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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2010 calendar year, or tax year beginning 1/01, 2010, and ending 9/30, 2010**B** Check if applicable

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

C
Friends of Scotchman Peaks Wilderness
Inc.
PO Box 2061
Sandpoint, ID 83864**D** Employer identification number

74-3202365

E Telephone number

(208) 946-9127

F Group Exemption Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► www.scotchmanpeaks.org**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) () (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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 46,181.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	43,396.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	267.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,141.
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,804.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	49,562.
13	Professional fees and other payments to independent contractors	13	200.
14	Occupancy, rent, utilities, and maintenance	14	1,350.
15	Printing, publications, postage, and shipping	15	9,634.
16	Other expenses (describe in Schedule O) See Schedule O	16	30,767.
17	Total expenses. Add lines 10 through 16	17	91,513.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-46,709.
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	83,499.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	36,790.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83,499.	39,240.
23 Land and buildings		
24 Other assets (describe in Schedule O) _____)		
25 Total assets	83,499.	39,240.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u> _____)	0.	2,450.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,499.	36,790.

Part III Statement of Program Service Accomplishments (see the instrs for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒**Expenses**

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

What is the organization's primary exempt purpose? See Schedule O

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, and other relevant information for each program title

28 <u>See Schedule O</u>	
(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 (describe in Schedule O) _____	
(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 instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Phil Hough PO Box 2061 Sandpoint, ID 83864	President 40.00	22,198.	0.	0.
WILL VALENTINE PO Box 2061 Sandpoint, ID 83864	Director 3.00	0.	0.	0.
BILL MARTIN PO Box 2061 Sandpoint, ID 83864	Director 4.00	0.	0.	0.
Charlie Clough PO Box 2061 Sandpoint, ID 83864	Director 15.00	9,697.	0.	0.
JACOB STYER PO Box 2061 Sandpoint, ID 83864	Treasurer 10.00	0.	0.	0.
SARAH LUNDSTRUM PO Box 2061 Sandpoint, ID 83864	Secretary 10.00	0.	0.	0.
DOUGLASS HOWARD FERRELL PO Box 2061 Sandpoint, ID 83864	Director 10.00	0.	0.	0.
CAROL R JENKINS PO Box 2061 Sandpoint, ID 83864	Director 10.00	0.	0.	0.
NEIL E WIMBERLEY PO Box 2061 Sandpoint, ID 83864	Director 6.00	0.	0.	0.
_____ _____ _____				

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O

Check if the organization used Schedule O to respond to any question in this Part V

☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		
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	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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		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		X
41 List the states with which a copy of this return is filed	None	

42a The organization's books are in care of Jacob Styer Telephone no 828-989-8095
 Located at PO Box 2061 Sandpoint ID ZIP + 4 83864

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.

	Yes	No
42b		X
42c		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

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

	Yes	No
44a		X
44b		X
44c		X
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b 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 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

JACOB STYER

Date

5-13-11

Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Andrew T. Platte, CPA PA

Preparer's signature

Andrew T. Platte, CPA PA

Date

5/13/11

Check ☒ if self employed

PTIN

P00448528

Firm's name ▶ BOYLE PLATTE AND KEE LLP

Firm's address ▶ 120 E LAKE ST STE 202
SANDPOINT, ID 83864-1366

Firm's EIN ▶ 26-3405106

Phone no (208) 263-0959

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

BAA

Form 990-EZ (2010)

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

2010

Open to Public Inspection

Name of the organization **Friends of Scotchman Peaks Wilderness Inc.**

Employer identification number
74-3202365

Part I 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).**
- 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 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 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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 Total support. Add lines 7 through 10						
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. 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 – 2009. 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 – 2010. 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 – 2009. 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 ▶ ☐		

BAA

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)		63,026.	49,514.	87,743.	43,396.	243,679.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		12,237.	12,548.	4,170.	2,518.	31,473.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	0.	75,263.	62,062.	91,913.	45,914.	275,152.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						275,152.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0.	75,263.	62,062.	91,913.	45,914.	275,152.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		352.	999.	554.	267.	2,172.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	352.	999.	554.	267.	2,172.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV		145.				145.
13 Total support. (Add lines 9, 10c, 11, and 12.)	0.	75,760.	63,061.	92,467.	46,181.	277,469.
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 ▶ ☒						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33-1/3% support tests – 2010.** 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. ▶ ☐
- b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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. Also complete this part for any additional information (See instructions).

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545 0047

2010

**Open to Public
Inspection**

Name of the organization **Friends of Scotchman Peaks Wilderness
Inc.**

Employer identification number
74-3202365

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

The Friends of Scotchman Peaks Wilderness believes that the 88,000-acre Scotchman Peaks IRA (Inventoried Roadless Area) deserves permanent protection through wilderness designation by congress. The Scotchmans are a biologically rich and diverse area with unique plant communities and critical habitat for threatened, endangered and sensitive fauna such as the Grizzley Bear, Canada Lynx, Bull Trout, Mountain Goat and Wolverine. Its steep ridges and deep valleys offer outstanding opportunities for recreation and solitude. Our goal is to create community support for wilderness designation through education and community outreach.

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

Our outreach and education efforts have resulted in growing our support list to over 3,000 individuals, including supporters from 38 states. Over 80% of our supporters are from the region of eastern Washington through northwestern Montana.

Our most effective form of communication remains our newsletter, put out 6 times a year and distributed to over 75 locations throughout the region from Spokane to Libby to Missoula and many points in between!

We have seen an increase in visitors to our website, providing information on the value of preserving the wilderness characteristics of the Scotchmans. Our website has also been an effective method of providing information on events and activities. Our facebook page continues to grow in use and provides an interactive forum to bring together our supporters and volunteers and engage them more effectively.

Both summer and winter we continued to bring a large number of people into the Scotchmans to experience this area first hand. In the winter and summer of 2010,

Name of the organization Friends of Scotchman Peaks Wilderness
Inc.

Employer identification number
74-3202365

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

over 200 hiked joined us for organized hikes into the area. We continued to engage our hikers through our third annual photo contest. Our hiking map, distribute free of charge, has assisted both hikers as well as those who simply want more information about the area.

We continued to present our proposal for wilderness to clubs, organizations, civic and business groups throughout the region. Our power point story has evolved and allows us to bring the audience on an "armchair journey", especially useful for those who have not been to visit the area firsthand. Some of the new endorsements we received in 2010 included the Wildhorse Plains Backcountry Horsemen

2010 was active year for events. Highlights included our annual "State of the Scotchmans" in May where we showed the documentary film "Forever Wild". In June we hosted Native American storyteller, singer, songwriter Jack Gladstone. And in February we hosted a showing of the International Wildlife Film Festival. Our third annual "Plein Air Paint Out" continued to expand our outreach into the "arts community". All of these events were open to the public free of charge.

We continued to participate in community events including the Bonner County Fair, the Huckleberry Festival in Trout Creek and 4th of July parades in Sandpoint, Clark Fork, and Noxon, MT, National Trails Day, and the Earth Day Festival in Sandpoint.

We furthered our staff/volunteer development by attending the Washington Wilderness Week in Washington DC in September.

Name of the organization Friends of Scotchman Peaks Wilderness
Inc.Employer identification number
74-3202365**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

In October, Gonzaga's course on ecology and political thought continued to use the Scotchmans as a case study, including a classroom presentation about the Scotchmans. We continued our Scholarship Program for high school seniors and an Essay contest in Sanders County for 1st through 12th graders. We continued to maintain our adopted section (2 miles) of Highway 200 and coordinated trail maintenance project in both the Sandpoint Ranger district as well as the Cabinet Ranger district.

In July we hosted three student film makers as they interviewed local people and shot video footage of the area in order to produce two documentary films: one about our Plein Air art program and the other about our grass roots effort to protect the Scotchmans. As Sept 30th, 2010, the end of our fiscal year, both of these films were in the editing stages of production.

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

Friends of Scotchman Peaks Wilderness
Inc.

74-3202365

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

Advertising and Promotion	\$	3,358.
Conferences, Conventions, and Meetings		5,546.
Dues and Subscriptions		425.
Insurance		1,337.
License, Permits, and Fees		8.
Mine Claim Management		700.
Miscellaneous		11.
Office Expenses		2,889.
Program Expense		8,375.
Sales Tax		134.
Scholarships		1,750.
Travel		4,387.
Utilities		1,847.
Total	\$	<u>30,767.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payroll Tax Liabilities	\$ 0.	\$ 2,450.
Total	<u>\$ 0.</u>	<u>\$ 2,450.</u>

Application To Adopt, Change, or Retain a Tax Year

OMB No. 1545-0134

Attachment
Sequence No. **148**

► See separate instructions.

Part I General Information

Important: All filers must complete Part I and sign below. See instructions.

Name of filer (if a joint return is filed, also enter spouse's name) (see instructions) Friends of Scotchman Peaks Wilderness Inc.	Filer's identifying number 74-3202365
Number, street, and room or suite no. (if a P.O. box, see instructions) PO Box 2061	Service Center where income tax return will be filed
City or town, state, and ZIP code Sandpoint, ID 83864	Filer's area code and telephone number/Fax number (828) 989-8095 / ()
Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
Name of person to contact (if not the applicant or filer, attach a power of attorney) Jacob Styer	Contact person's area code and telephone number/Fax number (828) 989-8095 / ()

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

- | | | |
|---|--|--|
| ☐ Individual | ☐ Cooperative (sec. 1381(a)) | ☐ Passive foreign investment company (PFIC) (sec. 1297) |
| ☐ Partnership | ☐ Controlled foreign corporation (CFC) (sec. 957) | ☐ Other foreign corporation |
| ☐ Estate | ☐ Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | ☒ Tax-exempt organization |
| ☐ Domestic corporation | ☐ Specified foreign corporation (SFC) (sec. 898) | ☐ Homeowners Association (sec. 528) |
| ☐ S corporation | ☐ 10/50 corporation (sec. 904(d)(2)(E)) | ☐ Other _____ |
| ☐ Personal service corporation (PSC) | ☐ Trust | (Specify entity and applicable Code section) |

2a Approval is requested to (check one) (see instructions):

- ☐ Adopt a tax year ending ► _____ (Partnerships and PSCs: Go to Part III after completing Part I.)
☒ Change to a tax year ending ► **09/30** ☐ Retain a tax year ending ► _____

b If changing a tax year, indicate the date the present tax year ends. ► **09/30/2011**

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ► **01/01**, 20 **10**, and ending ► **09/30**, 20 **10**

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ► ☒ **Yes** ☐ **No**

If "No," attach an explanation.

4 Indicate the applicant's present overall method of accounting.

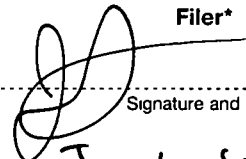
- ☒ Cash receipts and disbursements method ☐ Accrual method
☐ Other method (specify) ► _____

5 State the nature of the applicant's business or principal source of income.

A 501(c)3 organized to help designate the Scotchman Peaks Inventoried Roadless Area as wilderness. Funds come from grants and donations.

Signature—All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

Filer*

Signature and date
5-15-11
Jacob Styer Treasurer
Name and title (print or type)

Preparer (other than filer)

Signature of individual preparing the application and date

Name of individual preparing the application

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

Name of firm preparing the application

Part II Automatic Approval Request (see instructions)

Identify the revenue procedure under which this automatic approval request is filed ▶

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

	Yes	No
1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶		
2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.		
3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶		

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

	Yes	No
4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶		
5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶		
6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ▶		
7 Is the S corporation requesting an ownership tax year? (see instructions) ▶		
8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶		

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

	Yes	No
9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶		

Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

	Yes	No
10 Is the applicant a tax-exempt organization requesting a change? ▶	✓	

Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)**Section A—General Information**

	Yes	No
1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶ If "Yes," see the instructions for information that must be included on an attached explanation.		
2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶ If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶ If "Yes," attach an explanation.		
4a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? ▶ If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		
b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box. ☐ Annual business cycle test ☐ Seasonal business test ☐ 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

		Yes	No												
6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:														
	<table border="0"> <tr> <td></td> <td>Generated</td> <td>Expiring</td> </tr> <tr> <td>Net operating loss</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Capital loss</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Unused credits</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>		Generated	Expiring	Net operating loss	\$ _____	\$ _____	Capital loss	\$ _____	\$ _____	Unused credits	\$ _____	\$ _____		
	Generated	Expiring													
Net operating loss	\$ _____	\$ _____													
Capital loss	\$ _____	\$ _____													
Unused credits	\$ _____	\$ _____													
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) ▶ \$ _____														
8a	Is the applicant a U.S. shareholder in a CFC? ▶ If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.														
b	Will each CFC concurrently change its tax year? ▶ If "Yes" to line 8b, go to Part II, line 3. If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.														
9a	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? ▶ If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.														
b	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? ▶														
10a	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? ▶ If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.														
b	Will any partnership concurrently change its tax year to conform with the tax year requested? ▶														
c	If "Yes" to line 10b, has any Form 1128 been filed for such partnership? ▶														
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? ▶ If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request														
12	Is Form 2848 , Power of Attorney and Declaration of Representative, attached to this application? ▶														
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? ▶														
14	Enter amount of user fee attached to this application (see instructions) ▶ \$ _____														
Section B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)															
15	Enter the date of incorporation. ▶														
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? ▶	Yes	No												
b	If "Yes," will the corporation be going to a permitted S corporation tax year? ▶ If "No" to line 16b, attach an explanation.														
17	Is the corporation a member of an affiliated group filing a consolidated return? ▶ If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return, (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.														
18a	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.														
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year. ☐ Grandfathered (attach copy of letter ruling) ☐ Section 444 election (date of election _____) ☐ Letter ruling (date of letter ruling _____ (attach copy))														

Section C—S Corporations (see instructions)

19	Enter the date of the S corporation election. ►	Yes	No
20	Is any shareholder applying for a corresponding change in tax year? ► If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. ☐ Grandfathered (attach copy of letter ruling) ☐ Section 444 election (date of election _____) ☐ Letter ruling (date of letter ruling _____ (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		

Section D—Partnerships (see instructions)

23	Enter the date the partnership's business began. ►	Yes	No
24	Is any partner applying for a corresponding change in tax year? ►		
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? ► If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. ☐ Grandfathered (attach copy of letter ruling) ☐ Section 444 election (date of election _____) ☐ Letter ruling (date of letter ruling _____ (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
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Section F—Tax-Exempt Organizations

29	Type of organization: ☒ Corporation ☐ Trust ☐ Other (specify) ►	Yes	No
30	Date of organization. ► <u>11/25/2007</u>		
31	Code section under which the organization is exempt. ► <u>c</u>		
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ►	✓	
33	Enter the date the tax exemption was granted. ► <u>11/26/2007</u> Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34	If the organization is a private foundation, is the foundation terminating its status under section 507? . . . ►		

Section G—Estates

35	Enter the date the estate was created ►
36a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.

Section H—Passive Foreign Investment Companies

37	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.
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Friends of Scotchman Peaks Wilderness
Inc.

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Part III, Line 12 - Other Income

Nature and Source	2010	2009	2008	2007	2006
Other Income				145.	
Total	\$ 0.	\$ 0.	\$ 0.	\$ 145.	\$ 0.