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**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) Sponsoning 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

OMB No 1545-1150

2009

**Open to Public** Inspection

	urtment of t	the Treasury		assets less than \$1,25 ▶ The organization may have to us				nents		nspection
_			ar year.	or tax year beginning	July 1		and ending	June	30	, 20 10
_	Check if a		Please	C Name of organization						fication number
	Address o	change	use IRS label or	School District No. 25 Educat	ion Foundation, I	nc.			82-0:	398260
=	Name cha	•	print or	Number and street (or P O box, if r			Room/suite	E Telephone	numb	er
=	initial retu Terminate		type See	3115 Pole Line Road					08-2	32-3563
=	Amended		Specific Instruc-	City or town, state or country, and a	ZIP + 4			F Group Ex	empt	ion
$\equiv$		on pending	tions	Pocatello, ID 83201-6119				Number		
	• Sect	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexem	pt charitable tru	sts must attach	G Accou	unting Method		Cash Accrual
			a coi	pleted Schedule A (Form 990	or 990-EZ).		Other	(specify) ▶		
							H Check	k ▶ 🔲 ıf the	orga	nization is not
1.1	<b>Nebsit</b>	te:▶ <u>www</u>	.d25.k1	id.us			requir	red to attach	Sched	dule B (Form 990,
<u>J</u> 1	Гах-ехе	empt status (	check o	ly one) — 🗹 501(c) ( 3 ) ◀ (i	nsert no) 🗌 494	17(a)(1) or 🔲 5	27 990-E	Z, or 990-PF		
K	Check	▶ 🔲 ıfth	e organı	ation is not a section 509(a)(3) si	upporting organize	ition <b>and</b> its gros	s receipts are i	normally <b>not</b> r	nore t	than \$25,000 A
	Form 99	90-EZ or Forn	n 990 re	arn is not required, but if the or	ganization choose	es to file a return,	, be sure to file	a complete r	etum	
_				9 to determine gross receipts, if \$					\$	198,639
Ŀ	art I			enses, and Changes in I	·	Fund Balance	es (See the	instruction	is to	<del></del>
	1		-	s, grants, and similar amoun				1	—	53,651
	2	_		venue including governmen	t fees and contr	acts		. 2	<del> </del>	140,974
	3			and assessments			•	3	<del> </del>	
	4	Investmen					,	4	_	4,014
	5a			n sale of assets other than ir	•	<u>5a</u>		( ) -	į.	
	b			basis and sales expenses .			!		Ł	
9	C			sale of assets other than in				<u>5c</u>	_	
Revenue	6			ities (complete applicable parts/of S	7 U I		ling, check here		ł	
ě	а			including \$	of contri	1 -	1	, t	Í	
Œ	1 .	reported o			. [약]	<u>6a</u> 6b	<del> </del>		į	
	b			ses other than fundraising e s) from-special events-and-a			luna Cal	6-	4	
	C			ntory less tel trisland allov			line oa) .	<u>6c</u>	a	
	7a	Less: cost			vanges	7a				
	C		-	s sold	ubtract line 7h f		ļ.	7c	4	
	8	Other reve		• •	ubtract line 75 f	ioni inie raj .		) 8	+	
	9			d lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8	<del></del>		, <u> </u>	+	198,639
	10			amounts paid (attach sched		<del></del>	<u></u>	. 10	<del> </del>	115,776
	11							11	+	
Ś	12	•		pensation, and employee b				12	1	<del> </del>
xpenses	13			and other payments to indep				13	1	19,000
ğ	14							. 14	1	12,695
Ä	15	•		ns, postage, and shipping				15		7,745
	16			escribe Admin costs, credi						18,412
_	17			dd lines 10 through 16				. > 17		173,628
S	18			for the year (Subtract line 17						25,011
set	19	Net assets	or fun	I balances at beginning of	year (from line 2	27, column (A)				
As		end-of-yea	r figure	reported on prior year's retu	ım)			· · 19	]	324,535
Net Assets	20	Other char	nges in	et assets or fund balances (	attach explanat	ion)				0
	21			balances at end of year. Co						349,546
P	art II	Balance	Shee	s. If Total assets on line 25,		\$1,250,000 or			ad o	f Form 990-EZ.
				(See the instructions for Pa	•		(A) Beg	ginning of year	<u> </u>	(B) End of year
22				restments				324,53	+	349,546
23									23	0
24	4 Ot	ther assets (	describ	· <b>-</b>			_)		24	0
25	5 To	otal assets .					.	324,535	$\overline{}$	349,546
26		otal liabilitie			<del></del>		_)		26	0
_27				alances (line 27 of column (E			<u>l</u>	324,535		349,546
For	Privac	cy Act and Pa	perwor	Reduction Act Notice, see th	e separate instru	ictions.	Cat No 10	6421	Fo	orm <b>990-EZ</b> (2009)

Part	III Statement of Program Service Accomp	plishments (See the instr	uctions for Part II	l.)		Expenses
What	is the organization's primary exempt purpose?	Public Education Foundatio	n			ured for section
	nbe what was achieved in carrying out the org					c)(3) and 501(c)(4) nizations and section
mann	er, describe the services provided, the number o	f persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional
each	program title.					hers.)
28	Individual school grants are awarded based on priori	ity education projects chose	n by each school ir	volving		
	staff, students and PTAs. Approximately, 12,354 stu-	dents benefit in Increased ed	ducational activities	from		
	the grants.					
	(Grants \$ 115,776) If this amount	ıncludes foreign grants, ch	eck here	. ▶ 🗆	28a	173,628
29						
	(Grants \$ ) If this amount				29a	
30		<del>-</del> •				
					1	
		includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	· · · · · · · · · · · · · · · · · · ·					
	(Grants \$ ) If this amount			▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	173,628
Part	IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ited. (See the	ınstruc	ctions for Part IV.)
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio employee benefit	ns to	(e) Expense account and
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	deferred compe	pians a nsation	other allowances
Steve	Morton	Chair 2haura				
C/O V	VA Elementary; 226 S. 10th Ave; Pocatello, ID 83201	Chair - 2 hours	0		0	0
Kristi	Samuelson	Vice Chair 4 have	·			
C/O S	Simplot; PO Box 912; Pocatello, ID 83204	Vice Chair - 1 hour	0		0	о
Stace	y Jensen	0				
C/O E	D Elem; 2020 Pocatello Crk Rd; Pocatello, ID 83201	Secretary - 2 hours	0		0	0
Melar	nie DeLashmutt	T				
C/O F	FTCU; 1800 Garrett Way; Pocatello, ID 83201	Treasurer - 3 hours	0	i	0	j o
				•		
		•				
					-	
				1		
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						,
						-
			<u> </u>			

Part	Other Information (Note the statement requirements in the instructions 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		<b>✓</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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?	35a		<b>✓</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A	_		
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	2.0	<u>√</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	<b>克城</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		<b>\</b>
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	蓬		
е	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		
41	List the states with which a copy of this return is filed. ▶ Idaho			
42a	The digunzation o books are in our of the state of the st	208-23		
	Located at ► 3115 Pole Line Road; Pocatello, ID ZIP + 4 ►	83201	-6119	
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		Yes	No
	account)?	42b	632S	<b>√</b> इ <b>ट</b> ारत
	If "Yes," enter the name of the foreign country: ► N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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: ► N/A	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	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	44		✓
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	45		<b>√</b>
		_ 000	)_F7	(0000)

andidates for public office? If "Yes," complete Schedule C, Part I  Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  B Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  A8  B Did the organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter who devoted to position  Total number of other employee paid more than \$100,000 of compensation from the organization. If there is none, enter who explores than \$100,000 of compensation from the organization. If there is none, enter who explores than \$100,000 of compensation from the organization. If there is none, enter who explores than \$100,000 of compensation from the organization. If there is none, enter "None."    Total number of other employees paid over \$100,000		Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) non 7(a)(1) nonexempt cha d 51.	exempt charital ritable trusts mu	<b>ole trusts only.</b> A st answer questio	ll section ns 46-49b
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 1. 47  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  Did the organization make any transfers to an exempt non-charitable related organization? . 49a  b If "Yes," was the related organization a section 527 organization? . 49b  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Non (delored compensation from the organization in the properties of						Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E		•				
Did the organization make any transfers to an exempt non-charitable related organization?						
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [6] Name and address of each employee paid more hours per week devoted to position  [7] Total number of other employees paid over \$100,000 • 0  [8] Total number of other employees paid over \$100,000 • 0  [9] Compensation from the organization is devoted to position of the properties of t						
Complete this table for the organization's five highest compensated employees (other than officers, directors, furstees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Non than \$100,000 of compensation from the organization of the position of position of the position of positio		-	· · · · · · · · · · · · · · · · · · ·	_		
(a) Name and address of each employee paid more than \$100,000 (b) Type of service (c) Compensation employee penefit plans a deferred compensation to the rail other all other al	<b>50</b> Co	mplete this table for the organization's five high	ghest compensated empl	oyees (other than	officers, directors,	trustees and ke
Total number of other employees paid over \$100,000 ▶ 0  Standard properties that table for the organization's five highest compensated independent contractors who each received m \$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 (e) Composition (c) Total number of other independent contractors each receiving over \$100,000 . ▶ 0  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	-	Name and address of each employee paid more	(b) Title and average hours per week		(d) Contributions to employee benefit plans &	(e) Expense account and
f Total number of other employees paid over \$100,000	i/A	than \$100,000	devoted to position		deterred compensation	other allowances
f Total number of other employees paid over \$100,000						
f Total number of other employees paid over \$100,000				<u> </u>		
f Total number of other employees paid over \$100,000						
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 m \$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) Composition (c) Composition (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 kn and belief, it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which prepare has any knowless.						
Complete this table for the organization's five highest compensated independent contractors who each received m \$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) Composition (c) Composition (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 kn and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowless.					<u> </u>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my king 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	I/A	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Compensation
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn 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						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my king 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						
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	<b>d</b> To	tal number of other independent contractors e	each receiving over \$100,	000▶	0	
Sign Melani Ortalementt 11/2/10		Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and si s based on all informatio	tatements, and to the bean of which preparer has	st of my knowledge any knowledge
Signature of officer  Melanie DeLashmutt, Treasurer  Date		Signature of officer	mitt		11/2/10 Date	0
Paid Preparer's Date Check if Preparer's identifying number (See in						
Preparer's signature employed Firm's name (or	aid	Type or print name and title Preparer's	Date		Preparer's identifying nui	mber (See instructions)
11 Park 1 4 4 4 5 5 5	reparer's	Preparer's signature Firm's name (or	Date	self- employed ▶		mber (See instructions)
Use Unity   yours if self-employed), address, and ZIP + 4 Phone no ▶		Type or print name and title  Preparer's signature  Firm's name (or yours if self-employed),	Date	self- employed ▶ [		mber (See instructions)

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

Department of the Treasury

Internal Revenue Service

## **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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 0398260 School District No. 25 Education Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) |11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (rv) is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col (i) listed in your organization in col organization the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? 1152 Yes

Total

	Support Schedule for Org (Complete only if you check					and 170(b)(1	)(A)(vi) 
	tion A. Public Support						
Ca	lendar 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 any "unusual grants.")	43,601	68,390	84,031	162,231	53,651	411,904
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	43,601	68,390	84,031	162,231	53,651	411,904
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)		, <del></del>	a a		,	116,275
6	Public support. Subtract line 5 from line 4.	<del></del>	<del></del>			- <del></del>	295,629
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		43.601	68,390	84,031	162,231	53.651	411,904
7 8	Amounts from line 4	5,704	9,406	9,524	3,951	4,014	32,599
	sources	5,704	9,400	5,324	3,331	4,014	32,355
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .		;i				444,503
12	Gross receipts from related activities, etc	(see instructio	ns) .			12	140,974
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	tion C. Computation of Public Sup					T T	67 01
14	Public support percentage for 2009 (line			, column (f))	•	14	67 %
15	Public support percentage from 2008 Sch	•	•			15	
l6a	33% % support test—2009. If the organization qualifies						ck this dox . ► 7
b	33% % support test—2008. If the organization qualities box and stop here. The organization qualities are supported to the organization and stop here.	zation did not c	heck a box on	line 13 or 16a,	and line 15 is 3		check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and <b>stop here.</b>	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization	acts-and-circum	stances" test, c	heck this box a	and stop here	Explain in Part	
ıΩ	Private foundation If the organization did	not chook a bo	v on line 13, 164	16h 17a or 1	7h, check this l	hay and ear incl	ructions 🕨 🗍

	dule A (Form 990 or 990-EZ) 2009						Page <b>3</b>
Pa	rt III Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	ction A. Public Support						
C	alendar 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 any "unusual grants.")						
	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 through 5					<del> </del>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			: 	· ·	· · · · · · · · · · · · · · · · · · ·	
	tion B. Total Support	r; ,	T			т :	<del></del>
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u> </u>			
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	section 511 taxes) from businesses acquired after June 30, 1975					,	
11	Add lines 10a and 10b						
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 torganization, check this box and stop	here		nd, third, fourth			
	tion C. Computation of Public Sup					T-:=-1	
15 16 Soc	Public support percentage for 2009 (Inn Public support percentage from 2008 Stion D. Computation of Investment	Schedule A, Pa	art III, line 15	ne 13, column	(f)) . 	15 16	<u>%</u> %
	· · · · · · · · · · · · · · · · · · ·					1491	
17	Investment income percentage for 2009			•	olumn (f)) .	17	<u> </u>
18 19a	Investment income percentage from 20 331/3 % support tests – 2009. If the organization				and line 15 is r		
	17 is not more than 33% %, check this be	ox and <mark>stop h</mark> e	<b>ere.</b> The organi	zation qualifies	as a publicly	supported orga	anization 🕨 🔲
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	zation did not box and stop	check a box or here. The orga	n line 14 or line nization qualifie:	19a, and line 1 s as a publicly	6 is more than supported orga	33⅓ %, and Inization ► □

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 (Fe	m 990 or 990-EZ) 2009 Page
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.
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School District No. 25 Education Foundation, Inc. 82-0398260

# Part I, Line 10 - Grant Schedule

Grantee	Address	Description of Activity	Amount
ldaho State University Early College Program	921 So. 8th Stop 8057 Pocatello, ID 83209	Approximately seventy-five students were awarded scholarships based on grade-point average and other criteria established at the individual schools.	\$10,240.00
Pocatello/Chubbuck School District No. 25	3115 Pole Line Road Pocatello, ID 83201	Grants were awarded for the purchase and installation of Promethean Interactive Whiteboard Systems, including sound systems, assessment clickers and slates, at the following schools: Edahow Elementary, Ellis Elementary, Gate City Elementary, Indian Hills Elementary, Tendoy Elementary, Tyhee Elementary, Franklin Middle School, Irving Middle School and	
		Pocatello High School.	\$60,000.00