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Form **990-EZ**

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

**2008**Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning 6/01, 2008, and ending 5/31, 2009

**B** Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. Please use IRS label or print or type. See Specific Instructions.

**C** EXCEL FOUNDATION, INC  
PO BOX 2469  
COEUR D'ALENE, ID 83816

**D** Employer identification number 94-3034190

**E** Telephone number

**F** Group Exemption Number

**G** Accounting method ☒ Cash ☐ Accrual Other (specify)

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: http://excelcda.wordpress.com/

**J** Organization type (check only one) — ☒ 501(c) (3) (insert no) 4947(a)(1) or 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 111,084.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	32,351.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	22,227.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ <u>30,049.</u> of contributions reported on line 1)	52,633.
6b	Less: direct expenses other than fundraising expenses	36,134.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	16,499.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe <u>See Statement 1</u> )	3,873.
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	74,950.
10	Grants and similar amounts paid (attach schedule) <u>See Statement 2</u>	73,005.
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	4,500.
14	Occupancy, rent, utilities, and maintenance	161.
15	Printing, publications, postage, and shipping	6,180.
16	Other expenses (describe <u>See Statement 3</u> )	83,846.
17	<b>Total expenses</b> (add lines 10 through 16)	-8,896.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	1,067,826.
20	Other changes in net assets or fund balances (attach explanation) <u>See Statement 4</u>	-157,248.
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	901,682.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,067,826.	901,682.
23 Land and buildings		
24 Other assets (describe <u>See Statement 5</u> )		
25 <b>Total assets</b>	1,067,826.	901,682.
26 <b>Total liabilities</b> (describe <u>See Statement 6</u> )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,067,826.	901,682.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED MAY 19 2010

EXPENSES

ASSETS

RECEIVED  
APR 20 2010  
OGDEN, UT  
IRS-OSC

99  
5

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

28 See Statement 6

(Grants \$ ) If this amount includes foreign grants, check here

28a	75,455.
-----	---------

29

(Grants \$ ) If this amount includes foreign grants, check here

**29 a**

30

(Grants \$ ) If this amount includes foreign grants, check here

**30 a**

**31** Other program services (attach schedule)

(Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

31 a

**32 Total program service expenses** (add lines 28a through 31a)

32	75,455.
----	---------

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs )
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[illegible]

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35 a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35 b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37 a</b>	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37 b</b>	X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38 a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38 b</b>	N/A
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39 a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39 b</b>	N/A
<b>40 a</b> 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>b</b> 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	<b>40 b</b>	X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40 e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ ID		

**42 a** The books are in care of ▶ RENEE KAUFFMAN Telephone no. ▶ 208-699-5841  
 Located at ▶ HAYDEN LAKE, ID ZIP + 4 ▶ 83835

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42 b</b>		X
<b>42 c</b>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?  
 If 'Yes,' enter the name of the foreign country. ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

▶ **43** ☐ N/A  
☒ N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X
<b>45</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 8**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		X
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

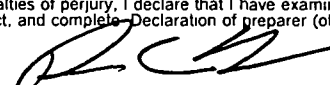
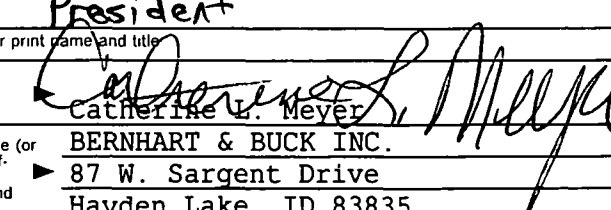
**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <u>4/14/10</u>		
	Type or print name and title <u>President</u>			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>4/13/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>BERNHART &amp; BUCK INC.</u>			
	<u>87 W. Sargent Drive</u>	EIN <u>N/A</u>		
	<u>Hayden Lake, ID 83835</u>	Phone no <u>(208) 772-3248</u>		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

## 2008

**Open to Public Inspection**

Name of the organization

EXCEL FOUNDATION, INC

Employer identification number

94-3034190

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)
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The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H )
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the organizations the organization supports

[illegible]**Total**

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	19,450.	12,310.	44,829.	33,254.	32,351.	142,194.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3	19,450.	12,310.	44,829.	33,254.	32,351.	142,194.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						41,540.
<b>6 Public support.</b> Subtract line 5 from line 4						100,654.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	19,450.	12,310.	44,829.	33,254.	32,351.	142,194.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,822.	10,990.	19,725.	22,920.	22,227.	84,684.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV					3,873.	3,873.
<b>11 Total support.</b> Add lines 7 through 10						230,751.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	43.6 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	67.7 %

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 BIG EVENT (event type)	(b) Event #2 REDS, WHITES, (event type)	(c) Other Events AND BLUES (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	51,595.00	27,757.00		79,352.00
2 Less: Charitable contributions . . . . .	25,182.00	3,827.00		29,009.00
3 Gross revenue (line 1 minus line 2) . . . . .	26,413.00	23,930.00		50,343.00
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Non-cash prizes . . . . .				
6 Rent/facility costs . . . . .	201.00			201.00
7 Other direct expenses . . . . .	20,079.00	12,048.00		32,127.00
8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 32,328.00 )
9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				18,015.00

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue . . . . .			2,120.00	2,120.00
<b>Direct Expenses</b>				
2 Cash prizes . . . . .			1,000.00	1,000.00
3 Non-cash prizes . . . . .			2,500.00	2,500.00
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .			294.00	294.00
6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes 100 % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 3,794.00 )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				-1,674.00

9 Enter the state(s) in which the organization operates gaming activities: <u>ID</u>		Yes	No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	X	
b If "No," Explain: . . . . .			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a		XX
b If "Yes," Explain: . . . . .			
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	X	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12		X

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	100.0000 %

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records:Name ► RENEE KAUFFMANAddress ► P.O. BOX 2469 COEUR D'ALENE, IDAHO 83816**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .**15a**

X

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ N/A and the amount of gaming revenue retained by the third party ► \$ N/A.

**c** If "Yes," enter name and address:

Name ► N/AAddress ► N/A**16** Gaming manager information:Name ► RENEE KAUFFMANGaming manager compensation ► \$ 0Description of services provided ► FINANCIAL SUPERVISION OF ALL EVENTS☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

**17a**

X

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ N/A

EXCEL FOUNDATION, INC

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## Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
MISCELLANEOUS	3,873.				
Total	<u>\$ 3,873.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

EXCEL FOUNDATION, INC

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**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

CASH BASIS ADJ

Total \$ 3,873.  
 \$ 3,873.

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:

VARIOUS - SEE ATTACHED  
 COEUR D'ALENE, ID 83814,

Cash Amount Given:

\$ 73,005.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK CHARGES	\$ 366.
DUES AND SUBSCRIPTIONS	150.
Information Technology	639.
Insurance	2,246.
MEETING EXPENSE, NET REIMB	-89.
MISC	222.
Office Expenses	2,646.
Total	\$ 6,180.

**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

UNREALIZED GAINS/LOSSES ON INVESTMENTS

Total \$ -157,248.  
 \$ -157,248.

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

THE EXCEL FOUNDATION FUNDS GRANTS TO TEACHERS FOR INNOVATIVE CLASSROOM PROJECTS IN COEUR D'ALENE SCHOOL DISTRICT 271. THESE PROJECTS WOULD NOT BE FUNDED WITH ONGOING SCHOOL MAINTENCE DOLLARS. FUNDING IS MEANT TO IMPROVE THE LEARNING EXPERIENCE OF STUDETNS AND ENCOURAGE TEACHERS WITH CREATIVE APPROACHES TO EDUCATION. GRANTS ARE NOT AWARDED BASED ON PARTICULAR AREAS OF EMPHASIS OR RIGID CRITERIA. INSTEAD, THE EXCEL BOARD SEEKS UNIQUE AND INVENTIVE IDEAS WHICH WILL INCREASE A STUDENTS MOTIVATION TO LEARN WHILE DEVELOPING HIGHER LEVEL THINKING SKILLS AND DEPTH OF KNOWLEDGE.

**EXCEL FOUNDATION 94-3034190**  
**2009 FORM 990-EZ, PART I, LINE 10**  
Schedule of Grants Awarded  
Tax year ended 05/31/09

Awardee	Name	Amount
Bryan Duncan	Science Education through Water Quality Testing	6,879
Bruce Twitchell	Focus 2008	3,913
Allison Graham	Slab Pots for Wishing Star Foundation	493
Pamela J Asher	A Chip off the Old Block: A Complete Unit for the Beginning Stone Carver	3,886
Pamela J Asher	Laying it Down, Etching, Woodblock, Intaglio, and the Power of Edition	3,012
Carol Mollgaard	Pay it Forward, One Stitch at a Time	5,540
Melissa McKenna		
Courtney Greene	Superheroes of History	811
Jacque Dean, etc	Building Community through Character Educaiton and Postitive Behavioral Support	1,890
Kathy Field, etc	Simplifying Student Presentations of World Language Materials	1,286
Tracy Obermayer	Tech Explorers	2,243
Katie Pemberton	Literacy Meets Math	2,597
Joe Helbling	Winning Ways for the Game of Life	1,787
Mark McCallum	Formative Assessment in Mathematics	1,798
Sally Eilering	Classroom Recordings Made Easy	736
Sherri Loveick	Building Phonemic Awareness Skills	2,230
Dale Johnson	Live and in Living Color	3,939
Angie Beck	Fringed Hearts for Broken Hearts	559
Harry Selby	Rock Wall	2,757
Dale Johnson	Biking, Biking and More Biking	2,284
Jo Ann Harvey, etc.	Shakin' It Up in Art, Music, and Physical Education	972
Chad Orenthal, etc	8th Grade Civil War Artillery Simulation	4,500
Chris Rogers	Static Freeze	1,105
Virginia Welton	Science for All Students	1,823
Maureen Kelly Woitas	What Comes First, the Chicken or the Egg	481
Jennifer Reyes	Blast Off!	612
Crystal Silvers	Science Club	1,214
Jamie Esler, etc	The Weigh It Is	2,995
Jan Fay, Etc.	Radiation for Everyone!	4,606
Barb McFarland	Exploration, Discovery, and Great Expectations	960
Tony Cox	Hands-On Map Skills	1,678
Judy Bieze	Trails and Trails in Idaho	1,738
Shanna Marshall	Creative Community Eyes	1,677
Stacey Doerr	Medieval Castle Cooperative Creation	496
		<u>73,498</u>
	Refund of prior year grant funds	<u>(493)</u>
		<u><u>73,005</u></u>

EXCEL FOUNDATION, INC

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**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

DURING THE CURRENT YEAR, THIRTY THREE GRANTS WERE ISSUED TO VARIOUS TEACHERS WORKING WITHIN SCHOOL DISTRICT 271 IN COEUR D'ALENE, IDAHO. A DETAILED SCHEDULE IS ATTACHED LISTING THE AMOUNT OF EACH GRANT, THE TEACHER WHO REQUESTED IT.

**Statement 7**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
CHRIS ANDERL P.O. BOX 2469 COEUR D'ALENE, ID 83814	Director 1.00	\$ 0.	\$ 0.	\$ 0.
MIKE CHAPMAN P.O. BOX 2469 HAYDEN, ID 83835	President 5.00	0.	0.	0.
KRISTEN JOHNSON P.O. BOX 2469 COEUR D'ALENE, ID 83814	Director 1.00	0.	0.	0.
RENEE KAUFFMAN P.O. BOX 2469 COEUR D'ALENE, ID 83814	Treasurer 10.00	0.	0.	0.
JAN FEELY P.O. BOX 2469 COEUR D'ALENE, ID 83816	Secretary 10.00	0.	0.	0.
LAURI ARMON P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
JOHN LITTLE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Chairman 1.00	0.	0.	0.
ANN SIEBERT P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
LINDA BARNES P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
KIMBER GATES P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.

EXCEL FOUNDATION, INC

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Statement 7 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
DENISE WHITE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	\$ 0.	\$ 0.	\$ 0.
RYAN NIPP P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
BILL WAGGONER P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
LAURA JORDAHL P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
HAZEL BAUMAN P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
JILL NEAL P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
VICTORIA NELSON P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
DAVE WALKER P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
JIM PIERCE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
SCOTT WAYMAN P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
BRYAN OGLE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
NANCY WHITE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.

EXCEL FOUNDATION, INC

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**Statement 7 (continued)**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
JOHN YOUNG P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	\$ 0.	\$ 0.	\$ 0.
MARC WALLACE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
MIKE WARD P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
MATT LYMAN P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
KATHY KUNTZ P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
TONI HACKWITH P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
MARY LARSON P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
MARK FISHER P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
STEVE WILSON P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

**Statement 8**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No