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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# 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 may use this form

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

OMB No. 1545-1150 F1

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

|   |   |  |  |   |
|---|---|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C</b> Name of organization<br>SALMON PUBLIC SCHOOL FOUNDATION INC                 |  | <b>D</b> Employer identification number<br>94-3112559 |
|   |   | Number & street (or P.O. box, if mail is not delivered to street address) Room/suite |  | <b>E</b> Telephone number                             |
|   |   | PO BOX 275   |  | (208) 756-2714  |
|   |   | City or town, state or country, and ZIP + 4  |  | <b>F</b> Group Exemption Number                       |
| SALMON ID 83467   |   |  |  |   |

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

I Website: N/A

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 . . . \$ 189,321

### 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 . . . . .   | 179,224  |
|            | 2  | Program service revenue including government fees and contracts . . . . .  |  |
|            | 3  | Membership dues and assessments . . . . .  |  |
|            | 4  | Investment income . . . . .  | 10,097   |
|            | 5a   | Gross amount from sale of assets other than inventory . . . . .  |  |
|            | 5b   | Less: cost or other basis and sales expenses . . . . .   |  |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  |  |
|            | 6  | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>                  |  |
|            | 6a   | Gross revenue (not including \$ of contributions reported on line 1) . . . . .   |  |
|            | 6b   | Less: direct expenses other than fundraising expenses . . . . .  |  |
|            | 6c   | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .  |  |
|            | 7a   | Gross sales of inventory, less returns and allowances . . . . .  |  |
|            | 7b   | Less: cost of goods sold . . . . .   |  |
|            | 7c   | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   |  |
|            | 8  | Other revenue (describe <input type="checkbox"/> ) . . . . .   |  |
|            | 9  | <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .  | 189,321  |
|            | EXPENSES   | 10   | Grants and similar amounts paid (attach schedule) . . . . . #1 |
| 11         |  | Benefits paid to or for members . . . . .  |  |
| 12         |  | Salaries, other compensation, and employee benefits . . . . .  |  |
| 13         |  | Professional fees and other payments to independent contractors . . . . .  | 600  |
| 14         |  | Occupancy, rent, utilities, and maintenance . . . . .  |  |
| 15         |  | Printing, publications, postage, and shipping . . . . .  | 60   |
| 16         |  | Other expenses (describe <input type="checkbox"/> SEE ATTACHMENT #2 ) . . . . .  | 3  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16 . . . . . | 24,675   |  |
| NET ASSETS | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 164,646  |
|            | 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) . . . . . | 406,675  |
|            | 20   | Other changes in net assets or fund balances (attach explanation) . . . . .  |  |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .   | 571,321  |

### 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 . . . . .   | 406,675               | 571,321         |
| 23                                  | Land and buildings . . . . .   |                       |                 |
| 24                                  | Other assets (describe <input type="checkbox"/> ) . . . . .                                  |                       |                 |
| 25                                  | <b>Total assets</b> . . . . .  | 406,675               | 571,321         |
| 26                                  | <b>Total liabilities</b> (describe <input type="checkbox"/> ) . . . . .                      | 0                     | 0               |
| 27                                  | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | 406,675               | 571,321         |

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

Form 990-EZ (2009)

SCANNED DEC 14 2010

RCZMCM

EXPENSES

NET ASSETS

57

22



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|   | Yes               | No |
|---|-------------------|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  | <b>33</b>         | X  |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  | <b>34</b>         | X  |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |                   |    |
| <b>a</b> 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?   | <b>35a</b>        | X  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?  | <b>35b</b>        | X  |
| <b>36</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   | <b>36</b>         | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions   | <b>37a</b>        |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?  | <b>37b</b>        | X  |
| <b>38a</b> 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?  | <b>38a</b>        | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved   | <b>38b</b>        |    |
| <b>39</b> Section 501(c)(7) organizations. Enter.   |                   |    |
| <b>a</b> Initiation fees and capital contributions included on line 9   | <b>39a</b>        |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities  | <b>39b</b>        |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |                   |    |
| section 4911; section 4912; section 4955  |                   |    |
| <b>b</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 | <b>40b</b>        | X  |
| <b>c</b> 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  |                   |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |                   |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | <b>40e</b>        | X  |
| <b>41</b> List the states with which a copy of this return is filed   | NONE              |    |
| <b>42a</b> The organization's books are in care of  | SEE ATTACHMENT #6 |    |
| Located at  | Telephone no.     |    |
|   | ZIP + 4           |    |
| <b>b</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)?   | <b>42b</b>        | X  |
| If "Yes," enter the name of the foreign country   |                   |    |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .   |                   |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S?  | <b>42c</b>        | X  |
| If "Yes," enter the name of the foreign country:  |                   |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here   |                   |    |
| and enter the amount of tax-exempt interest received or accrued during the tax year   | <b>43</b>         |    |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  | <b>44</b>         | X  |
| <b>45</b> 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   | <b>45</b>         | 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 |
|--|------------|----|
| <b>46</b> 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 | <b>46</b>  | X  |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | <b>47</b>  | X  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <b>48</b>  | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   | <b>49a</b> | X  |
| <b>b</b> If "Yes," was the related organization a section 527 organization?  | <b>49b</b> | X  |

**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."

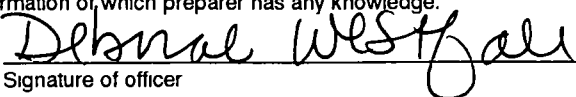
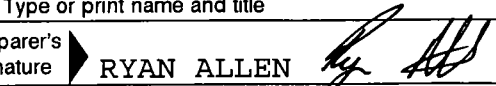
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE  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

**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 ..... ►

|                                 |   |  |                     |  |   |
|---------------------------------|---|--|---------------------|--|---|
| <b>Sign Here</b>                | 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. |  |                     |  |   |
|                                 | <br>Signature of officer   |  | 11-15-10<br>Date    |  |   |
| <b>Paid Preparer's Use Only</b> | <br>Preparer's signature   |  | 11-08-2010<br>Date  | <input type="checkbox"/><br>Check if self-employed | Preparer's identifying no. (See instr.) |
|                                 | FIRM'S NAME (or yours if self-employed), address, and ZIP + 4<br>ALLEN ACCOUNTING GROUP<br>533 MAIN STREET<br>SALMON, ID 83467  |  | EIN<br>208-756-2714 |  |   |
|                                 |   |  |                     |  |   |
|                                 |   |  |                     |  |   |

May the IRS discuss this return with the preparer shown above? See instructions ... ☒ Yes ☐ No

**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.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

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

Name of the organization

SALMON PUBLIC SCHOOL FOUNDATION INC

Employer Identification number

94-3112559

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

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | Yes                      | No                                  |
| 11g(i) _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) A family member of a person described in (i) above?   | Yes                      | No                                  |
| 11g(ii) _____  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above?  | Yes                      | No                                  |
| 11g(iii) _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
  - ☐ h Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(I)   |     | X  |
| 11g(II)  |     | X  |
| 11g(III) |     | X  |

[illegible]

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

Schedule A (Form 990 or 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 any "unusual grants.")  | 16286    | 112853   | 8519     | 8329     | 179224   | 325211    |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3.  | 16286    | 112853   | 8519     | 8329     | 179224   | 325211    |
| 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) |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          | 325211    |

**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  | 16286    | 112853   | 8519     | 8329     | 179224   | 325211    |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5685     | 10331    | 17023    | 12886    | 10097    | 56022     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                               |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 381233    |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       |           |

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 | 85.31 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14   | 15 | %       |
| 16a <b>33 1/3 % support test -- 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>  |    |         |
| b <b>33 1/3 % support test -- 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>  |    |         |
| 17a <b>10%-facts-and-circumstances test -- 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>    |    |         |
| b <b>10%-facts-and-circumstances test -- 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>  |    |         |

OPEN TO PUBLIC  
INSPECTION

**For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.**

Name of Organization

Employer Identification Number

SALMON PUBLIC SCHOOL FOUNDATION INC

94-3112559

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# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

| OPEN TO PUBLIC INSPECTION           |   | For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010. |                                 |                       |              |
|-------------------------------------|---|--|---------------------------------|-----------------------|--------------|
| Name of Organization                |   | Employer Identification Number   |                                 |                       |              |
| SALMON PUBLIC SCHOOL FOUNDATION INC |   | 94-3112559   |                                 |                       |              |
| Class of Activity                   | Recipient's Name and Address  | Amount (FMV)   | Purpose of Payment to Affiliate |                       |              |
| CLASSROOM SUPPLIES                  | TEACHERS AT SALMON SCHOOL DISTRICT<br>401 CHALLIS ST<br>SALMON ID 83467 | 5,864  | CLASSROOM SUPPLIES              |                       |              |
| HIGH SCHOOL SPORTS & PROGRAMS       | SALMON HIGH SCHOOL BOOSTER CLUB<br>401 CHALLIS ST<br>SALMON ID 83467    | 1,400  | HIGHSCHOOL ATHLETICS            |                       |              |
| MEDICAL SUPPORT                     | JOHN BLOOD<br>401 CHALLIS ST<br>SALMON ID 83467                         | 244  | MEDICAL EXPENSE                 |                       |              |
| MEDICAL SUPPORT                     | JONATHAN COLES<br>401 CHALLIS ST<br>SALMON ID 83467                     | 212  | MEDICAL EXPENSE                 |                       |              |
| MEDICAL SUPPORT                     | BENJAMIN HOLMES<br>401 CHALLIS ST<br>SALMON ID 83467                    | 120  | MEDICAL EXPENSE                 |                       |              |
|                                     |   | 7,840  |                                 |                       |              |
| Relationship                        | Description of Property   | Book Value   | How Book Value is Determined    | How FMV is Determined | Date of Gift |
| NONE                                |   |  | CASH                            |                       | 2010-03      |
| NONE                                |   | 5,864  | CASH                            |                       | 2009-09      |
| NONE                                |   | 1,400  | ACTUAL AMOUNT PAID              |                       | 2009-09      |
| NONE                                |   | 244  | ACTUAL AMOUNT PAID              |                       | 2009-10      |
| NONE                                |   | 212  | ACTUAL AMOUNT PAID              |                       | 2009-11      |
| Total                               |   | 7,840  |                                 |                       |              |

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009

and ending 06-30-2010.

| Name of Organization                |            |
|-------------------------------------|------------|
| SALMON PUBLIC SCHOOL FOUNDATION INC |            |
| Employer Identification Number      | 94-3112559 |

| Class of Activity | Recipient's Name and Address                         | Amount (FMV) | Purpose of Payment to Affiliate |
|-------------------|--|--------------|---------------------------------|
| MEDICAL SUPPORT   | LORRETTA HOLMES<br>401 CHALLIS ST<br>SALMON ID 83467 | 75           | MEDICAL EXPENSE                 |
| MEDICAL SUPPORT   | MADILYN GODDARD<br>401 CHALLIS ST<br>SALMON ID 83467 | 165          | MEDICAL EXPENSE                 |
| MEDICAL SUPPORT   | CORI GODDARD<br>401 CHALLIS ST<br>SALMON ID 83467    | 165          | MEDICAL EXPENSE                 |
| MEDICAL SUPPORT   | CORY HARNED<br>401 CHALLIS ST<br>SALMON ID 83467     | 165          | MEDICAL EXPENSE                 |
| MEDICAL SUPPORT   | MATTHEW GADBAW<br>401 CHALLIS ST<br>SALMON ID 83467  | 214          | MEDICAL EXPENSE                 |
|                   |  | 784          |                                 |

| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
|--------------|-------------------------|------------|------------------------------|-----------------------|--------------|
| NONE         |                         | 75         | ACTUAL AMOUNT PAID           |                       | 2009-11      |
| NONE         |                         | 165        | ACTUAL AMOUNT PAID           |                       | 2009-12      |
| NONE         |                         | 165        | ACTUAL AMOUNT PAID           |                       | 2009-12      |
| NONE         |                         | 165        | ACTUAL AMOUNT PAID           |                       | 2009-12      |
| NONE         |                         | 214        | ACTUAL AMOUNT PAID           |                       | 2009-12      |
| Total        |                         | 784        |                              |                       |              |

# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

| OPEN TO PUBLIC INSPECTION           |   | For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010. |  |                       |              |
|-------------------------------------|---|--|--|-----------------------|--------------|
| Name of Organization                |   | Employer Identification Number   |  |                       |              |
| SALMON PUBLIC SCHOOL FOUNDATION INC |   | 94-3112559   |  |                       |              |
| Class of Activity                   | Recipient's Name and Address                          | Amount (FMV)   | Purpose of Payment to Affiliate            |                       |              |
| MEDICAL SUPPORT                     | KASSITY MIHELICH<br>401 CHALLIS ST<br>SALMON ID 83467 | 159  | MEDICAL EXPENSE                            |                       |              |
| MEDICAL SUPPORT                     | SHANTEL MILLER<br>401 CHALLIS ST<br>SALMON ID 83467   | 250  | MEDICAL EXPENSE                            |                       |              |
| MEDICAL SUPPORT                     | ANGIE BAXTER<br>401 CHALLIS ST<br>SALMON ID 83467     | 60   | REIMBURSED FUEL TO<br>PICKUP HEARING AIDES |                       |              |
| SCHOLARSHIP                         | HEATHER ALDOUS<br>401 CHALLIS ST<br>SALMON ID 83467   | 1,000  | SCHOLARSHIP TO<br>ATTEND COLLEGE           |                       |              |
| SCHOLARSHIP                         | BRADLEY LOPEZ<br>401 CHALLIS ST<br>SALMON ID 83467    | 1,000  | SCHOLARSHIP TO<br>ATTEND COLLEGE           |                       |              |
|                                     |   | 2,469  |  |                       |              |
| Relationship                        | Description of Property                               | Book Value   | How Book Value is Determined               | How FMV is Determined | Date of Gift |
| NONE                                |   | 159  | ACTUAL AMOUNT PAID                         |                       | 2010-02      |
| NONE                                |   | 250  | ACTUAL AMOUNT PAID                         |                       | 2010-05      |
| NONE                                |   | 60   | ACTUAL AMOUNT PAID                         |                       | 2010-05      |
| NONE                                |   | 1,000  | ACTUAL AMOUNT PAID                         |                       | 2010-06      |
| NONE                                |   | 1,000  | ACTUAL AMOUNT PAID                         |                       | 2010-06      |
| Total                               |   | 2,469  |  |                       |              |

# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

ATTACHMENT 1: PAGE 4 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

| Name of Organization                |  | Employer Identification Number |                                  |
|-------------------------------------|--|--------------------------------|----------------------------------|
| SALMON PUBLIC SCHOOL FOUNDATION INC |  | 94-3112559                     |                                  |
| Class of Activity                   | Recipient's Name and Address                         | Amount (FMV)                   | Purpose of Payment to Affiliate  |
| SCHOLARSHIP                         | LUKE WEAVER<br>401 CHALLIS ST<br>SALMON ID 83467     | 1,182                          | SCHOLARSHIP TO<br>ATTEND COLLEGE |
| SCHOLARSHIP                         | REBECCA HADLOCK<br>401 CHALLIS ST<br>SALMON ID 83467 | 1,500                          | SCHOLARSHIP TO<br>ATTEND COLLEGE |
| SCHOLARSHIP                         | ELIZABETH BAER<br>401 CHALLIS ST<br>SALMON ID 83467  | 500                            | SCHOLARSHIP TO<br>ATTEND COLLEGE |
| SCHOLARSHIP                         | JAMYE KRASOWSKI<br>401 CHALLIS ST<br>SALMON ID 83467 | 1,000                          | SCHOLARSHIP TO<br>ATTEND COLLEGE |
| SCHOLARSHIP                         | CASSIE SETTLES<br>401 CHALLIS ST<br>SALMON ID 83467  | 1,000                          | SCHOLARSHIP TO<br>ATTEND COLLEGE |
|                                     |  | 5,182                          |                                  |

| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
|--------------|-------------------------|------------|------------------------------|-----------------------|--------------|
| NONE         |                         | 1,182      | ACTUAL AMOUNT PAID           |                       | 2010-06      |
| NONE         |                         | 1,500      | ACTUAL AMOUNT PAID           |                       | 2010-06      |
| NONE         |                         | 500        | ACTUAL AMOUNT PAID           |                       | 2010-06      |
| NONE         |                         | 1,000      | ACTUAL AMOUNT PAID           |                       | 2010-06      |
| NONE         |                         | 1,000      | ACTUAL AMOUNT PAID           |                       | 2010-06      |
| Total        |                         | 5,182      |                              |                       |              |

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 5 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

| OPEN TO PUBLIC INSPECTION           |   | For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010. |                                    |                       |              |
|-------------------------------------|---|--|------------------------------------|-----------------------|--------------|
| Name of Organization                |   | Employer Identification Number   |                                    |                       |              |
| SALMON PUBLIC SCHOOL FOUNDATION INC |   | 94-3112559   |                                    |                       |              |
| Class of Activity                   | Recipient's Name and Address  | Amount (FMV)   | Purpose of Payment to Affiliate    |                       |              |
| SCHOLARSHIP                         | KARLY DIAGE<br>401 CHALLIS ST<br>SALMON ID 83467                      | 1,000  | SCHOLARSHIP TO ATTEND COLLEGE      |                       |              |
| SCHOLARSHIP                         | CHELSEA BRITTANY INFANGER<br>401 CHALLIS ST<br>SALMON ID 83467        | 182  | SCHOLARSHIP TO ATTEND COLLEGE      |                       |              |
| SCHOLARSHIP                         | ELIZABETH RAYE MOODIE<br>401 CHALLIS ST<br>SALMON ID 83467            | 182  | SCHOLARSHIP TO ATTEND COLLEGE      |                       |              |
| FIELD TRIP                          | SALMON MIDDLE SCHOOL - 6TH GRADE<br>401 CHALLIS ST<br>SALMON ID 83467 | 6,173  | EDUCATIONAL RAFTING TRIP           |                       |              |
| ATHLETICS                           | SALMON SCHOOL DISTRICT<br>401 CHALLIS ST<br>SALMON ID 83467           | 200  | ATHLETIC SUPPORT FOR SCHOOL SYSTEM |                       |              |
|                                     |   | 7,737  |                                    |                       |              |
| Relationship                        | Description of Property   | Book Value   | How Book Value is Determined       | How FMV is Determined | Date of Gift |
| NONE                                |   |  | ACTUAL AMOUNT PAID                 |                       | 2010-06      |
| NONE                                |   | 1,000  | ACTUAL AMOUNT PAID                 |                       | 2010-06      |
| NONE                                |   | 182  | ACTUAL AMOUNT PAID                 |                       | 2010-06      |
| NONE                                |   | 182  | ACTUAL AMOUNT PAID                 |                       | 2010-06      |
| NONE                                |   | 6,173  | ACTUAL AMOUNT PAID                 |                       | 2009-09      |
| NONE                                |   | 200  | ACTUAL AMOUNT PAID                 |                       | 2009-11      |
| Total                               |   | 7,737  |                                    |                       |              |

**PRIMARY EXEMPT PURPOSE**

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART III

|   |  |
|---|--|
| OPEN TO PUBLIC<br>INSPECTION                                | For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010. |
| Name of Organization<br>SALMON PUBLIC SCHOOL FOUNDATION INC | Employer Identification Number<br>94-3112559                                 |

## Primary Purpose

THE SALMON PUBLIC SCHOOL FOUNDATION IS AN ORGANIZATION WHOSE GOAL IS TO GENERATE SUPPORT FOR THE KIDS IN THE SALMON SCHOOL DISTRICT.

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 3, PART III

|   |   |                          |  |
|---|---|--------------------------|--|
| OPEN TO PUBLIC<br>INSPECTION                                | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010. |                          |  |
| Name of Organization<br>SALMON PUBLIC SCHOOL FOUNDATION INC |   |                          | Employer Identification Number<br>94-3112559 |
| Part III - Statement of Program Service Accomplishments     |   |                          |  |
| Grants and allocations                                      | Amount includes foreign grants  | Program service expenses | 24,012                                       |
| Exempt Purpose Achievements                                 |   |                          |  |

ACHIEVEMENTS FOR THE ORGANIZATION INCLUDE: 1. BOOKS AND SUPPLIES FOR THE CLASSROOMS 2. MEDICAL SUPPORT FOR KIDS IN NEED (10 KIDS) 3. AWARDED 10 COLLEGE SCHOLARSHIPS 4. MONETARY SUPPORT FOR TEACHERS TO PURCHASE CLASSROOM SUPPLIES 5. PROMOTE THE VALUE OF THE ARTS FOR KIDS K-6

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV

|                              |   |
|------------------------------|---|
| OPEN TO PUBLIC<br>INSPECTION | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010. |
|------------------------------|---|

|   |  |
|---|--|
| Name of Organization<br>SALMON PUBLIC SCHOOL FOUNDATION INC | Employer Identification Number<br>94-3112559 |
|---|--|

| (A) Name and Address                               | (B) Title and Average<br>Hrs. per Week | (C) Compensation (If<br>not paid, enter 0) | (D) Cont. to Employee<br>Ben. Plans & Def Comp | (E) Expense Account<br>& Other Allowances |
|--|--|--|--|---|
| DEBORAH WESTFALL<br>PO BOX 275<br>SALMON, ID 83467 | CO-PRESIDENT<br>1.00                   | 0  | 0  | 0   |
| WENDY NEAL<br>PO BOX 275<br>SALMON, ID 83467       | CO-PRESIDENT<br>1.00                   | 0  | 0  | 0   |
| PAM SETTLES<br>PO BOX 275<br>SALMON, ID 83467      | SECRETARY<br>1.00                      | 0  | 0  | 0   |



## BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.

Name of Organization

SALMON PUBLIC SCHOOL FOUNDATION INC

Employer Identification Number

94-3112559

Part V - Line 42a

Individual Name

or

Business Name

VICKIE ARMSTRONG

Street Address

202 12TH STREET

U.S. Address:

Zip code

83467

City

SALMON

State

ID

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(208) 993-0403

Fax Number