKING TO ADDRESS CHILDHOOD OBESITY BY PROVIDING ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY	1,098,852
2 RURAL HEALTH - ADDRESSING HEALTH DISPARITIES IN RURAL SETTINGS TO IMPROVE ACCESS TO QUALITY CARE AND HEALTH OUTCOMES.	465,815
3 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.	340,234
4 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.	226,984

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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	43,435,807
b	Average of monthly cash balances.	1b	608,699
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	44,044,506
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	44,044,506
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	660,668
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	43,383,838
6	Minimum investment return. Enter 5% of line 5.	6	2,169,192

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.)

1	Minimum investment return from Part X, line 6.	1	2,169,192
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	70,028
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	70,028
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,099,164
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,099,164
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	2,099,164

Part 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	2,833,498
b	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:		
a	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	2,833,498
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. See instructions.	5	70,028
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,763,470

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,099,164
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				106,876
d From 2017.				64,615
e From 2018.				518,011
f Total of lines 3a through e.	689,502			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 2,833,498				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				2,099,164
e Remaining amount distributed out of corpus	734,334			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,423,836			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 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			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	1,423,836			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				106,876
c Excess from 2017.				64,615
d Excess from 2018.				518,011
e Excess from 2019.				734,334

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				1,240,714
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include items like Program service revenue, Fees and contracts from government agencies, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, and Subtotal.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. The text column contains instructions: 'Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)'

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule.
(a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here
***** 2020-07-11 *****
Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.) Yes No

Paid Preparer Use Only
Print/Type preparer's name: ALEXIS BAEYEN
Preparer's Signature
Date: 2020-07-09
Check if self-employed
PTIN: P01647867
Firm's name: EIDE BAILLY LLP
Firm's EIN: 45-0250958
Firm's address: 877 W MAIN ST STE 800 BOISE, ID 83702
Phone no. (208) 344-7150

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.)
95785 SHS VBTLX			2019-01-08
13264 SHS VINIX		2008-11-04	2019-05-09
5959 SHS VINIX		2008-11-04	2019-05-09
6343 SHS VINIX		2008-11-04	2019-05-09
2358 SHS VINIX		2008-11-04	2019-06-04
2272.38 SHS VINIX		2008-11-04	2019-06-18
3751 SHS VINIX		2008-11-04	2019-06-24
CAPITAL GAINS DIVIDENDS	P		

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)
1,000,000		992,766	7,234
3,450,000		1,249,729	2,200,271
1,550,000		561,472	988,528
1,650,000		597,697	1,052,303
600,000		222,170	377,830
600,000		214,101	385,899
1,000,000		353,435	646,565
185,209			185,209

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	
			7,234
			2,200,271
			988,528
			1,052,303
			377,830
			385,899
			646,565
			185,209

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RALPH WOODARD	PRESIDENT - CHAIRMAN 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
MIKE REYNOLDSON	VICE CHAIR 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
MARK KOHLER	SECRETARY 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
DAVID WARD	TREASURER 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
PAM MCNAMARA	DIRECTOR 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
JIM HICKEY	DIRECTOR 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
LUKE MALEK	DIRECTOR 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
ROGER QUARLES	DIRECTOR 1.00	0	0	0
3000 E PINE AVE MERIDIAN, ID 83642				
KENDRA E WITT-DOYLE	EXECUTIVE DIRECTOR 40.00	112,947	27,588	0
3000 E PINE AVE MERIDIAN, ID 83642				

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)				
a <i>Paid during the year</i>				
CITY OF MALAD59 BANNOCK ST MALAD, ID 83252	NONE	GOV	FUND COMMUNITY GARDEN, CREATION OF MUSEUM WALKING TOUR AND PARK IMPROVEMENTS	10,000
PHILANTHROPY NORTHWEST 2101 FOURTH AVE SUITE 650 SEATTLE, WA 98121	NONE	PC	EDUCATIONAL PROGRAMS THAT CURATE ENGAGEMENT FOR MEMBERS TO CONNECT FOR COLLECTIVE ACTION	3,005
AJ WINTERS ELEMENTARY535 CLAY ST MONTPEILER, ID 83254	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
AMERICAN HERITAGE CHARTER 1736 S 35TH WEST IDAHO FALLS, ID 83402	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
ANDRUS ELEMENTARY 6100 N PARK MEADOW WAY BOISE, ID 83713	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
BASIN ELEMENTARY 100 CENTERVILLE RD IDAHO CITY, ID 83631	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
BORAH ELEMENTARY 632 BORAH AVE COEUR D ALENE, ID 83814	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
CAMAS SCHOOL DISTRICT 610 SOLDIER RD FAIRFIELD, ID 83327	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
CAREY ELEMENTARY SCHOOL 20 PANTHER LANE CAREY, ID 83320	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CASCADE SCHOOLS 209 N SCHOOL ST CASCADE, ID 83611	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
CENTENNIAL ELEMENTARY 815 BURRELL AVE LEWISTON, ID 83501	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
CLARK COUNTY SCHOOLS PO BOX 237 43 W 2ND SO DUBOIS, ID 83423	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
COMPASS CHARTER 2511 W CHERRY LN MERIDIAN, ID 83642	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
DESERT SAGE ELEMENTARY SCHOOL 9325 W MOSSYWOOD DR BOISE, ID 83709	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
FARMIN-STIDWELL ELEMENTARY 1626 SPRUCE ST MERIDIAN, ID 83864	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
FERNAN ELEMENTARY SCHOOL 520 N 21ST ST COEUR D ALENE, ID 83814	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
GARFIELD ELEMENTARY SCHOOL 1914 S BROADWAY AVE BOISE, ID 83706	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
GARFIELD ELEMENTARY SCHOOL 1914 S BROADWAY AVE BOISE, ID 83706	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
GEORGETOWN ELEMENTARY 142 STRINGTOWN RD GEORGETOWN, ID 83239	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
GRAND VIEW ELEMENTARY 39678 STATE HWY 78 BRUNEAU, ID 83604	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
HAILEY ELEMENTARY 520S 1ST AVE HAILEY, ID 83333	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
HOLISTER ELEMENTARY 2463 CONTACT AVE HOLLISTER, ID 83301	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
HOUSE OF THE LORD CHRISTIAN 754 SILVER BIRCH LN OLDTOWN, ID 83713	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
IDAHO FALLS SCHOOL DISTRICT NO 91 690 JOHN ADAMS PARKWAY IDAHO FALLS, ID 83401	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
IMMACULATE CONCEPTION ACDY 611 E 5TH AVE POST FALLS, ID 83854	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
JEFFERSON ELEMENTARY SCHOOL 200 S LATAH ST BOISE, ID 83705	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
LINCOLN ELEMENTARY SCHOOL 358 E 2ND SOUTH REXBURG, ID 83440	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
MARSH VALLEY SCHOOL DISTRICT 40 SCHOOL ST ARIMO, ID 83214	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
MARY MACPHERSON ELEMENTARY 1050 E AMITY RD MERIDIAN, ID 83642	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
MELBA ELEMENTARYPO BOX 185 MELBA, ID 83641	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
MIDDLETON SCHOOL DISTRICT 5 S VIKING AVE MIDDLETON, ID 83644	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
MONROE ELEMENTARY SCHOOL 3615 W CASSIA BOISE, ID 83705	NONE	GOV	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
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
ONEIDA SCHOOL DISTRICT 25 E 50 ST A MALAD, ID 83252	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
RIGGINS ELEMENTARY PO BOX 872 133 MAIN AVE N RIGGINS, ID 83549	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
RIVERSIDE ELEMENTARY 700 W 16 SOUTH BLACKFOOT, ID 83221	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
ROB STUART MIDDLE SCHOOL 644 CASWELL AVE W TWIN FALLS, ID 83301	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
ROB STUART MIDDLE SCHOOL 644 CASWELL AVE W TWIN FALLS, ID 83301	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
ROSS ELEMENTARY 610 N SCHOOL AVE KUNA, ID 83634	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
SKYWAY ELEMENTARY 19430 WARD RD CALDWELL, ID 83605	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
SNAKE RIVER SCHOOL DISTRICT 103 S 900 WEST BLACKFOOT, ID 83642	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
TAFT ELEMENTARY 3722 N ANDERSON ST BOISE, ID 83703	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
USTICK ELEMENTARY 12435 W USTICK RD BOISE, ID 83713	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
VALLEY SCHOOL DISTRICT 882 VALLEY RD SOUTH HAZELTON, ID 83335	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
WHITTIER ELEMENTARY SCHOOL 301 N 29TH BOISE, ID 83702	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF BONNERS FERRY PO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	PROVIDED FUNDS FOR ADVENTURE PACK COMMUNITY TRAIL PROGRAM	1,350
HARRISON ELEMENTARY SCHOOL 13030 E O GARA RD HARRISON, ID 83833	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
VALLEY VIEW ELEMENTARY 6750 AUGUSTA ST BONNERS FERRY, ID 83805	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	500
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 4355 WEST EMERALD ST SUITE 250 BOISE, ID 83706	NONE	PC	PROVIDED FUNDS FOR THEIR PROFESSIONAL DEVELOPMENT INSTITUTE	3,000
CITY OF BUHL203 BROADWAY AVE BUHL, ID 83316	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CARE HOUSE PARTNERSHIPS 601 16TH AVE SO NAMPA, ID 83651	NONE	PC	FUNDS FOR COUNSELING SERVICE SUPERVISOR TO ASSIST UNINSURED INDIVIDUALS	27,040
Total	▶ 3a			1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF EMMETT501 E MAIN ST EMMETT, ID 83617	NONE	GOV	FUNDS TO BUILD WALKING PATH AT ELEMENTARY SCHOOL TO ENCOURAGE PHYSICAL ACTIVITY	30,000
CITY OF MALAD59 BANNOCK ST MALAD, ID 83252	NONE	GOV	FUNDS TO PROVIDE LIGHTING, BENCHES, AND FITNESS EQUIPMENT IN CITY PARK TO PROMOTE PHYSICAL ACTIVITY	40,000
CITY OF RATHDRUM8047 W MAIN ST RATHDRUM, ID 83650	NONE	GOV	PROVIDE FUNDS FOR RATHDRUM MOUNTAIN TRAILS TO ENCOURAGE PHYSICAL ACTIVITY	25,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 4355 WEST EMERALD ST SUITE 250 BOISE, ID 83706	NONE	PC	FUNDS TO PROMOTE EARLY CHILDHOOD LITERACY	36,243
IDAHO FOOD BANKPO BOX 5601 BOISE, ID 83705	NONE	PC	FUNDS TO PURCHASE FOOD FOR COOKING MATTERS PROGRAM TO ENCOURAGE HEALTHY EATING HABITS	10,000
MERIDIAN LIBRARY DISTRICT 1326 W CHERRY LN MERIDIAN, ID 83642	NONE	PC	FUNDS TO BUILD KLEINER PARK WALKING PATH TO ENCOURAGE PHYSICAL ACTIVITY FOR SENIORS	20,800
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
TREASURE VALLEY TRANSIT INC 1136 W FINCH DR NAMPA, ID 83651	NONE	PC	PROVIDE FUNDS TO PURCHASE ADA ACCESSIBLE VANS FOR NON-EMERGENCY MEDICAL TRANSPORTATION FOR SENIORS	40,000
TREASURE VALLEY YMCA 1177 W STATE ST BOISE, ID 83702	NONE	PC	PROVIDE EQUIPMENT AND TRAINING FOR MOVEMENT FOR MEMORY PROGRAM AT YMCA HEALTHY LIVING CENTER	10,000
WELLNESS TREE COMMUNITY CLINIC 173 MARTIN ST TWIN FALLS, ID 83301	NONE	PC	FUNDS TO PROVIDE DENTAL CARE FOR VETERANS	40,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
WOMEN'S AND CHILDREN'S ALLIANCE 720 W WASHINGTON ST BOISE, ID 83702	NONE	PC	FUNDS TO PROVIDE FREE OF CHARGE COUNSELING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE	10,000
CENTENNIAL PTA522 MASON LN NAMPA, ID 83686	NONE	PC	FUNDS TO BUILD COVERED OUTDOOR LEARNING SPACE AT SCHOOL	7,647
IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 409 WASHINGTON AVE POCATELLO, ID 83201	NONE	PC	PROVIDE FUNDS FOR EMDR THERAPY TRAINING TO ENHANCE MENTAL HEALTH SERVICES TO CHILDREN	39,508
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
WYAKIN WARRIOR FOUNDATION 960 S BROADWAY AVE BOISE, ID 83706	NONE	PC	FUNDS TO SUPPORT WORKFORCE DEVELOPMENT PROGRAMS FOR VETERANS	40,000
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	FUNDS TO BUILD SPLASH PAD AT CITY POOL TO PROMOTE PHYSICAL ACTIVITY / SAFE ACCESS TO WATER	35,777
CITY OF SANDPOINT1123 LAKE STREET SANDPOINT, ID 83864	NONE	GOV	COMMUNITY & SCHOOL GARDEN EXPANSIONS, WINTER SPORTS CENTER, COOKING CLASSES FOR KIDS	190,733
Total				1,240,714

▶ 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)				
a <i>Paid during the year</i>				
CENTRAL DISTRICT HEALTH DEPARTMENT 707 N ARMSTRONG PL BOISE, ID 83704	NONE	GOV	FUNDS TO SUPPORT WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE	10,000
CITY OF BONNERS FERRY PO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	FUNDS FOR BIKE RACKS THROUGHOUT CITY TO PROMOTE PHYSICAL ACTIVITY, HEALTHY FOOD PROGRAM FOR CHILDREN AND COMMUNITY GARDEN	5,728
CITY OF DRIGGS PO BOX 48 60 S MAIN ST DRIGGS, ID 83422	NONE	GOV	FUNDS TO PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING	50,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF SANDPOINT1123 LAKE STREET SANDPOINT, ID 83864	NONE	GOV	PLAYGROUND EQUIPMENT FOR DEVELOPMENTALLY DELAYED STUDENTS	22,267
JANNUS INC1607 W JEFFERSON BOISE, ID 83702	NONE	PC	SUPPORT PROJECTS THAT ENCOURAGE YOUTH MENTAL HEALTH	1,000
CITY OF NAMPA401 3RD ST S NAMPA, ID 83651	NONE	GOV	FUNDS FOR HEALTHY COMMUNITY ACTIVITIES	10,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	FUNDS TO PURCHASE PLAYGROUND EQUIPMENT TO PROMOTE PHYSICAL ACTIVITY	9,569
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	FUNDS TO BUILD WALKING PATHS AT 3 ELEMENTARY SCHOOLS TO PROMOTE PHYSICAL ACTIVITY	7,800
IDAHO HUNGER TASK FORCE 963 S ORCHARD ST 206 BOISE, ID 83705	NONE	GOV	FUNDS TO PROMOTE HEALTHY EATING HABITS	55,000
Total				1,240,714

▶ 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)				
a <i>Paid during the year</i>				
NAMPA SCHOOL DISTRICT 619 S CANYON ST NAMPA, ID 83686	NONE	GOV	FUNDS FOR YOUTH BEHAVIORAL HEALTH	45,476
IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 4355 WEST EMERALD ST SUITE 250 BOISE, ID 83706	NONE	PC	SUPPORT PROJECTS OR PROGRAMS THAT SUPPORT YOUTH EDUCATION	5,000
BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE, ID 83725	NONE	GOV	PROGRAMS THAT STUDY RURAL HEALTH DELIVERY SYSTEMS	3,217
Total				1,240,714

▶ 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)				
a <i>Paid during the year</i>				
BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE, ID 83725	NONE	GOV	PROGRAMS THAT STUDY RURAL HEALTH DELIVERY SYSTEMS	13,549
IDAHO DEPT OF HEALTH & WELFARE 3264 ELDER BOISE, ID 83705	NONE	GOV	PROGRAMS THAT STUDY RURAL HEALTH DELIVERY SYSTEMS	7,245
CITY OF ALBIONPO BOX 147 ALBION, ID 83311	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF AMERICAN FALLS 550 N OREGON TRAIL AMERICAN FALLS, ID 83211	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF AMMON 2135 S AMMON RD AMMON, ID 83406	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF ARIMOPO BOX 617 ARIMO, ID 83214	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF ASHTON PO BOX 689 ASHTON, ID 83420	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF ATHOL PO BOX 249 ATHOL, ID 83801	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF BANCROFT 95 S MAIN ST BANCROFT, ID 83217	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF BLACKFOOT157 N BROADWAY BLACKFOOT, ID 83221	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF BOISEPO BOX 500 BOISE, ID 83701	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF CALDWELLPO BOX 1179 CALDWELL, ID 83606	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF CASCADE105 S MAIN ST CASCADE, ID 83611	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF CHUBBUCK 5160 YELLOWSTONE AVE CHUBBUCK, ID 83202	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF CLIFTON 175 W CENTER CLIFTON, ID 83328	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF COEUR D'ALENE 710 E MULLAN AVE COEUR D ALENE, ID 83814	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF COTTONWOOD PO BOX 571 COTTONWOOD, ID 83522	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF CROUCH342 VILLAGE CIRCLE CROUCH, ID 83622	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF DAYTON999 N WESTSIDE HWY DAYTON, ID 83232	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF DOWNEYPO BOX 204 DOWNEY, ID 83234	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF DRIGGS PO BOX 48 60 S MAIN ST DRIGGS, ID 83422	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF EAGLE660 E CIVIV LN EAGLE, ID 83616	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF EAST HOPEPO BOX 186 HOPE, ID 83636	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF EMMETT501 E MAIN ST EMMETT, ID 83617	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF FAIRFEILD407 SOLDIER RD FAIRFIELD, ID 83327	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF FERN LAKEPO BOX 1775 COEUR D ALENE, ID 83816	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF FIRTHPO BOX 37 FIRTH, ID 83236	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF GARDEN CITY 6015 GLENWOOD ST GARDEN CITY, ID 83714	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF GRACEPO BOX 288 GRACE, ID 83241	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF HAYDEN 8930 N GOVERNMENT WAY HAYDEN, ID 83835	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF HEYBURN941 18TH ST HEYBURN, ID 83336	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF HOLLISTER2392 MAIN ST HOLLISTER, ID 83301	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF HOMEDALE 31 W WYOMING AVE HOMEDALE, ID 83628	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF IDAHO FALLS PO BOX 50220 IDAHO FALLS, ID 83405	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF JEROME 152 EAST AVE A JEROME, ID 83338	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF JULIAETTAPO BOX 229 JULIAETTA, ID 83535	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF KAMIAHPO BOX 338 KAMIAH, ID 83536	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF KUNA763 W AVALON KUNA, ID 83686	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF LAPWAIPO BOX 336 LAPWAI, ID 83540	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF LEWISTONPO BOX 617 LEWISTON, ID 83501	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF MALAD59 BANNOCK ST MALAD, ID 83252	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF MCCALL216 PARK ST MCCALL, ID 83638	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF MERIDIANPO BOX 670 CALDWELL, ID 83606	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF MONTPELIER534 WASHINGTON MONTPEILER, ID 83251	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF MOSCOW 206 E 3RD ST MOSCOW, ID 83843	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF MOUNTAIN HOME PO BOX 10 MOUNTAIN HOME, ID 83647	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF MUD LAKE 1124 EAST 1500 NORTH TERRETON, ID 83450	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF NAMPA401 3RD ST S NAMPA, ID 83651	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF NEW MEADOWSPO BOX 324 NEW MEADOWS, ID 83654	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF NEZ PERCE404 OAK ST NEZ PERCE, ID 83543	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF OROFINO217 FIRST ST OROFINO, ID 83544	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF OSBURNPO BOX 865 OSBURN, ID 83849	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF PECKPO BOX 105 PECK, ID 83545	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF PIERCEPO BOX 356 PIERCE, ID 83546	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF POCATELLOPO BOX 4169 POCATELLO, ID 83205	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF PONDERAYPO BOX 500 PONDERAY, ID 83852	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF POST FALLS 408 N SPOKANE ST POST FALLS, ID 83852	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF PRESTON 70 W ONEIDA PRESTON, ID 83262	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF REXBURG 35 N 1ST ST REXBURG, ID 83440	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF SHELLEY101 S EMMERSON SHELLEY, ID 83274	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF SHOSHONE2074 S RAIL ST W SHOSHONE, ID 83352	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF ST ANTHONY 420 NORTH BRIDGE ST ST ANTHONY, ID 83445	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF STANLEY 125 EVA FALLS AVE STANLEY, ID 83278	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF TETONIA APO BOX 57 TETONIA, ID 83452	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF TWIN FALLS 321 2ND AVE EAST TWIN FALLS, ID 83301	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF VICTORPO BOX 122 VICTOR, ID 83455	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF WALLACE703 CEDAR ST WALLACE, ID 83873	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF WESTONPO BOX 68 WESTON, ID 83286	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF WINCHESTERPO BOX 461 WINCHESTER, ID 83555	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	1,000
CITY OF BONNERS FERRYPO BOX 149 BONNERS FERRY, ID 83805	NONE	GOV	COMMUNITY GARDEN THAT ENCOURAGES HEALTHY EATING	1,663
CITY OF GRACEPO BOX 288 GRACE, ID 83241	NONE	GOV	FUNDS TO INSTALL CROSSWALK AND PLAYGROUND EQUIPMENT	10,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
GIRAFFE LAUGH INC 4094 W CHINDEN BLVD NO 1 GARDEN CITY, ID 83714	NONE	PC	SUPPORT EARLY CHILDHOOD EDUCATION PROGRAMS	10,000
CARBERRY ELEMENTARY SCHOOL 1950 EAST 12TH ST EMMETT, ID 83617	NONE	GOV	SUPPORT PROJECTS OR PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY	7,000
CITY OF AMERICAN FALLS 550 N OREGON TRAIL AMERICAN FALLS, ID 83211	NONE	GOV	OUTDOOR PLAYGROUND EQUIPMENT AND UPDATE TRAILS PLAN	10,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
IDAHO DEPT OF HEALTH & WELFARE 3264 ELDER BOISE, ID 83705	NONE	GOV	PROGRAMS THAT STUDY RURAL HEALTH DELIVERY SYSTEMS	7,353
JANNUS INC1607 W JEFFERSON BOISE, ID 83702	NONE	PC	PROGRAMS THAT ENCOURAGES HEALTHY EATING	5,000
CITY OF RATHDRUM8047 W MAIN ST RATHDRUM, ID 83850	NONE	GOV	KITCHEN UPDATES AT SENIOR CENTER, COMMUNITY GARDENS AND TRAILS PROJECTS	10,000
Total				1,240,714

▶ 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)				
a <i>Paid during the year</i>				
IDAHO FEDERATION FOR FAMILIES 704 N 7TH STREET BOISE, ID 83702	NONE	PC	PROVIDED FUNDS TO SUPPORT THE DROP-IN CENTER FOR YOUNG ADULT YOUTH LEADERS	4,950
EDUCATION NORTHWEST 101 SW MAIN ST NO 500 PORTLAND, OR 97204	NONE	PC	EVALUATION OF THE HEALTHY MINDS PARTNERSHIPS IN AREA SCHOOLS	24,500
IDAHO FARMERS MARKET ASSN PO BOX 1194 HOMEDALE, ID 83628	NONE	PC	PROGRAMS THAT SUPPORT HEALTHY EATING / ACCESS TO FRESH FOODS	5,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
CITY OF REXBURG35 N 1ST ST REXBURG, ID 83440	NONE	GOV	PROGRAMS THAT SUPPORT HEALTHY EATING / ACCESS TO FRESH FOODS	7,294
CITY OF CASCADE105 S MAIN ST CASCADE, ID 83611	NONE	GOV	FUNDS TO BUILD WALKING PATHS TO PROMOTE PHYSICAL ACTIVITY	10,000
JANNUS INC1607 W JEFFERSON BOISE, ID 83702	NONE	PC	SUPPORT PROJECTS THAT ENCOURAGE YOUTH MENTAL HEALTH	5,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
TERRY REILLY HEALTH SERVICES PO BOX 9 NAMPA, ID 83653	NONE	PC	SUPPORT PROJECTS THAT ENCOURAGE YOUTH MENTAL HEALTH	5,000
CITY OF MCCALL216 PARK ST MCCALL, ID 83638	NONE	GOV	COMMUNITY GARDEN THAT ENCOURAGES HEALTHY EATING	10,000
MARIMN HEALTHPO BOX 388 PLUMMER, ID 83851	NONE	PC	PROGRAMS THAT STUDY FAMILY AND YOUTH CENTER	50,000
Total ▶ 3a				1,240,714

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)				
a <i>Paid during the year</i>				
COLLEGE OF IDAHO 2112 CLEVELAND BLVD CALDWELL, ID 83605	NONE	GOV	ESTABLISH ANNUAL SCHOLARSHIPS	100,500
Total				1,240,714



3a

TY 2019 Accounting Fees Schedule

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	8,100	810	0	7,290

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

TY 2019 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	3,214	SL	10.000000000000	6,428	0	0	
AV EQUIPMENT	2018-07-15	9,570	957	SL	5.000000000000	1,914	0	0	
CONSTRUCTION/ARCHITECHT (LEASEHOLD IMPROVEMENTS)	2018-07-01	65,487	8,191	SL	5.050000000000	12,971	0	0	
SIGN	2018-08-01	3,861	322	SL	5.000000000000	772	0	0	
WALL MURAL (LEASEHOLD IMPROVEMENT)	2018-09-01	4,632	343	SL	5.050000000000	917	0	0	
CONSTRUCTION/ARCHITECHT (LEASEHOLD IMPROVEMENTS)	2018-07-01	10,965		SL	4.670000000000	0	0	0	
EQUIPMENT	2019-12-01	3,395		SL	10.000000000000	28	0	0	

TY 2019 Investments - Other Schedule

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD TOTAL BOND FUND	AT COST	12,761,734	12,761,734
VANGUARD EXTENDED MARKET INDEX FUND	AT COST	8,052,321	8,052,321
VANGUARD INSTITUTIONAL INDEX FUND	AT COST	12,332,883	12,332,883
DODGE & COX INT'L STOCK FUND	AT COST	7,141,649	7,141,649
VANGUARD INTERNATIONAL STOCK FUND	AT COST	8,232,058	8,232,058
RREEF	AT COST	1,383,975	1,383,975

**TY 2019 Land, Etc.
Schedule**

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE	64,282	9,642	54,640	54,640
AV EQUIPMENT	9,570	2,871	6,699	6,699
CONSTRUCTION/ARCHITECHT (LEASEHOLD IMPROVEMENTS)	65,487	21,162	44,325	44,325
SIGN	3,861	1,094	2,767	2,767
WALL MURAL (LEASEHOLD IMPROVEMENT)	4,632	1,260	3,372	3,372
EQUIPMENT	3,395	28	3,367	3,367

TY 2019 Legal Fees Schedule

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,084	0	0	459

TY 2019 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	15,317	0	0	15,317
PROGRAM SUPPLIES	11,043	0	0	7,602
POSTAGE	549	0	0	549
MEALS	10,887	0	0	10,887
CELL PHONES	600	0	0	600
MARKETING	78	0	0	78
BANK SERVICE CHARGE	449	0	0	449
PUBLIC RELATIONS	109	0	0	109
OTHER MISCELLANEOUS EXPENSE	187	0	0	187

TY 2019 Other Increases Schedule

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Description	Amount
UNREALIZED GAIN/LOSS	5,427,508

TY 2019 Other Professional Fees Schedule

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	842,289	31,093	0	805,452

TY 2019 Taxes Schedule

Name: BLUE CROSS OF IDAHO FOUNDATION FOR
HEALTH INC

EIN: 26-0024334

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	70,347	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 for the latest information.

OMB No. 1545-0047
2019

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 33¹/₃% 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).

Name of organization
 BLUE CROSS OF IDAHO FOUNDATION FOR
 HEALTH INC

Employer identification number
 26-0024334

Part I
Contributors (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 <hr/> 3000 E PINE AVE <hr/> MERIDIAN, ID 83642	<hr/> \$ 400,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	JA AND KATHRYN ALBERTSONS FOUNDATION INC <hr/> 501 E BAYBROOK CT <hr/> BOISE, ID 83706	<hr/> \$ 50,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	CHARLENE MAHER <hr/> 3000 E PINE AVE <hr/> MERIDIAN, ID 83642	<hr/> \$ 6,340	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	<hr/> <hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	<hr/> <hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	<hr/> <hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH INC	Employer identification number 26-0024334
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization
 BLUE CROSS OF IDAHO FOUNDATION FOR
 HEALTH INC

Employer identification number

26-0024334

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	
_____ _____		_____ _____	