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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)

2010

Open to Public
Inspection

► 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.

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

MINI-CASSIA COMMUNITY CHEST

D Employer identification number

82-0492481

E Number & street (or P O box, if mail is not delivered to street addr)Room/
suite**F Telephone number**

PO BOX 477

(208) 678-1017

G City or town, state or country, and ZIP + 4

HEYBURN ID 83336

H Group Exemption

Number. . . . ►

G Accounting Method: Cash Accrual Other (specify) ►**I Website:** ► N/A**J Tax-exempt status (check only one) --** 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

H Check ► if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ... ► \$ 12,683

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

REVENUE EXPENSES ASSETS	1 Contributions, gifts, grants, and similar amounts received	1 12,593
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 90
	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	6d
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$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
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 12,683
	10 Grants and similar amounts paid (list in Schedule O)	10 2,340
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 332
	14 Occupancy, rent, utilities, and maintenance	14 508
	15 Printing, publications, postage, and shipping	15 219
	16 Other expenses (describe in Schedule O)	16 3,855
	17 Total expenses. Add lines 10 through 16	17 7,254
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,429
	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 98,990
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -2,767
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 101,652

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2010) 23

Part V Other Information (Note the statement requirements in the instructions for Part V.)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	33	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)	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► SEE ATTACHMENT #4	Telephone no. ► _____	
Located at ► _____	ZIP + 4 ► _____	
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)?	42b	X
If "Yes," enter the name of the foreign country ► _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	X

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	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 must be completed instead of Form 990-EZ (see instructions)	45a	X
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	46	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 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	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 . . . ►

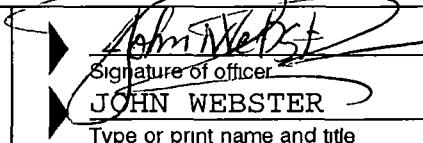
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

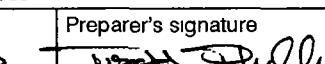
d Total number of other independent contractors each receiving over \$100,000 . . . ►

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			15/13/2011 Date
	Signature of officer	JOHN WEBSTER	

PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TODD PHILLIPS		5-11-2011		P00510994
	Firm's name	KING POPE PHILLIPS OAKES & CO LLC			Firm's EIN ► 76-0734603
	Firm's address	1710 OVERLAND		Phone no.	

BURLEY ID 83318

208-878-7000

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Employer Identification number
82-0492481

Name of the organization

MINI-CASSIA COMMUNITY CHEST

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 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?
 (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
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

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 col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?	(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support	
						Yes	No
Total							

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 any "unusual grants")		39,383	15,779	7,108	12,593	74,863
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 Total. Add lines 1 through 3 . . .	39,383	15,779	7,108	12,593	74,863	
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.						74,863

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		39,383	15,779	7,108	12,593	74,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		510	444	156	90	1,200
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						76,063
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98 . 42	%
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 line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>

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

MINI-CASSIA COMMUNITY CHEST

Employer identification number

82-0492481

OTHER EXPENSE: DEPRECIATION 2767

OTHER EXPENSE: ADVERTISING 773

OTHER EXPENSE: LICENSES AND FEES 315

LN 10 COATS PURCHASED 835

LN 10 GRANT TEACHER SUPPLIES 1030

LN 10 OTHER GRANTS 475

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 0 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	, and ending
Name of Organization MINI-CASSIA COMMUNITY CHEST	Employer Identification Number 82-0492481	

Primary Purpose

(CHARITABLE - EDUCATION - HISTORICAL - CULTURAL) THE COMMUNITY CHEST PURPOSE IS TO ACQUIRE PUBLIC CONTRIBUTIONS TO BE USED FOR CAUSES THAT AFFECT THE MINIDOKA AND CASSIA COUNTY CITIZENRY IN EDUCATIONAL, HISTORICAL CULTURAL AND CHARITABLE WAYS.

990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC	For calendar year 2010 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
MINI-CASSIA COMMUNITY CHEST	82-0492481	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses
	835	
Exempt Purpose Achievements		
PURCHASED NEW COATS AND CLOTHES FOR CHILDREN BASED ON NEED AND BOARD APPROVAL		

990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC	INSPECTION	For calendar year 2010 or tax period beginning	, and ending
Name of Organization		Employer Identification Number	
MINI-CASSIA COMMUNITY CHEST		82-0492481	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	1,030
Exempt Purpose Achievements			
PROVIDED TEACHING SUPPLIES TO LOCAL TEACHERS BASED ON NEED AND BOARD APPROVAL.			

990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC	For calendar year 2010 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
MINI-CASSIA COMMUNITY CHEST	82-0492481	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	475
Exempt Purpose Achievements			

PROVIDE SUPPLIES FOR COMMUNITY FOURTH OF JULY CELEBRATION AS APPROVED BY THE BOARD.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	, and ending	Employer Identification Number 82-0492481	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
JOHN WEBSTER 800 N OVERLAND AVE BURLEY, ID 83318	PRESIDENT 2.00	0	0	0
DAN LLOYD 318 SOUTH ONEIDA RUPERT, ID 83350	VICE PRESIDENT 1.00	0	0	0
JENNIFER CUTLER 800 N OVERLAND AVE BURLEY, ID 83318	SECRETARY 3.00	0	0	0
RAE SMITH 5 GRANADA PLACE BURLEY, ID 83318	TREASURER 10.00	0	0	0
GEORGE ANDERSON PO BOX 147 HEYBURN, ID 83336	DIRECTOR 1.00	0	0	0
JON ANDERSON 2330 BURTON AVE BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
ZEB BELL 23736 HWY 30 MURTAUGH, ID 83344	DIRECTOR 1.00	0	0	0
BRUCE BRESHEARS 325 OVERLAND AVE BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
GAIL GILLETTE 520 W BASELINE RD PAUL, ID 83347	DIRECTOR 3.00	0	0	0
TOM KING PO BOX 669 BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
JAY LENKERSDORFER 350 WEST 25TH STREET BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
TODD PHILLIPS PO BOX 608 BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
RENEE' SCHAFER 15 W 600 S RUPERT, ID 83350	DIRECTOR 1.00	0	0	0
CELIA SPAULDING 1421 19TH STREET HEYBURN, ID 83336	DIRECTOR 1.00	0	0	0

990 BOOKS ARE IN CARE OF**ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A**

OPEN TO PUBLIC	For calendar year 2010 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
MINI-CASSIA COMMUNITY CHEST	82-0492481	
Part V - Line 42a		

Individual Name RAE SMITH

or

Business Name.

Street Address 5 GRANADA PLACE

U S Address

Zip code 83318 City BURLEY State ID

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (208) 678-1017

Fax Number