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# Form **990**

Department of the Treasury Internal Revenue Service

## **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)

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

2008

Open to Public Inspection

				C Name of organization	71-2008 and ending 06-30-200	<del>-</del>	D Employer ic	lentification number	
B Check if applicable Address change			Please use IRS	Community Council of Idaho Ir	nc		82-02997	36	
┌ Na	me cha	nge	label or print or	Doing Business As			E Telephone r	umber	
type. See   Initial return   Specific   Number and street (or P O box if mail is not delivered to street address)							(208) 454	-1652	
Instructions.  Instructions.						ss) Room/suite	G Gross receij	pts \$ 11,008,553	
	nended		tions.	City or town, state or country,	and 7IP + 4		4		
_		n pending		Caldwell, ID 83607					
, ,,,	plication	r penang	E Nan	l ne and address of Principal	Officer	l	J		
			Irma M	•	Officer		ıs a group retur ates?	n for	
				appy Day Boulevard No 250 ell, ID 83607					
T Ta	ıx-exem	npt status		) ( 3 ) <b>◄</b> (insert no )	)(1) or	1 ` ′	ll affiliates includ	·	
				tycouncilofidaho org	,, , , , , , , , , , , , , , , , , , ,	1	io," attach a lis ip Exemption N	t See instructions ) umber <b>F</b> -	
, W	eb sit	e: F www	Communi	tycounchondano org		11(0)	.,		
<b>К</b> Тур	e of org	ganization	Corporat	tion trust association oth	er ►	<b>L</b> Year of Fo	ormation 1971	State of legal domicile ID	
Pa	rt I	Summ		e organization's mission or i	most significant activities				
a)	1				s to migrant farm workers and ot	her eliqible ri	ecinients in the	areas of education	
ĕ			•	ent, health, & childcare	o to migratic farm workers and oc	ner engible i	corpients in the	areas or caacacion,	
Governance									
9.Ve	2		,		ued its operations or disposed o				
	3		_		ody (Part VI, line 1a)			14	
8	4			_	governing body (Part VI, line 1b	)	. 4	14	
Ě	5			nployees (Part V, line 2a)			5	<u>523</u> 800	
Activities &	6			olunteers (estimate if necess	sary)		5		
•	1	•		iness taxable income from F		•	7a 7b	14,435	
		Wet diffe	idica basi	mess taxable mesme nom r	01111 3 3 4 1 1 1	Pri	or Year	Current Year	
	8	Contrib	utions and	d grants (Part VIII, line 1h)		1.11	9,985,804	9,487,131	
₽	9			revenue (Part VIII, line 2g)			1,534,170	1,420,375	
Ravenue	10	_			nes 3, 4, and 7d)		14,391	1,238	
ď.	11	Otherre	evenue (P	art VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		16,134	56,413	
	12		venue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), line	е	11,550,499	10,965,157	
	13	12)	and simila	ar amounts paid (Part IX, co	lumn (Δ.) lines 1 – 3.)		11,550,499	10,903,137	
	14			or for members (Part IX, colu	, ,,			0	
	15		•	,	efits (Part IX, column (A), lines 5	5 -			
\$		10)	,				6,946,725	7,175,719	
Expenses	16a	Profess	ional fund	fraising fees (Part IX, colum	n (A), line 11e)			0	
ਡੋ	Ь	(Total fur	ndraising ex	penses, Part IX, column (D), line 2	25 4,581				
	17			(Part IX, column (A), lines 1			4,563,538	3,986,501	
	18				al Part IX, line 25, column (A))		11,510,263	11,162,220	
_ 97	19	Revenu	e less exp	penses Subtract line 18 from	m line 12	_	40,236	-197,063	
Net Assets or Fund Balances						Beginn	ing of Year	End of Year	
See Bara	20			rt X, line 16)			7,723,766	7,070,644	
A PE	21			Part X, line 26)			5,546,343	5,090,284	
	22			nd balances Subtract line 21	I from line 20		2,177,423	1,980,360	
Pa	rt II		ture Blo					4b- b4 -6 ll	
					ned this return, including accompanying of preparer (other than officer) is base				
Plea		****				2010	0-05-10		
Sigr Her		Signat	ure of office	er		Date			
	•		MORIN Exec	cutive Director					
		<b>F</b>	от Бинк паш	ic and tide		0h1		1/6	
<b>.</b>		Preparer's signature		d Ruvelson	2010-05-10	Check If self-	Preparer's PTIN	(See Gen Inst)	
Paid			<u> </u>			empolyed 🕨 🦵	•		
Prep Use	arer's Only	ıf self-em		P			EIN Þ		
J 36	∵iii <b>y</b>	address, a	and ZIP + 4	7601 FRANCE AVENUE SOUT	H SUITE 400		Phone no (952) 548-3400		
				MINNEAPOLIS, MN 55435			FHORE HO F (		
May	the IR	S discuss	this retu	irn with the preparer shown a	bove? (See instructions)			▼ Yes	

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission  To provide familes with resources and opportunity	ortunities in education, housin	g, health and employment		
2	Did the organization undertake any the prior Form 990 or 990-EZ?	y significant program se			Yes ▽ No
	If "Yes," describe these new service				
3	Did the organization cease conducts services?		changes in how it cond	Jucts any program 	Yes 🔽 No
4	Describe the exempt purpose achi Section 501(c)(3) and (4) organize others, the total expenses, and rev	evements for each of th ations and 4947(a)(1) t	rusts are required to re	port the amount of grants and	
4a	(Code ) (Expense The Head Start program provides compre preschoolers develop the early reading a Migrant & Seasonal Farmworkers The prescribed for being one of the culture of Migrant Seasonal Head Start of means for preparing children and familie that have been screened for lead. It is well as the content of the culture of Migrant Seasonal Head Start of the culture of the cul	ehensive child development s ind math skills they need to b rogram has served 806 childri e first programs to create and hildren and families It focuse s in their transition into divers	pe successful in school Our pen and approximately 470 fa I implement a dual language son continual development se community services and a	program specifically targets children, amilies this program year (May 1, 20 policy that supports the preservation of home language while promoting activities. It has also been recognized	birth to 5 years of age, of 109 - Present) The program In of home language and the acquisition of English as a
4b	(Code ) (Expense The Housing Program provides low incon housing These units are located through transitional services to homeless and sin	ne farmworkers with affordate the State of Idaho to ser	ole housing With seven mult ve the needs of Migrant and	Seasonal Farmworkers and their far	
4c	(Code ) (Expense The Employment & Training Department necessary for continued career success w career counseling, on-the-job training, o have benefited from our services	delivers top quality workford while meeting the needs of a	demand driven economy wit	th the ultimate goal of obtaining emp	oloyment Services include
	(Code ) (Expense	es \$ 1,266,079	including grants of \$	) (Revenue \$	662,132 )
4d	Other program services (Describ	oe in Schedule O \			
	(Expenses \$	including grants of	· \$	) (Revenue \$	)
4e	Total program service expenses	\$ 10,013,639	9 Must equal Part IX, L	Line 25, column (B).	
_					

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
		9		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	٥		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	. 1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	3		
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	Ť		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6 <b>b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	1	No.
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	:o <b>7c</b>		No
а	If "Yes," indicate the number of Forms 8282 filed during the year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		I NO
•	11 Tes, indicate the number of forms 5252 med during the year 1. 1. 1.			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			l
_	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	e <b>8</b>		
0	year?			 
9 -		0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

10

11

Yes

Νo

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a	Enter the number of voting members of the governing body 14			
b	Enter the number of voting members that are independent 14			
!	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
1	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
•1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6		Νo
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
}	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?	9a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

L7	List the States	with which a co	pv of this Form 990	) is required to be filed	ID

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply 
  ✓ own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Elisha Suldan 317 happy day blvd Caldwell, ID 83607 (208) 454-1652

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee (C) Position (check all that apply) (F) (E) (D) Estimated Highest compensat employee (B) Reportable Individual Trustee or Director Institutional Reportable amount of other Š Average compensation (A) compensation compensation hours from related Name and Title 9#10g from the from the employee organizations per organization (Worganization and (W-2/1099week 2/1099MISC) related MISC) Trustee organizations ol Jesus Torres, Board President 1 00 Х 0 1 00 Х Х 0 Hortencia Lemus, Board Vice President Enrique Rivera . Board Treasurer 1 00 Х Х 0 Santos Garza, Board Secretary 1 00 Х Х ol 0 0 0 Hortencia Ramirez, Board member 1 00 Χ Rafael Corral, Board member 1.00 Χ 0 Emma Lagunas, Board member 1 00 Х 0 Josephina Arredondo, board member 1 00 Χ ol 0 Maricela Garcia, board member 1 00 Х 0 0 Arturo Huerta, Board member 1 00 Χ ol 0 0 1 00 Х 0 Jueventino Viveros , board member 0 1 00 Х 0 Marızza Shoup, board member Х ol Damian Rodriguez, Board member 1 00 0 1 00 Х 0 Dixie Campbell, Board member Irma A Morin , Executive Director 40 00 0 14,037 Х 63,399 40 00 Х 39,539 Elisha Suldan, Finance Director 12,098

#### Part VIII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							<b>&gt;</b>	102,938	0	26,135

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization**►**0

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	4		NO
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation			
		_			
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

0

Part VIII

Statement of Revenue

			ı	ı	,		
				(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	T.				Revenue		512, 513, or 514
60	1a	Federated campaigns 1a					
듩	Ь	Membership dues					
ಕ್ಷಾ	С	Fundraising events					
કું		<b>1</b> c					
<u> </u>	d	Related organizations 1d					
E, E	e	Government grants (contributions) <b>1e</b>	9,468,963				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	18,168				
き		1f					
멸	g	Noncash contributions included in lines 1a-1f \$					
ं ल	h	Total (Add lines 1a-1f)		9,487,131			
		,	<b>▶</b>				
<u>a</u>	_	Name Programme And	Business Code				
a III	2a	Housing Program rental	531,110	785,356	785,356		
₽e ×	Ь	Comm Health Center Re	621,400	509,630	509,630		
- P3	С	Property Management	531,310	66,934	66,934		
er v	d	Housing Program Income	531,390	58,455	58,455		
S =	е						
Program Service Revenue	f	All other program service revenue					
₹.	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, interest				
		other sımılar amounts)	[	1,238			1,238
	4	Income from investment of tax-exempt bo	ond proceeds				
	_	Davidhia a	▶				
	5	Royalties	(u) Paranni				
	6a	(1) Real Gross Rents 58,842	(II) Personal				
	b	Less rental 37,272					
		expenses Rental income 21,570					
	С	or (loss)					
	d	Net rental income or (loss)		21,570		21,570	
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
		sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	. ▶				
	8a	Gross income from fundraising					
		events (not including \$ 15,618					
ne		of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ě		\$15,000 a					
<u>.</u>	ь	Less direct expensesb	6,124				
Ě	с	Net income or (loss) from fundraisi	,	9,494			9,494
•	9a	Gross income from gaming	<u>►</u>				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		a					
	b	Less direct expensesb					
	с	Net income or (loss) from gaming a	activities •				
	10a	Gross sales of inventory, less	-				
		returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	Insurance Restoration	900,099	14,526	14,526		
	ь	O ther Income	900,099	10,823	10,823		
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 25,349 . 4. 5. 6d. 7d.	10,965,157	1,445,724	21,570	10,732
		8c,					
		9c, 10c, and 11e					

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalistics of some section 501(c)(4) orgalistics of some section (A) but are not re-				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	129,073		125,201	3,872
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,694,355	5,230,617		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,470	24	33,446	
9	Other employee benefits	888,441	819,729	68,712	
10	Payroll taxes	430,380	394,904	35,233	243
11	Fees for services (non-employees)				
а	Management				
b	Legal	644	644		
c	Accounting	2,500	2,500		
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	262,317	168,837	93,480	
12	Advertising and promotion	482	482		
13	Office expenses	561,254	561,254		
14	Information technology	152,232	152,232		
15	Royalties				
16	Occupancy	1,089,761	999,530	90,231	
17	Travel	389,142	327,439	61,703	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	347,962	347,962		
20	Interest	81,741	81,741		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	621,522	621,522		
23	Insurance	36,664	36,664		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Participant Support	259,257	123,531	135,726	
b		181,023	144,027	36,530	466
С					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,162,220	10,013,639	1,144,000	4,581
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	11,102,120	20,010,000	2,211,000	,,331

Part X	Balance	Sheet

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	367,850
	2	Savings and temporary cash investments		782,174	2	372,456
	3	Pledges and grants receivable, net		967,881	3	900,920
	4	Accounts receivable, net		. 132,006	4	101,818
	5	Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	nd	6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use			8	
\$	9	Prepaid expenses and deferred charges			9	
Assets	10a	Land, buildings, and equipment cost basis	<b>  10a  </b> 14,164	.,704		
-	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<b>10b</b> 9,077	7,920 5,642,304	10c	5,086,784
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII of		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Secondary C$		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	199,401	15	240,816	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,723,766	16	7,070,644
	17	Accounts payable and accrued expenses .		1,402,332	17	1,162,027
	18	Grants payable		18		
	19	Deferred revenue	139,392	19	8,753	
	20	Tax-exempt bond liabilities			20	
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,004,619	23	3,850,548
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	0	25	68,956	
	26	Total liabilities. Add lines 17 through 25		5,546,343	26	5,090,284
seo		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete lines 27			
Balance	27	Unrestricted net assets		1,989,689	27	1,792,626
<u>е</u>	28	Temporarily restricted net assets		187,734	28	187,734
됟	29	Permanently restricted net assets			29	
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	d complete			
ō		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other fu		32		
Net	33	Total net assets or fund balances		2,177,423		1,980,360
	34	Total liabilities and net assets/fund balances		7,723,766	34	7,070,644
Pa	rt XI	Financial Statements and Reporting				

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493132014050

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

_omm	unity C	ouncii of Idano	) IUC					02	-0299736	£	
Pai	rt I	Reason	for Public C	harity Status (to be co	mnleted	by all or	ganizatio				
				ation because it is (Please					111001 000		
1	Ī			nurches, or association of ch					(A)(i).		
2	Ė	•		i <b>on 170(b)(1)(A)(ii).</b> (Atta					. , ,		
3				e hospital service organizati		•	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H )
4	Ē	•	·	zation operated in conjuncti			-		• •		•
	·		name, city, and	•		•			( )( )	. ,. ,	
5	Г			or the benefit of a college or	universit	y owned o	roperated	l by a gove	rnmental	unit desc	rıbed ın
	·	Section 170(b)(1)(A)(iv). (Complete Part II )									
6	Г			overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	<u> </u>	•	· -	ally receives a substantial p						n the gene	eral public
				o)(1)(A)(vi) (Complete Par			_			_	·
8	$\Gamma$	A commun	ity trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gross
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (Se	ee instruc	tions )
11	$\Gamma$			and operated exclusively fo							
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
			it describes the ype I <b>b</b>	type of supporting organiza  Type II c	tion and c Type III			_	h <b>d</b>	Γ <sub>Type</sub>	III - Other
e	_			rtify that the organization is			-				
_	'	•		agers and other than one or			•			•	•
		section 50		-	·		-				. ,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
a		check this		as the organization accepte	d any dift	or contribi	ution from	any of the			ı
g		following pe		as the organization decepted	a any gne	or continu		uny or the			
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(	(ii)
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports				
							1				
	. ,	ame of	(ii) EIN	(iii) Type of organization		s the	1 1	ou notify		sthe	(vii) A mount of
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in	_	ınızatıon i) of your		ation in organized	support?
•	o i gaii	ii Zutioii		(See Instructions))	your go			ort?	in the		
					docur	ment?					
Yes No Yes No Yes No						No					

Total

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box oi	1 lille 5, 7, 01	o or Part 1.)						
	ublic Support	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	, n a T					
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total		
1	Gifts, grants, contributions, and	10 112 726	0.453.171	0.000.630	0.005.004		0.407.131	40,020,480		
	membership fees received (Do not	10,113,736	9,453,171	9,989,638	9,985,804		9,487,131	49,029,480		
_	include any "unusual grants ")						+			
2	Tax revenues levied for the organization's									
	benefit and either paid to or expended on its behalf									
3	The value of services or facilities									
3	furnished by a governmental unit to the									
	organization without charge									
4	Total. Add line 1-3	10,113,736	9,453,171	9,989,638	9,985,804		9,487,131	49,029,480		
	The portion of total contribution by each	, ,	, ,		, ,		<del>''</del>	, ,		
3	person (other than a government unit or									
	publicly supported organization) included									
	on line 1 that exceed 2% of the amount									
	shown on line 11, column									
	(f)									
6	Public Support subtract line 5 from line							49,029,480		
	4							49,029,460		
To	otal Support									
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total		
7	A mounts from line 4	10,113,736	9,589	9,989,638	9,985,804		9,487,131	49,029,480		
8	Gross income from interest, dividends,									
•	payments received on securities loans,	4 120	0.500	12.630	0.005	1 220				27.470
	rents, royalties and income from similar	4,129	9,589	13,629	8,885		1,238	37,470		
	sources									
9	Net income from unrelated business									
	activities, whether or not the business is	-21,968	29,140	21,643	6,312		21,570	56,697		
	regularly carried on									
10	Other income Do not include gain or loss									
	from the sale of capital assets (Explain in	1,138,714	1,841,518	1,538,425	1,554,160		1,461,342	7,534,159		
	Part IV )									
11	Total Support (Add lines 7 through 10)							56,657,806		
12	Gross receipts from related activities, etc	(See instruction:	s)			12		7,473,202		
13	First Five Years. If the Form 990 is for the o	organization's fir	st. second. third	l. fourth. or fifth	tax vear as a 50	01(c)(	3)	_		
	organization, check this box and stop here	<b>.</b>	,	.,	,	(- / (		<b>▶</b> ┌		
								•		
Co	omputation of Public Support Perc	entage								
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		86.540 %		
15	Public Support Percentage for 2007 Sched	ulo A Part IV-A	lino 26f							
						15		99.530 %		
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	. —		
	and <b>stop here.</b> The organization qualifies as		-					<b>►</b> ▽		
b	33 1/3% Test - 2007. If the organization did			,	5 IS 33 1/3% OF	r more	, check thi			
17-	box and <b>stop here.</b> The organization qualified				) 16 a a 16 b -	صدا امت	. 14 104	<b>▶</b> ┌		
1/a	10% Facts and Circumstances Test - 2008.	-								
	more, and if the organization meets the "fac organization meets the "facts and circumst							w the		
h	10% Facts and Circumstances Test - 2007.									
U	more, and if the organization meets the "fac									
	the organization meets the "facts and circu							₩ ▶□		
18	<b>Private Foundation.</b> If the organization did							- 1		
	instructions	Janean and Do		_, , _ , _ , _ , _ , _ , _ , _ ,	2, 2238 2.113	A W		<b>▶</b> □		

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

• Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Community Council of Idaho Inc 82-0299736 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

**-** \$

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

**-** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**►**\$

**b** Assets included in Form 990, Part X

Part		Organizations Maintaining Collect	tions of Art,	His	<u>tori</u>	cal Treası	ires, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3		g the organization's accession and other reco s (check all that apply)	rds, check any	of th	e foll	owing that ar	e a significant u	se of its collecti	on	
а	$\Gamma$	Public exhibition		d	Γ	Loan or exc	hange programs			
b	<b>—</b>	Scholarly research		e	$\Gamma$	Other				
С	$\Gamma$	Preservation for future generations								
4	Prov Part	ide a description of the organization's collecti XIV	ons and explain	how	v they	further the	organization's ex	empt purpose ır		
5		ng the year, did the organization solicit or rec ts to be sold to raise funds rather than to be i						nılar F	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amoun					anızatıon answ	ered "Yes" to	Form 9	90,
1a		e organization an agent, trustee, custodian oi ded on Form 990, Part X?	other intermed	ıary	for c	ontributions	or other assets I	not F	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete the	e following table							
								A me	ount	
С	Begi	nning balance					1c			
d	Add	itions during the year					1d			
e	Dıst	ributions during the year					1e			
f	Endi	ng balance					1f			
2a	Dıd t	he organization include an amount on Form 9 <sup>e</sup>	90, Part X, line	21?				Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV								
Pai	rt V	Endowment Funds. Complete if the								
1a	Bogu	nning of year balance	Current Year	(b)	Prior Y	ear (c)Iw	o Years Back (d)	Three Years Back	(e)Four Y	ears Back
ь		tributions								
c		stment earnings or losses								
d		nts or scholarships								
e		er expenditures for facilities								
		programs								
f	Adm	inistrative expenses								
g	End	of year balance								
2	Prov	ide the estimated percentage of the year end	balance held as							
а	Boar	d designated or quasi-endowment 🕨								
b	Perm	nanent endowment 🕨								
c	Term	n endowment 🕨								
3a		there endowment funds not in the possession	of the organizat	ıon t	hat a	re held and a	admınıstered for	the		T
	_	nization by nrelated organizations						3a(i	Yes	No
		elated organizations		•	•			3a(ii		<del>                                     </del>
ь		es" to 3a(II), are the related organizations list			ched	ule R?		3b	1	
4	Desc	cribe in Part XIV the intended uses of the orga	anızatıon's endo	wme	nt fu	nds				
Par	t VI	Investments—Land, Buildings, an	d Equipmen	t. S	ee F	orm 990, P	art X, line 10.			
		Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
<b>1</b> a l	and						579,464	_		579,464
b E	Buildii	ngs					11,786,822	7,665,932		4,120,890
c l	_ease	hold improvements								
d E	Equipi	ment					1,798,418	1,411,988		386,430
<b>e</b> (	Other									

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Sec	o Form 000 Dart V Juno	12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			/L\ D
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Security Deposit Liability	68,956		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	68,956		

	l otal revenue (Form 990, Part VIII, column (A), line 12)	1	10,965,157
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,162,220
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-197,06
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	(
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-197,06
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	11,395,23
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 386,682		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	430,078
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,965,157
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,965,157
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	11,592,298
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	430,078
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,162,220
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		11,102,220
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	(
-			11,162,220
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	11 167 771

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		Rental Expenses 37272 Fundraising Expenses 6124
Part XIII, Line 2d - Other Adjustments		Rental Expenses 37272 Fundraising Expenses 6124

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DLN: 93493132014050

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

						Inspection	
ame of the organization					Employer ider	ntification number	
ommunity Council of Idaho Inc	:				02 0200726		
					82-0299736		
Part I Fundraising Act	tivities. Complet	e if the or	ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.	
Indicate whether the organ	nization raised funds	through ar	ny of the	following activities Che	eck all that apply		
a Mail solicitations		e Solicitation of non-government					
<b>b</b> F Email solicitations				f   Solicitation of	government grants		
<b>c</b> Phone solicitations				g   Special fundrais	sing events		
d							
a Did the organization have a or key employees listed in	Form 990, Part VII	) or entity	ın connec	ction with professional f	fundraising activities?	Г <sub>Yes</sub> Г	
b If "Yes," list the ten highes to be compensated at leas							
		(iii) Dıd					
(i) Name of individual		fundrais		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to	
	I (III) A CTIVITY	custody or control of		` '	fundraiser listed in	(or retained by)	
or entity (fundraiser)	(ii) Activity	contr	ol of	from activity	1 '	1 '	
• •	(ii) Activity	contr contribu		` '	1 '	(or retained by) organization	
• •	(II) Activity			` '	fundraiser listed in	1	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1 '	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1 '	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1 '	
	(II) Activity	contribu	itions?	` '	fundraiser listed in	1 '	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1 '	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1 '	
• •	(II) Activity	contribu	itions?	` '	fundraiser listed in	1	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

		more than \$15,000 on Form	-	_	leipis greater than \$5			
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To (A dd col	(a) th	
			Golf Tournament (event type)	(event type)	(total number)	co	l <b>(c)</b> )	
₽ E	1	Gross receipts	15,618				1	5,618
Revenue	2	Less Charitable						
~	3	Gross revenue (line 1 minus line 2)	15,618	<b>i</b>			1	5,618
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
ben	6	Rent/Facility costs						
∆ K	7	Other direct expenses	6,124				ı	6,124
Direct Expenses	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			ı	6,124
	9	Net income summary Combine lii	nes 3 and 8 in column (d)	)	•		1	9,494
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th	gaming rough co	(Add ol <b>(c)</b> )
œ	1	Gross revenue						
<u> </u>	2	Cash prizes						
Sens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	'	,	<b>.</b>			
	8	Net gaming income summary Com	hine lines 1 and 7 in coli	ımn (d)				
		Wet gaining income summary Com	bille lilles I alla / Ill colo	(u)			Yes	No
9		er the state(s) in which the organiza						
а		he organization licensed to operate	gaming activities in each	n of these states?		· 9a		
b	If"N	No," Explain						
10a b		e any ofthe organization's gaming l (es," Explain	icenses revoked, suspen	ided or terminated durin	g the tax year?	10a		
11	 Doe	s the organization operate gaming a	activities with nonmembe	rs?		11		
12		he organization a grantor, beneficial						

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
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	-, -		

### OMB No 1545-0047

Inspection

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Community Council of Idaho Inc

**Employer identification number** 82-0299736

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	The Community Family Clinic provides quality primary health care to low income families, who have no access to medical insurance, by providing a sliding fee scale for services. The sliding fee for services is based on size of household and family income. Services include primary health care, medical imaging, 340 B pharmacy program, vaccinations, lab work, and additional diagnostics. Over the past year more than 2,025 patients have benefited from these services. Expenses \$ 956207 including grants of \$ 0. Revenue \$ 509630.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Youth Activities Expenses \$ 33910 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Food Program Expenses \$ 210346 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Programs Expenses \$ 65616 including grants of \$ 0 Revenue \$ 152502

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The organization amended its bylaws for Article IV Section 18(a) to state "A presence of the majority of the active board of trustees members shall consitute a Quorum"

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is presented to the Board of Trustees for review and approval prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		On an annual basis, the organization notifies employees and board members of the policy and requires them to sign a statement certifying that they have no conflicts of interest

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organization uses a wage comparability study which the board approves. The wage comparability study is completed every three years.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public on the organization's wiebsite

ldentifier	Return Reference	Explanation					
Form 990, Part XI, Line 2c		The Board of Trustees has responsibility for oversight of the audit of the organization's financial statements and selection of an independent accountant					

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

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DLN: 93493132014050

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

		▶	See separate instruction	s. 🕨 Attach	to your	tax r	et ur	n.		Attachment Sequence No <b>67</b>
Name(s) shown o	n return		Business or a	activity to which	this fo	rm rel	ates	Ide	nt if y in	g number
Community Coun	cıl of Idal	ho Inc	Form 990 Pa	ge 10				82-	02997	.36
Part I Ele	ection 1	To Expense (	Certain Property Un	•	179			1 02	02337	
	te: If y	ou have any li	sted property, comple	ete Part V befo	re yo	u con	nple	ete Part I.		
1 Maximum amo	ount See	the instructions	for a higher limit for cert	taın busınesses	•	•			1	250,000
<b>2</b> Total cost of s	section 1	79 property plac	ed in service (see instru	ictions) .					2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)								3	800,000	
<b>4</b> Reduction in l	ımıtatıon	Subtract line 3	from line 2 If zero or les	s, enter -0-					4	
<b>5</b> Dollar lımıtatı	on for tax	year Subtract	line 4 from line 1 If zero	or less, enter - 0	O- Ifm	arried	filir	ng		
separately, se	e instruc	tions							5	
	<b>(a)</b> D	escription of pro	perty	<b>(b)</b> Cost	(busıne only)	ss us	e	(c) Elected	cost	
6				,	OTTINY)					
<b>7</b> Listed propert	y Enter	the amount from	line 29			7	Γ			T
8 Total elected	cost of s	ection 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7		٠.		8	1
<b>9</b> Tentative ded	uction E	nter the <b>smaller</b>	of line 5 or line 8 .						. 9	
10 Carryover of d	lisallowed	d deduction from	ı lıne 13 of your 2007 Fo	rm 4562 .					10	
•			business income (not less tha		ee instruc	ctions)			11	
12 Section 179 e	expense o	deduction Add li	nes 9 and 10, but do not	enter more tha	n line 1	1 .			12	
	•		009 Add lines 9 and 10,			13	Ι		1	
			pelow for listed proper		se Par	l				
			Allowance and Othe				t ind	:lude listed p	ropert	y ) (See instructions )
			Ified property (other than							
tax year (see	ınstructı	ons)							14	
15 Property subje	ect to se	ction 168(f)(1) e	election			•	•		15	
<b>16</b> Other depreci								<u> </u>	16	635,959
Part IIII MA	CRS De	preciation (I	Oo not include listed p		e inst	ructio	ns.	)		
17 MACDS doduc	tions for	accote placed i	n service in tax years be	ection A	008				17	
		•	•	-		· ·		· · ·	''	
•	_	ints, check hei	ssets placed in servic	e during the to	ах уес	11 11110	וט כ	<b>⊳</b> Γ		
			Service During 200	08 Tax Year	Usino	the	Ge		recia	tion System
			(c) Basis for	l lux ioui		,				
(a) Classificat	ion of	(b) Month and	depreciation	(d) Recovery	l					(g)Depreciation
property		year placed in service	(business/investment use	period	(e) C	onven	tıon	<b>(f)</b> Meth	od	deduction
		Service	only—see instructions)							
<b>19a</b> 3-year propei	rty									
<b>b</b> 5-year prope	rty									
<b>c</b> 7 - year proper	ty									
<b>d</b> 10-year prop										
e 15-year prop	•									
f 20-year prope	-			25 yrs				C /I		
<b>g</b> 25-year prop <b>h</b> Residential re				25 yrs 27 5 yrs	<u> </u>		S/L S/L			
property	illai			27 5 yrs	M M M M		S/L			
i Nonresidentia	l real			39 yrs	+	1 M		S/L		
property				,		1 M		S/L		
	Sect io	n C—Assets Plac	ed in Service During 200	8 Tax Year Using	g the A	Iterna	t ive	Depreciat io	n Syst	em
<b>20a</b> Class life					S/L			S/L		
<b>b</b> 12-year				12 yrs				S/L		
c 40-year				40 yrs		ММ		S/L		
		y (See instruc	<u> </u>						Τ	1
21 Listed propert	•				•	• •	•		21	
and on the app	propriate	lines of your ret	14 through 17, lines 19 urn Partnerships and S	corporations—se	ee instr		ie 2:	1 Enterhere	22	635,959
			service during the curren tion 263A costs	t year, enter the	· ·	23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

#### (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44