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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)

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 \$500,000 and total assets less than \$1,250,000 at the end of the year

Open to Public Inspection

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

SCANNED JUL 1

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

For the 2009 calendar year, or tax year beginning 2009, and ending Employer identification number Check if applicable Address change HOPKINS FOUNDATION 26-6178579 use IRS label or print or Name change PO BOX 190192 Telephone number Initial return type BOISE, ID 83719 208-890-1296 Termination Specific Instruc-Amended return Group Exemption tions. Number Application pendin Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Accrual Other (specify) > Check ► if the organization is not Website: ► WWW.HOPKINSFOUNDATION.ORG required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 4947(a)(1) or Tax-exempt status (check only one) -501(c) ( ) (insert no ) 527 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 Form 990 EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ≥ S 29,185. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1 11,100 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5 b b Less cost or other basis and sales expenses 5 c c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 18,085 reported on line 1) 6a 6b 4,100 **b** Less direct expenses other than fundraising expenses 13,985. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c 7a Gross sales of inventory, less returns and allowances. 7 a b Less cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 Other revenue (describe 25,085. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 SEE STATEMENT 10 21,318. Grants and similar amounts paid (attach schedule) Benefits paid to or for members 11 11 RECEIVED Salaries, other compensation, and employee benefits. 12 12 Professional fees and other payments to independent contractors RS-DSC 13 1,200. 13 14 Occupancy, rent, utilities, and maintenance 14 MAY 2 0 2010 70. 15 Printing, publications, postage, and shipping 15 4,794. 16 Other expenses (describe ► SEE STATEMENT 2 16 OGDEN. 27,382. Total expenses. Add lines 10 through 16 17 17 -2,297. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 9,088. figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 21 6,791. 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II ) (A) Beginning of year (B) End of year <u>6,</u>791. 9,088. 22 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe ► 9,088. 25 791 25 Total assets 0. 26 0. 26 Total liabilities (describe 9,088. 27 6,791. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **990-EZ** (2009)

•	Form 990-EZ (2009) HOPKINS FOUNDAT				-617	78579 Page <b>2</b>
	Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ons )	<b>O</b>	Expenses
	What is the organization's primary exempt purpose? SEE	E STATEMENT 3			501 (c	uired for section c)(3) and (4)
٠	Describe what was achieved in carrying out th describe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orgai	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
	program title	persons benefited, or other	elevant information for	Cacii	for o	thers)
	28 DONATION TO ORPHANS IN GH	ANA PROVIDING THEI	R MEALS,			
	CLOTHING, SCHOOLING AND SU			<del>-</del>		
		<del></del>				
	(Grants \$ 14, 456.) If th	s amount includes foreign gr	ants shock hara	╌╌╌╌	28 a	
					204	
	29 DONATIONS TO OTHER CHARIT	TES IN THE POISE W	WEW2.			
			. <b></b>			
	(Grants \$ 6,862.) If th	is amount includes foreign gr	ants, check here	<b>&gt;</b>	29 a	
	30					
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		is amount includes foreign gr	ants, check here	<b>&gt;</b>	30 a	
	31 Other program services (attach schedule					
		is amount includes foreign gr	ants, check here	<u> </u>	31 a	
	32 Total program service expenses (add lin			<b>&gt;</b>	32	
	Part IV List of Officers, Directors,			e even if not com	pens	
		<b>(b)</b> Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	is and tion	and other allowances
	JOSEPHINE HOPKINS	SETTLOR & CO-TR	0.	do.oda dopoda	0.	0.
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		0.00				
	MERIDIAN, ID 83642	CEMMIOD C CO MD				0.
	RANDY_HOPKINS	SETTLOR & CO TR			0.	٠.
	1390 E. MALLORY LN	2.00				
	MERIDIAN, ID 83642					
	ROBERT HENDERSON	CO-TRUSTEE			0.	0.
	5368 MAPLEGLEN ROAD	1.00				
	LANGLEY, WA 98260-8253					
	LEANNE TOWN	CO-TRUSTEE	0.		0.	0.
	2405 N. 33RD ST.	1.00				
	BOISE, ID 83601		•			
	ALAN LAKE	CO-TRUSTEE	0.		0.	0.
	P O BOX 12	1.00			•	
	ATLANTA, ID 83601	1.00				
	ATHANTA, ID 03001	· · · · · · · · · · · · · · · · · · ·				
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Page 3 Part V Other Information (Note the statement requirements in the instrs for Part V.) Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 X 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes. Х 34 35 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 why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements? 35 a Х b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year? 37 b 38a 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 outstanding at the end of the period covered by this return? 38 a b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A Section 501(c)(7) organizations Enter 39 a Initiation fees and capital contributions included on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities. N/A 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A **b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 40 b Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0. e 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 40 e List the states with which a copy of this return is filed > 42 a The organization's books are in care of ▶ JOSEPHINE HOPKINS Telephone no ► 208-890-1296 Located at ► P O BOX 190192 BOISE ID ZIP + 4 ► 83719 Yes Nο 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)? 42 b If 'Yes,' enter the name of the foreign country. Ġ. 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.? 42 c X 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 X and enter the amount of tax-exempt interest received or accrued during the tax year **►** 43 0. Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ X 44

Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'

45

82-0337572

► X Yes

459-0021

Form 990-EZ (2009)

No

(208)

EIN

Phone no ▶

Form 990-EZ (2009) HOPKINS FOUNDATION 26-6178579 Page 4 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. 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 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b if 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's 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' (b) Title and average (c) Compensation (d) Contributions to employee (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation account and other allowances NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's 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 d Total number of other independent contractors each 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 Sign Here Signature of offy JOSEPHINE HOPKINS TRUSTEE Type or print name and title Preparer's Identifying Number (See instructions) Date Check if self-Preparer's signature **Paid** 5 P00067126 employed Pre-CHRISTENSEN JACKSÓN STONE VIS HART

KIMBALL AVE

ID 83605

parer's

Use

Only

BAA

Firm's name (or yours if self-employed),

address, and ZIP + 4

1201

S.

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

CALDWELL,

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

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 **2009** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

				DATIO											178579			
Par	1	Re	asor	i for Pι	ıblic C	harity S	tatu	ıs (All org	anizations	must o	comple	te this	part.	See i	nstruct	ions		
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1		A ch	nurch,	convent	tion of ch	nurches or	ass	ociation of	churches des	scribed in	section	n 170(b)	(1)(A)(i)	).				
2	П	A so	chool	describe	d in sect	ion 170(b	<b>X</b> 1X	<b>A)(ii).</b> (Atta	ch Schedule	E)								
3	П								ion described	-	on 170(	ьх1хах	(iii).					
4	П							-	ction with a					0(b)(1)(A	AXIII) Er	nter the ho	soital'	's
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5		An o	organi	zation oi	perated	for the be e Part II )	nefit	of a college	e or universit	ty owned	or oper	ated by	a gove	rnmenta	l unit de:	scribed in	sectio	ก
6 7	H	A fe	deral,	state, o	r local g	overnmen	it or	governmen	tal unit descr I part of its s	ribed in s	ection 1	70(b)(1	XAXv).	t or from	the cer	neral publi	c desc	cribad
·		ın s	ection	170(b)(	1 <b>)(A)(</b> vi).	(Comple	ete P	'art II )			_	vennie	intai uiii	. 01 11011	i tile ger	ierai puon	, uesc	,i ibeu
8	H								(vi). (Comple									
9		from	actıvı stmer	ties relati it incomi	ed to its i e and un	exempt fur irelated bi	nction	ns – subiect	3-1/3 % of its to certain exc income (less art III)	ceptions.	and (2) r	o more	than 33-	1/3 % of	its suppo	ort from aro	55	after
10		An d	organi	zation oi	rganızed	and oper	ated	exclusively	to test for p	ublic saf	ety See	section	n 509(a)	(4).				
11		An o	organı e pub	zation oi licly supi	rganized ported o	and oper	ated	exclusively described in	for the bene section 509 complete line	efit of, to (a)(1) or	perform section	the fur 509(a)(a	octions i	of orca	rry out th <b>509(a)(3</b>	ne purpose <b>).</b> Check t	s of o	ne or x that
		а 🗌	Туре	e I		<b>b</b>	e II		c Type I	II – Fund	ctionally	integra	ted		d 🗌	Type III-	Othe	r
е		thar	hecki found (a)(2)	ng this b dation m	oox, I cer nanagers	tify that that the	he oi r tha	rganization in one or m	is not contro ore publicly s	lled direction	tly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	fied perso (a)(1) or s	ons otl section	her า
f		If th	e orga	anization box	receive	d a writtei	n det	termination	from the IRS	that is a	Type I	, Type I	l or Typ	e III sup	porting o	organizatio	n,	
g		Sinc	e Aug	just 17, 2	2006, ha	s the orga	anıza	ation accept	ed any gift	or contrib	ution fro	om any	of the f	ollowing	persons	,7		
																	Yes	No
		(i)	a pe belo	erson wh w, the g	o directly overning	y or indire i body of t	ctly he s	controls, en supported or	ther alone or ganization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii)	a fa	mily mer	mber of	a person	desc	cribed in (i)	above?							11 g (ii)		
		(iii)	a 35	% contro	olled ent	ity of a pe	ersor	n described	ın (ı) or (ıı) a	above?						11 g (iii)		
h		Prov	ıde th	e follow	ing infor	mation ab	out 1	the support	ed organizati	ions								
	(1)		e of Sup ganizati			(ii) EIN		above or	of organization d on lines 1-9 r IRC section structions))	organizat (i) lister	is the tion in col in your trning ment?	the organ	ou notify nization in (i) of upport?	organizat	zed in the	(vii) Amoui	nt of Sup	pport
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Page 2 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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 14,375 11,100 25,475. Tax revenues levied for the organization's benefit and either paid to it or expended 0.\_ on its behalf 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. 0 0 0 Total. Add lines 1-through 3 14,375 100 25,475. į., The portion of total ولم لمرًّ contributions by each person .5 (other than a governmental unit or publicly supported W. . organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. 3 Public support. Subtract line 5 from line 4 25,475. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 0 0 0 7 Amounts from line 4 14,375 11,100 25,475. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. 0. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. .::- v. Total support. Add lines 7 . . . 25,475. through ነር 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test – 2009. 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 - 2008. 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 - 2009 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 - 2008. 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

	e <b>A</b> (Form 990 or 990-EZ) 200	9 HOPKINS	FOUNDATION			26-6178579	Page 3
Part II	Support Schedule for	r Organizatio	ns Described	in Section 509	(a)(2)	· · · · · · · · · · · · · · · · · · ·	
	(Complete only if you che	cked the box on I	ne 9 of Part I)				
Sectio	n A. Public Support	-					
	r year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
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ad or	oss receipts from missions, merchandise sold services performed, or cilities furnished in a activity			:			
tha org	at is related to the ganization's tax-exempt rpose						
not	iss receipts from activities that are an unrelated trade or business der section 513						
org eit	x revenues levied for the ganization's benefit and her paid to or expended on behalf						
fac go	e value of services or cilities furnished by a vernmental unit to the ganization without charge						
<b>7a</b> An 2,	tal. Add lines 1 through 5 nounts included on lines 1, 3 received from disqualified rsons						
b An an dis exc	nounts included on lines 2 d 3 received from other than squalified persons that ceed the greater of 1% of a amount on line 13 for the						
<b>c</b> Ad	ld lines 7a and 7b						
8 Pu	blic support (Subtract line		1 2 de - 12		3.1 3.1 4.1		
7c	from line 6)	The state of	1.	Transfer	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 5 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sectio	n B. Total Support			<u> </u>		N	<del></del>
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	nounts from line 6.		,,	\	3-7	(0)=000	
10a Gro div on roy	oss income from interest, vidends, payments received securities loans, rents, yalties and income form nilar sources.						
ind tax	orelated business taxable come (less section 511 (ses) from businesses quired after June 30, 1975						
	id lines 10a and 10b						
11 Net acti whe	income from unrelated business writes not included inline 10b, ether or not the business is ularly carried on						
12 Otl ga ca	her income Do not include in or loss from the sale of pital assets (Explain in irt IV)						
13 To	tal support. (add Ins 9, 10c, 11, and 12)		- 8-12				
org	rst five years. If the Form 990 ganization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	▶ □
	n C. Computation of Pu			. 12			
	iblic support percentage for 20		•	ne 13, column (f))	1	15	<u> </u>
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IS 1	<b>-1/3 support tests – 2008.</b> If t not more than 33-1/3%, check	ne organization di t this box and <b>sto</b>	o not check a bo p here. The organ	x on line 14 or 19 hization qualifies a	a, and line 16 is t as a publicly supp	more than 33-1/3%, a orted organization	ind line 18

20 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 o	r 990-EZ)	2009	HOPK	INS	FOUN	DATIC	N				26-63	178579		Page 4
Part IV	(Form 990 or Suppleme Part II, line	ntal Info	ormati	i <b>on.</b> Co	mple	te thi	s part	to provid	e the	explanat	ions rec	quired b	y Part I	I, line 1	0;
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#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public inspection

Name of the organization						-	ition number
HOPKINS FOUNDATION						617857	9
Part I Fundraising Activities. Comp	lete if the orga juired to comple	nization ai ete this pa	nswered 'Y rt	es' to Form 990, Part I	V, line 17		
1 Indicate whether the organization	raised funds th	rough any	of the follow	owing activities. Check	all that apply		
Mail solicitations				Solicitation of non-	government g	rants	
Internet and email solicitation	s			Solicitation of gove			
Phone solicitations				Special fundraising	_		
In-person solicitations					, events		
	or oral agreeme	ent with ar	ny individu:	al (including officers, di	irectors truste	es or kev	,
2a Did the organization have written employees listed in Form 990, Pa	rt VII) or entity	in connec	tion with p	rofessional fundraising	services?	,00 01 NG	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or en ne organization	tities (fund	draisers) p	ursuant to agreements	under which t	he fundra	iser is to be
	T	T			(v) Amount		
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts	(or retain fundraiser l	ed by)	(vi) Amount paid to
or entity (fundraiser)		of contr	uy or control	from activity	col (	istea in	(or retained by) organization
		Yes	No		`		
		103	110				
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Total			<b>&gt;</b>				
3 List all states in which the organiz	ation is registe	red or lice	nsed to so	licit funds or has been	notified it is e	exempt fro	m registration
or licensing							
			<del>-</del>		<b></b>		<b></b>
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Pai	1 11	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, I	ine 18, or	55 00	١0
R		Toported more than \$15,000 on 1	(a) Event #1 CHRISTMAS AUCT (event type)	(b) Event #2 TENNIS TOURNAM (event type)	(c) Other Events (total number)	(d) Total (Add col (	Ever	nts
REVENUE	1	Gross receipts	12,987.	5,098.			18,0	085.
Ĕ	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	12,987.	5,098.			18,0	085.
	4	Cash prizes					_	
	5	Noncash prizes		854.			8	354.
D I R E C T	6	Rent/facility costs	1,405.				1,4	105.
	7	Food and beverages	400.	183.				<u>83.</u>
X P E	8	Entertainment						
EXPENSES	9	Other direct expenses	780.	478.		<del> </del>	1,2	258.
S	10	Direct expense summary Add lines 4- t			•			100.
Das	4 111	Net income summary Combine lines 3,	column (d) and line 10	-1 t- F 000 D	1.07 1.00	<u> </u>	13,9	<del>985.</del>
rai	( 114	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered i re L	s to Form 990, Pai	rt IV, line 19, or re	portea mo	re tn	an
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (Add col (a col	a) thre	ng ough
	1	Gross revenue						
Ę	2	Cash prizes						
DIRECT	3	Non-cash prizes						
Š	4	Rent/facility costs						
	5_	Other direct expenses						
	6	Volunteer labor	Yes%	Yes %	Yes%			
	7	Direct expense summary Add lines 2 th	rough 5 in column (d)		•			
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	<u> </u>			
9	Ente	er the state(s) in which the organization o	nerates gaming activitie	ne.		[ <del>,  </del>	YES	NO
ā	als th	ne organization licensed to operate gamin				9a	احسما	 
Ł	olf'N 	lo,' explain.						,
10:	 - Wer	e any of the organization's gaming license	es revoked suspended	or terminated during the				- ' . 
		es, explain	es revoked, suspended	or terminated during the	e tax year?	10a		
	<u></u>				<del></del>			
11 12		es the organization operate gaming activiti ne organization a grantor, beneficiary or tr		ember of a nartnership of	or other entity formed t	0 11		
BAA		ne organization a grantor, beneficiary or tr ninister charitable gaming?	TEEA3702L O		Schedule <b>G</b> (For		0.F7	2009

Schedule G (Form 990 or 990-EZ) 2009 HOPKINS FOUNDATION	26-6178579	F	age 3
		YES	
13 Indicate the percentage of gaming activity operated in	1	,	-
a The organization's facility			13
b An outside facility 13b	%	-	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	ks and records		د ا
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Name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1.4
	12	\ · ·	-
Address •	` `		
	أخنت		
15a Does the organization have a contact with a third party from whom the organization receives gaming re	<del></del>	<u> </u>	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$and	d the amount	1.	
of gaming revenue retained by the third party \$		\$	1 . 2
c If 'Yes,' enter name and address of the third party	$-\frac{1}{2}\sqrt{\frac{3}{4}}$		` `
		2	12
Name •	\( \lambda_{\infty} \)	F " , #	· ^.
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	₹. ·	· 5.
Address •	\T		7.
	: 4		
16 Gaming manager information			
Name •	\		1
	77.5	A	===
Gaming manager compensation ► \$			
	المراجع المراج		13 2
Description of services provided			1.124.
	ا بران ا از ارن		. 🔂
Director/officer Employee Independent contractor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.16	1.5
	17.		
17 Mandatory distributions	1.3		1 3
a Is the organization required under state law to make charitable distributions from the gaming proceeds	to retain the		1 3.
state gaming license?	17a		<u> </u>
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ins or spent in the 🛱 🚉	,	
organization's own exempt activities during the tax year ►\$		1	. 12
<b>BAA</b> TEEA3703L 02/05/10 Sch.	edule <b>G</b> (Form 990 or 9	90-EZ	2009

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT HOPFOUND	HOPKINS FOUNDATION	26-6178579
5/14/10  STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS	S PAID	10 57AM
DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	KIDS SCHOOL/LIVING SAVE THE WIDOWS & ORPHANS DEVELOPMENT NONE  KIDS WISHES GRANTED	\$ 14,456.
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	MAKE A WISH FOUNDATON 4355 EMERALD STREET BOISE, ID 83706 NONE	\$ 1,144.
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE:	HELP THE HUNGRY IDAHO FOODBANK 3562 SO. T, K, AVE BOISE, ID 83705 NONE	
DONEE'S NAME: DONEE'S ADDRESS:	HOMELESS & ABUSED KIDS HOPE HOUSE 7696 OLD BRUNEAU HWY MARSING, ID 83639	\$ 1,143.
DONEE'S NAME: DONEE'S ADDRESS:	NONE  HELP ANIMALS IDAHO HUMANE SOCIETY 4775 DORMAN STREET BOISE, ID 83705	\$ 1,144.
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:  RELATIONSHIP OF DONEE:	NONE  HELP ORPHANS CHILDRENS HOME 740 WARM SPRINGS AVE BOISE, ID 83712 NONE	\$ 1,143.
CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	HELP THOSE IN NEED BOISE RESCUE MISSION 308 S 24TH ST BOISE, ID 83702	\$ 1,144.
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  STATEMENT 2 FORM 990-EZ, PART I, LINE 16	NONE	\$ 1,144.
OTHER EXPENSES  BANK CHARGE OFFICE EXPENSES TRAVEL	\$	90. 14. 4,465.

2009

### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT HOPFOUND** 

#### **HOPKINS FOUNDATION**

26-6178579

5/14/10

10 57AM

STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

WEBSITE

TOTAL \$ 225. \$ 4,794.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION IS ORGANIZED TO UNDERTAKE OR SUPPORT THE FOLLOWING ACTIVITES: LAND CONSERVATION AND ENVIRONMENTAL CONCERNS INCLUDING PERSERVES, PARKS ETC., WELFARE OF CHILDREN AND ANIMALS INCLUDING VOLUNTEER, TECHNICAL AND FINANCIAL ASSISTANCE, PROMOTE AND EDUCATE PUBLIC IN HEATH AND SPIRITUAL BENEFITS INCLUDING MEDITATION AND YOGA AND OTHER CHARITABLE ACTIVITIES IN ACCORDANCE WITH SECTION 501 (C) (3).