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2020

OMB No. 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2020, or tax year beginning 01-0	L-20	20 , aı	nd e	nding 12-31-	2020	
		Indation FAMILY FOUNDATION				' '	entification numbe	r
						82-0514966		
	ber and D BOX 4	d street (or P.O. box number if mail is not delivered to street add 413	lress)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
C:t.		aboba an anni ina an anni an				(208) 726-5640	l	
		n, state or province, country, and ZIP or foreign postal code ID 83340				C If exemption	application is pendin	g, check here
<b>G</b> Cł	neck al	l that apply: $\Box$ Initial return $\Box$ Initial return	of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere
		Final return Amended re					ganizations meeting k here and attach co	
		☐ Address change ☐ Name chang					ındation status was t	· -
		pe of organization: Section 501(c)(3) exempt priv					n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust Other ta ket value of all assets at end J Accounting metho						
of	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 5,062,137   J Accounting method □ Other (specify (Part I, column (d) I)	') _	✓ Cash ☐ Accru  be on cash basis.)	ıaı		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	,	( ) 2				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)						
	2	Check ► ✓ if the foundation is <b>not</b> required to attacl	h					
		Sch. B						
	3	Interest on savings and temporary cash investments		406.720		106 720		
	4	Dividends and interest from securities  Gross rents	•	106,720		106,720		
	5a b	Net rental income or (loss)	•					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10		28,704				
e K	b	Gross sales price for all assets on line 6a 2,60	3 301					
Revenue	7	Capital gain net income (from Part IV, line 2)	•			28,704		
ш	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		135,433		135,433		
	13	Compensation of officers, directors, trustees, etc.		65,000		35,000		30,000
	14	Other employee salaries and wages	•					
ses	15	Pension plans, employee benefits	•	41,778		22,496		19,282
en	16a	Legal fees (attach schedule)	•	<b>05-1</b> 2.005	_	2.005		
Exp	b	Accounting fees (attach schedule)	•	3,005		3,005		
ve	c 1	Other professional fees (attach schedule)	•	18,763		18,763		
rati	17	Interest	•	<b>%</b> 1,887	<u> </u>	1,519		
and Administrative Expenses	18 19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion		1,007		1,319		
Ξ			•	6,875		3,438		3,437
Ad	20 21	Occupancy		0,873		3,438		3,43/
pu	22	Printing and publications						
e bi	23	Other expenses (attach schedule)		5,188		3,105		2,083
Operating	24	Total operating and administrative expenses.						
ber		Add lines 13 through 23		142,496		87,326		54,802
Ō	25	Contributions, gifts, grants paid		178,042				178,042
	26	<b>Total expenses and disbursements.</b> Add lines 24 a 25	and	320,538		87,326		232,844
	27	Subtract line 26 from line 12:		•		· .		
	a	Excess of revenue over expenses and		-185,105				
	ь	disbursements  Net investment income (if negative, enter -0-)		-163,103		48,107		
	c	Adjusted net income (if negative, enter -0-)				10,107		
For	L Paper	work Reduction Act Notice, see instructions.				Cat. No. 11289>	For	m <b>990-PF</b> (2020)

Page 2

5,062,137

	3	Accounts receivable -				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	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 ▶				
œ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	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)	4,273,601	<b>49</b> 3	4,032,800	4,950,124

4 329 849

2,271

2,271

4,327,578

4,327,578

4,329,849

**₩** 

4,144,813

2,340

2,340

4,142,473

4,142,473

4,144,813

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4,327,578

-185,105

4,142,473

4,142,473 Form **990-PF** (2020)

Investments—corporate bonds (attach schedule)		
Investments—land, buildings, and equipment: basis ▶	_	
Less: accumulated depreciation (attach schedule)		
Investments—mortgage loans		
Investments—other (attach schedule)	4,273,601	
Land, buildings, and equipment: basis ▶		
Less: accumulated depreciation (attach schedule) ▶		
Other assets (describe )		

Total assets (to be completed by all filers—see the

instructions. Also, see page 1, item I)

Other liabilities (describe >\_

Grants payable

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions .

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds

Foundations that follow FASB ASC 958, check here

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14

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19

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21

22

23

24 25

26 27

28

29

30

Part III

Liabilities

Assets or Fund Balances

Net

2

3

Page **3** 

	(a) List and describe the 2-story brick wareho	e kind(s) of property so buse; or common stock,			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a CH	IARLES SCHWAB				P		2020-12-31
	IARLES SCHWAB				P		2020-12-31
	DR GOLD SHARES ETF				P	2016-11-03	2020-09-11
		-CU			P	2010-08-05	2020-09-11
	NGUARD INFORMATION T	СП			P P	2010-08-05	
е	(e) (f) Gross sales price (or allowed)			(g) Cost or other basis plus expense of sale		Gain d	(h) or (loss) f) minus (g)
a	985,00	9			999,3	52	-14,343
b	1,542,07	9			1,557,8	88	-15,809
С С	8,98	3			6,0	68	2,915
d	58,68				11,3		47,301
<u>е</u>	30,00				11,5	7.5	17,501
			\		12/21/00	<u> </u>	
	mplete only for assets sho		) and owned b				(I)
	(i)	(j) Adjusted b	naic		<b>(k)</b> of col. (i)		(h) gain minus : less than -0-) <b>or</b>
	F.M.V. as of 12/31/69	as of 12/31			. (j), if any		rom col.(h))
a		45 01 12/53	2,00	370, 03,	. (J), a,		-14,343
b							-15,809
c							2,915
d							47,301
e			( 15 ani	n also sator in D	Institute 7		
2 C 3 N	Capital gain net income or ( let short-term capital gain f gain, also enter in Part I, h Part I, line 8  Qualification Und	or (loss) as defined in s	If (lossections 1222(Sinstructions).	If (loss), enter -0	Part I, line 7	} 2   3   Income	28,704
e  2 C  3 N  If	let short-term capital gain f gain, also enter in Part I, n Part I, line 8	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  5) and (6):  If (loss), enter -0   ed Tax on Net	Part Í, line 7	} 3	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  5) and (6):  If (loss), enter -0   ed Tax on Net	Part Í, line 7	} 3	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)	Part Í, line 7	Income (d)	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, h Part I, line 8  Qualification Und N 4940(e) REPEALED reserved	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ed Tax on Net	Part Í, line 7	3 Income	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)	Part Í, line 7	Income (d)	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)	Part Í, line 7	Income (d)	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)	Part Í, line 7	Income (d)	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)	Part Í, line 7	Income (d)	28,704
e  2 C  3 N  If  in  Part V  SECTIO	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(standard instructions). If the contractions is a section of the contraction of the co	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)	Part Í, line 7	Income (d)	28,704
e  2 C  3 N  If  in  Part V  SECTIO  1 Re	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a)	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(! instructions).	ss), enter -0- in F  in and (6):  If (loss), enter -0  ced Tax on Net  NOT COMPL  (c)  Reserved	Investment	Income (d)	28,704
2 C 3 N If in Part V SECTIO 1 Re	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED served (a) Reserved	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(! instructions). ) for Reduce ), 2019 - DC	ss), enter -0- in F  in and (6):  If (loss), enter -0   ed Tax on Net  NOT COMPL  (c)  Reserved	Investment	Income  (d)  Reserved	28,704
2 C 3 N If in  Part V SECTIO 1 Re  2 Res 3 Res	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a) Reserved served	or (loss) as defined in s line 8, column (c) (see 	If (loss sections 1222(! instructions) ) for Reduce ), 2019 - DC	ss), enter -0- in F  in and (6):  If (loss), enter -0  ed Tax on Net  NOT COMPL  (c)  Reserved	Investment	(d) Reserved	28,704
2 C 3 N If in Part V SECTIO 1 Re  2 Res 3 Res 4 Res	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a) Reserved  served	or (loss) as defined in s line 8, column (c) (see er Section 4940(e) ON DECEMBER 20 (b) Reserved	If (loss sections 1222(! instructions).  ) for Reduce D, 2019 - DC	ss), enter -0- in R 5) and (6): If (loss), enter -0 ed Tax on Net D NOT COMPL  (c) Reserved	Investment	(d) Reserved	28,704
2 C 3 N If in Part V SECTIO 1 Re  2 Res 3 Res 4 Res	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED eserved (a) Reserved served	or (loss) as defined in s line 8, column (c) (see er Section 4940(e) ON DECEMBER 20 (b) Reserved	If (loss sections 1222(! instructions).  ) for Reduce D, 2019 - DC	ss), enter -0- in R 5) and (6): If (loss), enter -0 ed Tax on Net D NOT COMPL  (c) Reserved	Investment	(d) Reserved	28,704
2 C 3 N If in Part V SECTIO 1 Re 2 Res 3 Res 4 Res 5 Res	Qualification Und (N 4940(e) REPEALED (Served (a) Reserved (b) Reserved (c) Reserve	or (loss) as defined in s line 8, column (c) (see er Section 4940(e) ON DECEMBER 20 (b) Reserved	If (loss sections 1222(! instructions).	ss), enter -0- in R 5) and (6): If (loss), enter -0 ed Tax on Net D NOT COMPL  (c) Reserved	Investment  ETE	(d) Reserved	28,704
2 C 3 N If in Part V SECTIO 1 Re  2 Res 3 Res 4 Res 5 Res 6 Res	Qualification Und (N 4940(e) REPEALED (Served (a) Reserved (b) Reserved (c) Reserve	or (loss) as defined in s line 8, column (c) (see er Section 4940(e) ON DECEMBER 20 (b) Reserved	If (loss sections 1222(! instructions).	ss), enter -0- in R 5) and (6): If (loss), enter -0 ed Tax on Net D NOT COMPL  (c) Reserved	Investment :	(d) Reserved	28,704
2 C 3 N If in Part V SECTIO 1 Re  2 Res 3 Res 4 Res 5 Res 6 Res 7 Res	let short-term capital gain f gain, also enter in Part I, n Part I, line 8  Qualification Und N 4940(e) REPEALED Served (a) Reserved Served Se	or (loss) as defined in s line 8, column (c) (see er Section 4940(e) OON DECEMBER 20 (b) Reserved	If (loss sections 1222(! instructions).	ss), enter -0- in R 5) and (6): If (loss), enter -0 ed Tax on Net NOT COMPL (c) Reserved	Investment	(d) Reserved	28,704

Form	990-PF (20	)20)							F	age <b>6</b>
Pai	rt VII-B	Statements Rega	arding	<b>Activities for Which</b>	Form 4720 May Be	Required (continued)				
5a	During the	year did the foundation	on pay o	r incur any amount to:					Yes	No
	(1) Carry	on propaganda, or oth	erwise a	vise attempt to influence legislation (section 4945(e))? $\qquad \qquad \qquad$						
	(2) Influe	nce the outcome of an	y specifi	c public election (see sect	tion 4955); or to carry	□ Tes □	_ NO			
	on, di	rectly or indirectly, any	voter re	egistration drive?		· · 🔲 Yes 🔽	No			
	(3) Provid	le a grant to an individ	ual for ti	ravel, study, or other sim	ilar purposes?	☐ Yes ☑	No			
	(4) Provid	le a grant to an organi:	zation ot	her than a charitable, etc	, organization described					
	in sec	tion 4945(d)(4)(A)? Se	e instru	ctions		· · 🔲 Yes 🔽	No			
	(5) Provid	le for any purpose othe	er than r	eligious, charitable, scien	tific, literary, or					
				•	en or animals?	∟ Yes 🛂	No			
b				= =	il to qualify under the ex					
	-				ter assistance? See instru	_		5b		
	_				ance check here					
С		•		does the foundation clain	•					
		·			?	· · Yes	No			
			-	y Regulations section 53.						
6a					indirectly, to pay premiu					
_						⊔ Yes 💌	No			
b			ear, pay	premiums, directly or ind	lirectly, on a personal ber	nefit contract?		6b		No
_		6b, file Form 8870.					_			
7a	-	-			orohibited tax shelter tran	⊥ res 🗷	No	<b>_</b> .		
	•			•	income attributable to th			7b		
8		<u>•</u>			of more than \$1,000,000		_			
	excess pa					ies 🗠				
Pai	rt VIII	Information Abou and Contractors	t Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid I	Emplo	yees,		
_1_	List all of	ficers, directors, trus			d their compensation.					
	(a) Na	me and address	-   '	<b>b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	<ul><li>(d) Contributions to employee benefit plans ar</li></ul>			ise acc	
				devoted to position	-0-)	deferred compensation		other allowances		
LORR.	AINE WILCOX	(	PRES 2.00	IDENT	15,000		0	0		0
	OX 413 HUM, ID 833	40	2.00							
	ARA W BOSW		VICE	PRESIDE	0		0			
	OX 413		2.00							ŭ
KETC	HUM, ID 833	40								
	ESA E WILLIA	MS	SECR 40.00	ETARY/TR	50,000		0			0
	OX 413 HUM, ID 833	40	140.00	,						
			paid en	nployees (other than the	hose included on line 1	-see instructions). If n	one, e	nter "	NONE	<del>,,,</del>
	•					(d) Contributions to	T			
(a)		address of each employ	ee paid	(b) Title, and average hours per week	(c) Compensation	employee benefit			se acco	
	m	ore than \$50,000		devoted to position	(5) 55	plans and deferred compensation	0	ther all	owanc	es
NON	 F					Companisation				
							1			
Tota	Laumbar	f other employees paid	over #F	0.000		<u> </u>				
1014	i number 0	onier employees palu	Ovel 30	0,000		· · · · · · · · · · · · · · · · · · ·			0 DE	(2020)

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Part VIII Information About Officers, Directors, Training and Contractors (continued)	ustees, Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for profession		IONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional service	ces	
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. 1	Include relevant statistical information such as the number of	:
organizations and other beneficiaries served, conferences convened, research pa	apers produced, etc.	Expenses
1		
		4
2		
-		-
-		-
3		
4		_
		4
Part IX-B Summary of Program-Related Investmen	ite (egg instructions)	
Describe the two largest program-related investments made by the foundation		Amount
<b>1</b> N/A	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<b>P</b>
		5 000 PF (3030)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3h

4

5

232,844

232.844

232.844

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Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

223,860

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Part XIII	L

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Part XIII Undistributed Income (see instru-	ctions)			
	(a) Corpus	(b) Years prior to 2019	<b>(c)</b> 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				223,860
<b>2</b> Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only				
<b>b</b> Total for prior years: 20, 20, 20				
<b>3</b> Excess distributions carryover, if any, to 2020:				

128.380

8.984

137,364

69.895

67,469

38.202

10.204

10.079

8.984

From 2015. . 69.895 38,202 **b** From 2016. . c From 2017. . 10.204 d From 2018. . 10,079 e From 2019. . . .

f Total of lines 3a through e. . . . . . .

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . .

**d** Applied to 2020 distributable amount. . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . 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. . . . . **d** Subtract line 6c from line 6b. Taxable amount e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2015 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9:

a Excess from 2016. **b** Excess from 2017. .

c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

indicated below:

same amount must be shown in column (a).)

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

c Any submission deadlines:

factors:

		_

Form 990-PF (2020)				Page <b>11</b>				
Part XV Supplementary Inform	ation (continued)							
3 Grants and Contributions Pai	3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount				
<b>a</b> <i>Paid during the year</i> See Additional Data Table								
Total			▶ 3a	178,042				
<b>b</b> Approved for future payment CALIFORNIA AG LEADERSHIP FOUNDATION PO BOX 479 SALINAS, CA 93902	NONE	1	EDUCATION AND DEVELOPMENT	65,000				
Total			▶ 3b	65,000				
				Form <b>990-PF</b> (2020)				

Enter gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
<b>1</b> Progran	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
f						
	and contracts from government agencies					
	ership dues and assessments st on savings and temporary cash					
investr				14	9	
	nds and interest from securities			14	106,720	
	ntal income or (loss) from real estate:					
	-financed property					
	ntal income or (loss) from personal property					
	investment income					
8 Gain o	r (loss) from sales of assets other than ory			1	28,704	
	come or (loss) from special events:			1	20,704	
10 Gross	profit or (loss) from sales of inventory					
	revenue: a					
	al. Add columns (b), (d), and (e).				135,433	
	Add line 12, columns (b), (d), and (e)			1	3	135,433
(See W	orksheet in line 13 instructions to verify calcu	lations.)				
Part XV	orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th	lations.) le Accomplisi	nment of Exem	pt Purposes		
Part XV	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	I-B Relationship of Activities to th  Explain below how each activity for which	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) o	f Part XVI-A contribu		

SHIT 990-FT (2020)								
		Information Regarding Transfers To and Transactions and Relationships With Noncharit	able					
Ŀ	art XVII	Exempt Organizations	abic					
L		nization directly or indirectly engage in any of the following with any other organization described in section 501		V.				

		- Exempt Organi	Zativiis								
		ganization directly or ir than section 501(c)(3)							n 501	Yes	No
	•	from the reporting four	-	•			_	115:		103	
									.   1a(1)		No
-		r assets.							. 1a(2)		No
•	•	nsactions:		•					.		
		s of assets to a nonchar	itable exemp	t orga	nization.				. 1b(1)		No
		hases of assets from a i							. 1b(2)		No
-	-	al of facilities, equipme							. 1b(3)		No
-	-	bursement arrangemer	•						1b(4)		No
•	•	s or loan guarantees.							. 1b(5)		No
-		rmance of services or m							. 1b(6)		No
c Sh	- aring of	f facilities, equipment, i	mailing lists, o	other	assets, or	paid employees.			. 1c		No
		wer to any of the above									
		ods, other assets, or ser									
ın .	any trai	nsaction or sharing arra	ingement, sn	ow in	column (d	i) the value of the	goods, other ass	ets, or services receive	ea.		
(a) Lin	e No.	(b) Amount involved	(c) Name of	nonch	aritable exe	mpt organization	(d) Description of	of transfers, transactions, a	and sharing arrai	ngemen	nts
									_		
	-										
						+					
	_										
	_										
						+					
<b>2a</b> Is	the fou	ndation directly or indir	ectly affiliate	d with	, or relate	d to, one or more	tax-exempt orga	nizations			
de	scribed	in section 501(c) (other	r than section	n 501	(c)(3)) or i	in section 527? .		🗆 Yes	s 🔽 No		
		complete the following s			. , . , ,						
		(a) Name of organizati			(t	Type of organization	on	(c) Description of	of relationship		
	Und	er penalties of perjury,	I declare tha	t I ha	ve examin	ed this return, inc	luding accompan	ying schedules and sta	tements, and t	to the	best
		ny knowledge and belie ch preparer has any kno		orrect	, and comp	piete. Declaration	or preparer (otne	r than taxpayer) is bas	sed on all infor	matior	1 01
Sign	ı I					1			May the IRS di	scuss th	nis
Here	1	*****				2021-02-27	*****		return		
	1					1	— <b>)</b> —		with the prepar below	er shov	vn
	'	Signature of officer or t	rustee			Date	, Title		(see instr.)	Yes [	JNo
				I			1		,		
		Print/Type preparer's	s name	Prep	arer's Sigr	nature	Date	Check if self-	TIN		
							1	Check if self-	P00521	107	
<b>)</b> _ ! ~!	ı	LORI JOHNSTON					2021-02-27	employed ▶ ☐			
Paid					2021-02-27						
	arer		MAS & JOHN	STON	CHTD			Fi	irm's EIN ▶82-	-04238	 371
Jse	Only		D BOY 3334								
		Firm's address ► PO	D BOX 3234								
		KI	ETCHUM, ID	8334	03234			P	hone no. (208)	726-9	9007
									Form OO	1_DE /	/ 2020

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
BELLEVUE PUBLIC LIBRARYPO BOX 825 BELLEVUE, ID 83313	NONE	GOV	SUPPORT LIBRARY OPERATIONS	500

DELECTOR, ID 03313				
BLAINE COUNTY REC DISTRICT 1050 FOX ACRES ROAD HAILEY, ID 83333	NONE	GOV	SUPPORT RECREATION ACTIVITIES	2

1050 FOX ACRES ROAD HAILEY, ID 83333	NONE	GUV	ACTIVITIES	250
CALIFORNIA AG LEADERSHIP FOUNDATION PO BOY 479	NONE	PC	EDUCATION AND DEVELOPMENT	65,000

HAILEY, ID 83333				
CALIFORNIA AG LEADERSHIP FOUNDATION PO BOX 479 SALINAS, CA 93902	NONE	PC	EDUCATION AND DEVELOPMENT	65,000

11/1221/15 00000				
CALIFORNIA AG LEADERSHIP FOUNDATION PO BOX 479 SALINAS, CA 93902	NONE	PC	EDUCATION AND DEVELOPMENT	65,000
Total	178,042			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ENVIRONMENTAL RESOURCE CENTER NONE l PC LOCAL ENVIRONMENTAL 100

PO BOX 819 KETCHUM, ID 83340	None		EDUCATION PROGRA	100
EXPEDITION INSPIRATION 802 W BANNOCK ST	NONE	PC	BREAST CANCER RESEARCH AND AWARENESS	1,100

EXPEDITION INSPIRATION 802 W BANNOCK ST BOISE, ID 83702	NONE	PC	BREAST CANCER RESEARCH AND AWARENESS	1,100
IDAHO RIVERS UNITEDPO BOX 633	NONE	PC	PROTECT AND RESTORE IDAHO	1,000

IDALIO DIVERGUINITERRO BOY 633	NONE	DC.	DROTECT AND DECTORE IDAMO	
EXPEDITION INSPIRATION 802 W BANNOCK ST BOISE, ID 83702	NONE	PC	BREAST CANCER RESEARCH AND AWARENESS	1,1

BOISE, ID 83702				
IDAHO RIVERS UNITEDPO BOX 633 BOISE, ID 83701	NONE	1	PROTECT AND RESTORE IDAHO RIVERS	1,000

BOI3L, ID 83702				
IDAHO RIVERS UNITEDPO BOX 633 BOISE, ID 83701	NONE	PC	PROTECT AND RESTORE IDAHO RIVERS	1,000

BOISE, ID 83701		RIVERS	_,,,,,
Total	 	▶ 3a	178,042

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor 

a Paid during the year				
JOHN MUIR TRAIL FOUNDATION PO BOX 7348 MENLO PARK, CA 94025	NONE	PC	TRAIL & WILDERNESS CONSERVATION	20,000

MENLO PARK, CA 94025				
RMHC IDAHO101 WARM SPRINGS AVE BOISE, ID 83712	NONE	PC	TEMP HOUSING-FAMILIES OF ILL CHILDR	2,500
SAWTOOTH BOTANICAL GARDENS	NONE	PC	SHOWCASE NATIVE &	100

BOISE, ID 83712			CHILDR	,
SAWTOOTH BOTANICAL GARDENS PO BOX 928 SUN VALLEY, ID 83353	NONE	PC	SHOWCASE NATIVE & CULTIVATED PLANTS	100
Total				178,042

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SAWTOOTH SOCIETYPO BOX 820 HAILEY, ID 83333	NONE	PC	PROTECT SAWTOOTH NAT'L REC AREA	250
SNAKE RIVER ALLIANCEPO BOX 1731	NONE	PC	ADVOCATE-NONNUCLEAR	1,000

HAILET, ID 63333			AREA	
SNAKE RIVER ALLIANCEPO BOX 1731 BOISE, ID 83701	NONE	PC	ADVOCATE-NONNUCLEAR RENEWABLE ENERGY	1,000
SUN VALLEY CENTER FOR THE ARTS PO BOX 656	NONE	PC	PROMOTE ART ENJOYMENT AND EDUCATION	100

BOISE, ID 83/01			RENEWABLE ENERGY	
SUN VALLEY CENTER FOR THE ARTS PO BOX 656 SUN VALLEY, ID 83353	NONE	PC	PROMOTE ART ENJOYMENT AND EDUCATION	100

Total			▶ 3a	178.042
PO BOX 656 SUN VALLEY, ID 83353			EDUCATION	
SUN VALLEY CENTER FOR THE ARTS	I NONE	l PC	I PROMOTE ART ENJOYMENT AND	100

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year D.C. NICHIE 40 000

FOUNDATION PO BOX 203 SUN VALLEY, ID 83353	NONE	PC	FOR YOUTH	10,000
SUN VALLEY YOUTH HOCKEY	NONE	PC	PROVIDE ICE HOCKEY FOR	42

SUN VALLEY, ID 83353				
SUN VALLEY YOUTH HOCKEY 95 FREEDOM LOOP BELLEVUE, ID 83313	NONE	PC	PROVIDE ICE HOCKEY FOR LOCAL YOUTH	42
SWIFTSURE RANCH THERAPEUTIC	NONE	PC	EQUINE ACTIVITIES FOR THE	475

95 FREEDOM LOOP BELLEVUE, ID 83313	NONE	2	LOCAL YOUTH	72
SWIFTSURE RANCH THERAPEUTIC EQUESTRIAN CENTER 114 CALYPSO LANE	NONE	PC	EQUINE ACTIVITIES FOR THE DISABLED	475

BELLEVUE, ID 83313			
SWIFTSURE RANCH THERAPEUTIC EQUESTRIAN CENTER 114 CALYPSO LANE BELLEVUE, ID 83313	NONE	EQUINE ACTIVITIES FOR THE DISABLED	475

Total .

3a

178,042

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial continuation			
a Paid during the year				
THE ADVOCATESPO BOX 3216 HAILEY, ID 83333	NONE	PC	ASSISTANCE TO VICTIMS OF DOMESITC VI	21,000

'				
THE COMMUNITY LIBRARYPO BOX 2168 KETCHUM, ID 83340	NONE	PC	PROVIDE SUPPORT FOR PUBLIC LIBRARY	25,000
THE HUNGER COALITION	NONE	PC	PROVIDE FOOD, EDUCATION	20,000

KETCHUM, ID 83340			LIBRARY	
THE HUNGER COALITION 121 HONEYSUCKLE ST BELLEVUE, ID 83313	NONE	PC	PROVIDE FOOD, EDUCATION AND ADVOCACY	20,000

178,042

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
THE SENIOR CONNECTIONPO BOX 28 HAILEY, ID 83333	NONE	PC	PROVIDE SUPPORT TO SENIOR CITIZENS	5,000
WORD OF HONOR FUNDPO BOX 777	NONE	PC	SUPPORT CHILDREN OF FALLEN	600

HAILET, ID 63333			CITIZENS	
WORD OF HONOR FUNDPO BOX 777 BELLEVUE, ID 83313	NONE	PC	SUPPORT CHILDREN OF FALLEN SEALS	600
ST JUDE CHILDREN'S RESEARCH HOSPITA 262 DANNY THOMAS PL	NONE	PC	CURES & PREVENTION OF PEDIATRIC CANC	10

178,042

3a

BELLEVUE, ID 83313			SEALS	
ST JUDE CHILDREN'S RESEARCH HOSPITA 262 DANNY THOMAS PL MEMPHIS, TN 38105	NONE	PC	CURES & PREVENTION OF PEDIATRIC CANC	1

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
THE CRISIS HOTLINEPO BOX 939 KETCHUM, ID 83340	NONE	PC	MENTAL HEALTH CRISIS INTERVENTION	3,000
THE NATURE CONSERVANCY	NONE	DC.	CONSERVE LAND AND WATERS	515

THE NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	NONE	PC	CONSERVE LAND AND WATERS	515
VELLOWSTONE SHORTLINE TRAIL	NONE	PC	ESTABLISH HISTORIC TRAIL	500

ARLINGTON, VA 22203				
YELLOWSTONE SHORTLINE TRAIL PO BOX 1299 WEST YELLOWSTONE, MT 59758	NONE	PC	ESTABLISH HISTORIC TRAIL ROUTE	500

▶ 3a

178,042

AREINGTON, VA 22205				
YELLOWSTONE SHORTLINE TRAIL PO BOX 1299 WEST YELLOWSTONE, MT 59758	NONE	PC	ESTABLISH HISTORIC TRAIL ROUTE	500

Total .

efile GRAPHIC print - DO NO	PROCESS	As Filed D	ata -		DLN: 93491062001221		
TY 2020 Accounting	Fees Scho	edule	_				
_							
Name: BOSWELL FAMILY FOUNDATION EIN: 82-0514966							
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING AND TAX PREP		3,005	3,00	5			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491062001221

## **TY 2020 Investments - Other Schedule**

Name: BOSWELL FAMILY FOUNDATION

**EIN:** 82-0514966

Category/ Item	Listed at Cost or FMV	<b>Book Value</b>	End of Year Fair Market Value
INVESCO OPTIMUM YIELD	AT COST		Mai Ret Value
INVESCO TOTAL RETURN	AT COST	563,823	554,497
ISAHRES 0-5YR TIPS	AT COST	234,663	243,009
ISHARES CORE DIVIDEND	AT COST	327,754	454,296
ISHARES CORE MSCI EAFE	AT COST	343,335	424,834
ISHARES MBS ETF	AT COST		
ISHARES MSCI EMERGING	AT COST	163,373	275,387
ISHARES MSCI INTL QUALITY	AT COST	204,078	225,942
ISHARES MSCI USA QLTY	AT COST	193,297	280,647
ISHARES US HEALTHCARE	AT COST	94,961	121,564
JPMORGAN ULTRA SHORT	AT COST		
SELECT STR FINANCIAL	AT COST	126,624	175,966
SPDR BLMBRG BRCLY HIGH	AT COST		
SPDR GOLD SHARES ETF	AT COST	167,937	229,014
VANGUARD EMERGING MKTS	AT COST		
VANGUARD HIGH DIVIDEND YIELD ETF	AT COST		
VANGUARD INFORMATION TECHNOLOGY	AT COST	34,731	227,841
VANGUARD RUSSELL 1000	AT COST	197,612	308,720
VANGUARD TOTAL BOND	AT COST	817,165	876,961
WESTERN ASSET TOTAL	AT COST	563,447	551,446

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data -		DLN	N: 93491062001221
TY 2020 Other Expenses S	Schedule			
Na	me: BOSWELL FAMI	LY FOUNDATION		
<b>EIN:</b> 82-0514966				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	32	32		

1,222

752

523

2,659

611

600

262

1,600

611

152

261

1,059

COMPUTER

POSTAGE

TELEPHONE

OFFICE SUPPLIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491062001221	
TY 2020 Other Liabilities Schedule					
Name:	BOSWELL FAM	IILY FOUNDA	TION		
EIN:	82-0514966				
Description	n		Beginning of Year - Book Value	End of Year - Book Value	
PAYROLL LIABILITIES			2,271	2,340	

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491062001221	
TY 2020 Other Professional Fees Schedule					
Name: BOSWELL FAMILY FOUNDATION					
<b>EIN:</b> 82-0514966					
Category	Amount	Net Investment	Adjusted Net	Disbursements	

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MERCER GLOBAL ADVISORS	18,763	18,763		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491062001221
TY 2020 Taxes Schedule				
Name	BOSWELL F/	AMILY FOUNDATION	N	
<b>EIN:</b> 82-0514966				
Taxes Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	1,519	1,519		
FEDERAL ESTIMATED TAX	368			