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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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 may use this form.

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

**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning 6/01, 2009, and ending 5/31, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C**
EXCEL FOUNDATION, INC
PO BOX 2469
COEUR D'ALENE, ID 83816**D** Employer identification number

94-3034190

E Telephone number**F** Group Exemption
Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ <http://excelcda.wordpress.com/>**H** Check ☒ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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.**L** 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

▶ \$ 87,501.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	26,395.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	16,682.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ 22,895. of contributions reported on line 1)	6a	43,186.
EXPENSES	6b	Less direct expenses other than fundraising expenses	6b	26,792.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	16,394.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ See Statement 1)	8	1,238.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	60,709.
	10	Grants and similar amounts paid (attach schedule)	10	61,445.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
ASSETS	13	Professional fees and other payments to independent contractors	13	4,900.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	390.
	16	Other expenses (describe ▶ See Statement 3)	16	3,799.
	17	Total expenses. Add lines 10 through 16	17	70,534.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,825.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	901,682.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	81,360.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	973,217.

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
22 Cash, savings, and investments	901,682.	973,217.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	901,682.	973,217.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	901,682.	973,217.

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

Form 990-EZ (2009)

14 p

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

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

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

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

28 See Statement 6.

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

28 a

29

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

29 a

30

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

30 a

31 Other program services (attach schedule)

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

31 a

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

32

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

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 8

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. ; section 4912 0. ; section 4955 0.		
b 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 'Yes,' complete Schedule L, Part I 40b		X
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 40e		X
41 List the states with which a copy of this return is filed None		

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

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country		X

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

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 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.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 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'.

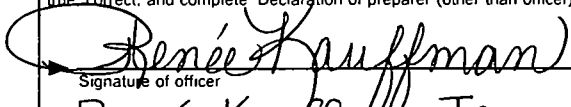
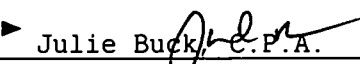
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 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

Sign Here	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.	
	Signature of officer 	Date 15 April 2011
	Type or print name and title Renee Kauffman, Treasurer	
Paid Preparer's Use Only	Preparer's signature 	Date 4/14/11
	Firm's name (or yours if self-employed), address, and ZIP + 4 BERNHART & BUCK INC. 87 W. Sargent Drive Hayden Lake, ID 83835	Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions) N/A
	EIN N/A	Phone no (208) 772-3248

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	12,310.	44,829.	33,254.	32,351.	26,395.	149,139.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 Total. Add lines 1-through 3	12,310.	44,829.	33,254.	32,351.	26,395.	149,139.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,192.
6 Public support. Subtract line 5 from line 4						139,947.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	12,310.	44,829.	33,254.	32,351.	26,395.	149,139.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,990.	19,725.	22,920.	22,227.	16,682.	92,544.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV				3,873.	1,238.	5,111.
11 Total support. Add lines 7 through 10						246,794.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	56.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	43.6 %

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. ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 lns 9, 10c, 11, and 12.)						
14 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. 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. ▶ <input type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

[illegible]

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

EXCEL FOUNDATION, INC

Employer identification number

94-3034190

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

[illegible]

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

		(a) Event #1 BIG EVENT (event type)	(b) Event #2 RED, WHITES, A (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	36,836.	27,285.		64,121.
	2 Less Charitable contributions	17,440.	5,455.		22,895.
	3 Gross income (line 1 minus line 2)	19,396.	21,830.		41,226.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	240.			240.
	7 Food and beverages	9,351.			9,351.
	8 Entertainment	800.			800.
	9 Other direct expenses	1,121.	12,130.		13,251.
	10 Direct expense summary Add lines 4- through 9 in column (d)				23,642.
	11 Net income summary Combine lines 3, column (d) and line 10				17,584.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

YES NO

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

10a

11 Does the organization operate gaming activities with nonmembers?

11

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12

		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a _____ %		
b An outside facility	13b _____ %		
14 Enter 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 contact with a third party from whom the organization receives gaming revenue?		15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____			
c If 'Yes,' enter name and address of the third party			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

EXCEL FOUNDATION, INC

94-3034190

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Total	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

EXCEL FOUNDATION, INC

94-3034190

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

CASH BASIS ADJUSTMENT

Total \$ 1,238.
\$ 1,238.

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

Donee's Name:

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

Cash Amount Given:

\$ 61,445.

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

BANK CHARGES
DUES AND SUBSCRIPTIONS
Information Technology
Insurance
MEETING EXPENSE, NET REIMB
MISC
Office Expenses

\$ 51.
150.
120.
2,159.
-150.
540.
929.
Total \$ 3,799.

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

Net Unrealized Gains and Losses on Investments

\$ 81,360.
Total \$ 81,360.

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

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

EXCEL FOUNDATION 94-3034190
2010 FORM 990-EZ, PART I, LINE 10
Schedule of Grants Awarded
Tax year ended 05/31/10

Awardee	Name	Amount	
William Burch	Coin Vortex Funnel	3,043.88	1
Marci Wing	Finding Your Center: A Cermaic Experience for Tweens	2,546.19	2
Cynthia Chapman	Coeur d'Alene in Three Styles	3,114.59	3
Bruce Twitchell	Focus 208	629.82	4
Cynthia Chapman	Indonesian Textile Design	945.81	5
Mia Eggleston	Lights, Camera, Action	898.00	6
Joanie Hedge & Robin Palmer	In Plain English	388.97	7
Kerry Erwin & Katie Palmer	Art in the Natural World Around Us	1,500.00	8
Jodi Vershum	Carousel of Learning	2,705.00	9
Shanna Marshall	Creative Community Eyes II	1,807.92	10
Tracy Obermayer	The Seven Wonders of Coeur d'Alene	2,062.00	11
Virginia Welton	Using the Technology of the Future to Teach Students Today	2,470.10	12
Jennifer Reyes	Video Yearbooks	545.82	13
Susie Brott	A Song in Their Heart	169.22	14
Dale Johnson	Action Photography	1,669.00	15
Joel Pike	Last Chance to Learn to Read	2,631.75	16
Kathy Jones	Reading with the Wild Things	500.00	17
Courtney Greene	Congressional Math	1,246.53	18
Judy Breze & Ranee Woodall	Manipulating Math	1,345.58	19
Crystal Silvers	Math for the 21st Century	2,393.75	20
Patricia Houck	A Creative Spark	1,957.00	21
Spencer Normington	Adventures in Lewis and Clark Muscial	816.71	22
Mark Sorensen	World Music Drumming: Africa & Latin America	2,400.00	23
Neil Morris & Jonathan Leo	Biotechnology in the Classroom	9,741.65	24
Crystal Silvers, Summer Comfort, Ellen Wells, Susan Baker, Rob Hamilton, David Burns, Lisa Hoffman, Lynda Ehram, Kathy Jones, & Anna Wilson	Building Our World - One Cell at a Time	2,532.67	25
Victoria Juhlin & Jason Shanley	Movin and Groovin	286.58	26
Clarissa Jackson	Switch On	585.03	27
Erica Duncan	The Outdoor Classroom "The OC"	4,400.00	28
Michael Criswell	The Quality of Water in North Idaho	3,316.00	29
Victoria Juhlin	A Legacy of Life Saving	1,058.29	30
Barb McFarland, Lorrie Hall, & Mavis Tulloch	Dragon Tracks: Your Map to Good Health	1,995.98	31
Marla Nixon	Fitness Made Fun	1,613.38	32
James Maurer	Jeopardy & The Great Louie	556.50	33
Bette L Price	Strategizing for Success	314.45	34
Catrin Stoddard	Deaf Children Jump into the 21st Century	927.22	35
		<u>65,115.39</u>	
	Refunds of Prior Year Grant Funds	<u>(3,670.38)</u>	
		<u>61,445.01</u>	

EXCEL FOUNDATION, INC

94-3034190

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

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

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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
JIM KOON P.O. BOX 2469 COEUR D'ALENE, ID 83814	Director 1.00	\$ 0.	\$ 0.	\$ 0.
SAM HUNTER P.O. BOX 2469 HAYDEN, ID 83835	Director 5.00	0.	0.	0.
SONNY CURTIS P.O. BOX 2469 COEUR D'ALENE, ID 83814	Director 1.00	0.	0.	0.
DENNIS HALL P.O. BOX 2469 COEUR D'ALENE, ID 83814	Director 10.00	0.	0.	0.
DARIN HAYES P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 10.00	0.	0.	0.
JOSH BEEBE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
MIKE CHAPMAN P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
JAN FREELY P.O. BOX 2469 COEUR D'ALENE, ID 83816	Secretary 1.00	0.	0.	0.
RENEE KAUFFAM P.O. BOX 2469 COEUR D'ALENE, ID 83816	Treasurer 1.00	0.	0.	0.
SCOTT WAYMAN P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.

EXCEL FOUNDATION, INC

94-3034190

Statement 7 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JOHN YOUNG P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	\$ 0.	\$ 0.	\$ 0.
MARC WALLACE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
KRISTIN JOHNSON P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
JOHN LITTLE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
ANN SIEBERT P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
RYAN NIPP P.O. BOX 2469 COEUR D'ALENE, ID 83816	President 1.00	0.	0.	0.
BILL WAGGONER P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
KIMBER GATES P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
DENISE WHITE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
HAZEL BAUMAN P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
DAVE WALKER P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.
JIM PIERCE P.O. BOX 2469 COEUR D'ALENE, ID 83816	Director 1.00	0.	0.	0.

EXCEL FOUNDATION, INC

94-3034190

Statement 7 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

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

Statement 8

Form 990-EZ, Part V

Regarding Transfers Associated with Personal Benefit Contracts

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

No

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

No

EXCEL FOUNDATION, INC

94-3034190

Contributions, Gifts, and Grants
Other contributions, gifts, grants, etc.CORPORATE DRIVE
FUNDRAISERS - DONATION
LESS INCLUDED WITH SPECIAL EVENTS

	\$	3,500.
		22,895.
		<u>-22,895.</u>
Total	\$	<u><u>3,500.</u></u>