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990 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)

OMB No 1545-0047

2011

Form 990 (2011)

Department of the Treasury Internal Revenue Service

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

Open to Public ::
Inspection

ĀI	For the	2011 calend	lar year, or tax year	beginning			, 2011, and	endina			, 20
	Check if ap			Boise Christian	Homes Inc	c	, , , ,			D Fo	nployer identification no.
_	Address ch		Doing Business As								-0393140
	Name chan	-		PO box if mail is not delivered	to etropt address.		·	December			
$\equiv$		•	3233 N 36TH		to street address)			Room/s	uite	В	lephone number
	nitial return					_				(2)	08) 344-0551
	Terminated		City or town, state or o								622,537
=	Amended re		Boise, ID 8							<b>G</b> Gr	oss receipts \$
□ ′	Application	pending	F Name and address of	, ,	Mahan			H(a)	Is this a ord	oup return for	
			Same as Ca	bove					affiliates?		Yes X No
<u> </u>	Tax-exempt	t status X	501(c)(3) 501(c)	( ) <b>∢</b> (insert no )	4947(a)(1) or	52	27	Н(b)		ates included	7 Yes No
<u> </u>	Website:	▶ N/A						H(c)	Group exer	nption numbe	er •
K F	orm of org	ganization X	Corporation Trust	Association Other	<b>&gt;</b>	L	Year of formation	1976	M State	of legal dom	cile ID
₽a	rt lj	Summar	у							-	
	1 6	Briefly descr	be the organization	s mission or most signif	icant activities	Care	For elderl	y and	childr	en at	risk
~											
₽ĞG	1 -			-							
<b>5</b> 0	-										
<del>v </del> e	2 0	Check this b	ox > 1 if the organ	zation discontinued its	operations or di	sposed o	of more than 25	% of its r	net assets		
, מין				e governing body (Part \						з	11
り n				embers of the governing						4	11
2 <b>د</b> هی با				oyed in calendar year 20						5	
Θ											38
<u> </u>				nate if necessary)						6	70
ANNEG				from Part VIII, column						7a	0
<del>了</del>	D F	Net unrelate	d business taxable i	ncome from Form 990-T	, line 34	• • • •	••••••			7b	0
च्या ८५२								F	nor Year		Current Year
ĬŢ.				III, line 1h)					475	, 977	437,197
ė				/III, line 2g)							0
n				lumn (A), lines 3, 4, and					3	, 558	4,834
e				(A), lines 5, 6d, 8c, 9c,					173	448	180,506
	12	Total revenu	e - add lines 8 throu	gh 11 (must equal Part \	/III, column (A),	, line 12)	)	,	652	, 983	622,537
	13 (	Grants and s	similar amounts paid	(Part IX, column (A), lin	es 1-3)						0
E	14 8	Benefits paid	to or for members	(Part IX, column (A), line	: 4)						0
x				nployee benefits (Part I)					329	491	326,791
P				art IX, column (A), line 1							
n	1			IX column (D), line 25)			0	- 14 24 3	86 Lat.		Carrie :
8 e				REGENYED 11-				20074	COLO - MANAGEMENT	, 658	329,917
8				(must equal Part IX, co	1					,149	656,708
	1		11	ct line 18 from June 12.	တ္သု	·,				,166)	(34,171)
	+	-		JUL 2 5 2012 -	· <u>Q</u> }·····	••••		Pommono	of Current Y		
Asset	s 20 -	Total assets	(Part X, line 16)		K		}	- coffinal		608	End of Year
or Fund				OGDEN HT		• • • •	• • • • • • •				953,145
Bal-				btract line 21 from line 2		• • • •	• • • • • •			,319	25,027
ances				iotract line 21 from line 2		• • • •	• • • • • • •		962	,289	928,118
	rt II		re Block	is return, including accompanyii	on echadulas and st	atamente s	and to the best of my	knowlodgo	and ballat it		
				han officer) is based on all infor				M lowledge	and belief, it	5	
			1 (17)		••		<del></del>				12
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Sig	<b>"</b> Д	Oignatur	e of afficer	1	\:01	1 /	D.	1 1	•	Date	
Her	e			President L	aura J M	lana-	Prosi	dent			
	]	Type or	print name and title								
		Print/Type pre	parer's name	Preparer's startature		$\cap$	Date		Check X	if PTIN	
Pai	d	Gary Me	rkle	Not Some	Chile.	ye 1	07-09-2012	1	self-employe	d P	00010482
Pre	parer	Firm's name	▶ Gary	Merkle CPA	V			Firm's E	IN		
	Only	Firm's addres	s <b>&gt;</b> 2627	W Idaho	<del> = .</del>			Phone r	<u> </u>		
			Bois	e ID 83702						000-0	000-0000
Mav	the IRS	discuss this		arer shown above? (see	instructions)						Yes X No
<u>_</u>				the separate instruction			<del></del>	• • • •		EA.	Form 990 (2011)
			,,,,	oopeieto mondone							COM 990 (2011)

Par	ťįIII	Statement of Progra						_					
		Check if Schedule O conta		question in this Part III .		• • • • • • • • •		· · · · · <u> </u>					
1	•	describe the organization's n											
	Care	For elderly and chi	lidren at risk										
					<u> </u>	<del></del>	-						
								<del></del>					
2	Did the	e organization undertake any	significant program ser	vices during the year whi	ch were not listed on	the							
	prior F	orm 990 or 990-EZ?					. 🗌 Yes	X No					
		," describe these new service											
3		e organization cease conduct	-				_						
		es?					. U Yes	X No					
		," describe these changes on					l h						
4		Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of											
		and allocations to others, the											
	granto	and anodations to salein, and	total onpolitor, and it	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
4a	(Code	) (Expenses	\$ 656,708	including grants of \$		) (Revenue \$		)					
	Main	tain residence home:				-							
		on site staffing.											
	elde	rly with fixed incom	me and at-risk o	children.									
						<del> </del>							
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				-									
					• •								
4b	(Code	) (Expenses	\$	including grants of \$		) (Revenue \$		)					
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4c	(Code	) (Expenses	\$	including grants of \$		) (Revenue \$		)					
				<del></del>									
		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>									
<b>A</b> -1	Other	program conicos (Decetta	in Schodulo C \			<del></del>							
4d		program services. (Describe nses \$	including grants of	· <b>s</b>	) (Revenue \$		)						
4e		program service expenses		5,708	, (		,						

Form 990 (2011) Boise Christian Homes Inc

82-0393140

82-0393140

Pai	Checklist of Required Schedules			-3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2		X
3	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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	_		
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		X
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۳		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-		
	VII, VIII, IX, or X as applicable		jk p	,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	********		2.00
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	<u>X</u>
b	•			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outlisde the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	<u> </u>	X
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			^
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u> </u>	<del> </del> -	_^
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	<b>-</b>	
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
h	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 ın the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II............ 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a X Is the organization 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? 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II ...... 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ......... 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 Х Х Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

82-0393140 Statements Regarding Other IRS Filings and Tax Compliance Part V Enfer the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . . . . . . . . Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . . b Did the organization comply with backup withholding rules for reportable payments to vendors and 1c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За X 3a 3b 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 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?......... 5a 5b b C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . . . . . . . . . . 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?.......... 9a а 9b b Section 501(c)(7) organizations. Enter-10 Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . b Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which Enter the amount of reserves on hand ................. Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . . . . . 11 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . . . . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ........ 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a X h Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . . . . 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply ▼ Upon request Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

3233 N 36th Boise, ID 83703

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization ▶ Dana Burak (208) 344-0551

Form 990 (2	2011)	
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Boise Christian Homes Inc

82-0393140

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

💢 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	}		(0	C)			(D)	(E)	(F)
Name and Title	Average	1		Pos	tion			Reportable compensation from the	Reportable compensation from related	Estimated
	hours per week	(do no	ot che	ck mo	ore th	an one				amount of other
	(describe	box, ı	unless	pers	on is	both an			organizations	compensation
	hours for	office	r and	a dire	ctor/t	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations in Schedule O)	I t d nrı dur ı se v t c ı e t de o u r a o I r	nr su ts tte	f f c e	Key employee	H c e m p l o m p l o m p l o y e s t s e t e d	r m	(W-2/1095-WISC)		and related organizations
(1) Bob Grove		Ì								
Director		Х								
(2) Chris Roth										
Director		X							1	
(3) Evelyn Fleenor										=
Director		X								
(4) Greg Mayhugh										-
Director		Х				İ				
(5) Laura Mahan										
President	5.00	Х	<u>.</u>	X						
(6) Marge Lawrence										
Treasurer	5.00	X	<u></u>	Х	1	<u> </u>				
(7) Mark Little										
Secretary	5.00	X	L	Х	1		L			
(8) Rik Halsteen										
Director		X		<u> </u>						
(9) Sam Hardiman										
Director		X					<u>L</u>			
(10)Tim Beatty										
Vice Pres	5.00	X		Х	1					
(11)Tom Pfaff										
Director		X								
(12)										
(13)										
(14)		<u>†</u>	$\vdash$	-	$\vdash$	<del>                                     </del>				

(A)  Name and Title	(B) Average hours per week (describe	(do n	ot che	Pos eck m	C) ition ore th	nan one both an ustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	I t d I n r r I s e V t e t d e o u o l r	nr su ts tte	f f c e	e y e m	H compensated	H O L B B L	organization (W-2/1099 <del>-M</del> ISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)					_					
(22)										
(23)						! !				
(24)										
(25)										
1b Sub-total	n A		• •	• •	•••	• • •	<b>&gt; &gt; &gt;</b>	C		0 0
2 Total number of individuals (including but not limited reportable compensation from the organization							ore	than \$100,000 in		0
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J					_					Yes No
For any individual listed on line 1a, is the sum of reportanization and related organizations greater than individual	\$150,000? If	"Yes,"	com	plet	e Sc	hedule	∋ J fo	or such		4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	-		-			-		on or individual		5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization. Report compensation from the organization.										
year (A) Name and business addres	8							(B) Description of s	ervices	(C) Compensation
			-							
								_		
Total number of independent contractors (including received more than \$100,000 of compensation from				ısted	d ab	ove) w	ho			

Part \		statement of Revenue	<u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns		1a	·	<u> </u>			
	ь	Membership dues		1b	<del>-</del>	-			
Contri-	c	Fundraising events		1c		1			
butions, Gifts,	d	Related organizations		1d					
Grants	e	Government grants (contribution		1e		-			· ·
and Other		All other contributions, gifts, gr		··•	-	-			,
Sımilar	•	and similar amounts not includ		1f	437,197				, , , ,
Amounts	g	Noncash contributions include			,	-			
	h	Total. Add lines 1a-1f				437,197	3		ļ., .,,
	<del>- "</del>	Total. Add into 14-11	••••	<del>-                                    </del>	Business Code	, .	7 . 7	2 2 2	* / *
	2a			-	DAME TO SO COOLS				
	b			—					
Program	C		-	— }					
Service Revenue	d			}		<del> </del>	<del></del>		
	e								
	•	All other program service reven				<del> </del>			
	1	Total. Add lines 2a-2f		<u></u>		<del>                                     </del>	Mar Artica IV		
							38% 3 4 4 4		N   N   N   N   N   N   N   N   N   N
	3	Investment income (including d and other similar amounts)			•	52	52		1
	4	Income from investment of tax-			_	ļ	<u> </u>		
	5	Royalties			_				
	3	rtoyanies	(ı) Real		(ii) Personal	* * * * *		*	*
	60	Gross rents		,506	(II) Personal			. ```	
	l .	Less rental expenses		,,500		1 1 3			
		Rental income or (loss)	180	,506		-			
	1	Net rental income or (loss)			•	180,506	180,506	colle sur source manifestation	
		Г	(ı) Securiti		(II) Other	200,300	200,300	7. S. 2. E. 12. W.	
	7a	Gross amount from sales of assets other than inventory	(I) Securiti	ies	4,78				
	١.	, F			4,70	4			
	b	Less cost or other basis and sales expenses							
0	_	Gain or (loss)			4,78				
t h	L	_				4,782	4,782		
e		Net gain or (loss) Gross income from fundraising	• • • • •	1		4,702	¥,702		#-5% X
r	ba	events (not including \$					, i		
R		of contributions reported on line	2 10)	— i			<b>'</b>		
e		See Part IV, line 18	•	. a					
v e	١,	Less direct expenses				-{.	,		
n	1	Net income or (loss) from fundr					1 , .	former or or and the contract of the contract	
u e	1	Gross income from gaming act			•••••	<u> </u>	1.6 %	× ,	.>5%
-	"	See Part IV, line 19		. a					
	h	Less direct expenses		, h		*	,		
	1	Net income or (loss) from gami			<b>•</b>				
			ng donano	· · · · · · · · · · · · · · · · · · ·	••••	ર			
	10a	Gross sales of inventory, less returns and allowances		. a		£			
	h	Less cost of goods sold							
	ľ	Net income or (loss) from sales						<del></del>	<del>``</del>
	۳	Miscellaneous Revenue	or invento	,, <del>, , , , , , , , , , , , , , , , , ,</del>	Business Code	<del>                                     </del>			
	11a	MINOCHARIA IVAANIA							<del></del>
	b					+			
	C	<del></del>			·-	<u> </u>		_	
	١.	All other revenue	·-·	}		+	<del> </del>	-	
	d	Total. Add lines 11a-11d			•	+	8 >:	*** **	
	1	Total revenue. See instruction				622,537	185,340		1 23
	1 4	TOWN IS TOTAL OCC INSUICION	·			,,,			٦ '

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	* Check if Schedule O contains a response to any ques	stion in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21.			*	
2	Grants and other assistance to individuals in			<del></del>	
	the United States See Part IV, line 22			*	
3	Grants and other assistance to governments,			***	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		İ	`	
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,			•	· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees				
6	Compensation not included above, to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	215,120	215,120		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits	73,344	73,344		
10	Payroll taxes	38,327	38,327		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,005	1,005		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.		,,		
f	Investment management fees				
g	Other				
12	Advertising and promotion	18,620	18,620		
13	Office expenses	8,793	8,793		-
14	Information technology				
15	Royalties				
16	Occupancy	108,681	108,681	<u> </u>	
17	Travel	1,672	1,672		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,972	30,972		
23	Insurance	31,319	31,319		
24	Other expenses. Itemize expenses not covered	*	,		*
	above (List miscellaneous expenses in line 24e If		,		*
	line 24e amount exceeds 10% of line 25, column		, *,*	*	,
	(A) amount, list line 24e expenses on Schedule O)		,		
а	Retirement home operation				
b	Worship services				
С	Equipment mtn and repair				
d	Fees and dues				
е	All other expenses	128,855	128,855		
25	Total functional expenses. Add lines 1 through 24e .	656,708	656,708	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

ran		balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	110,092	1	83,269
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	. , :		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			ı. Levi
A S		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	`		
		other basis Complete Part VI of Schedule D 10a 1,610,542	423.4		,
	ь	Less accumulated depreciation 10b 763,472	850,710	10c	847,070
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	22,806	14	22,806
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	983,608	16	953,145
	17	Accounts payable and accrued expenses	21,319	17	25,027
	18	Grants payable		18	
L	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D	20.00	21	
į	22	Payables to current and former officers, directors, trustees, key			
¦		employees, highest compensated employees, and disqualified persons	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
t	1	Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	·
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	01 010	25	05.005
	26	Total liabilities. Add lines 17 through 25	21,319	26	25,027
N F		Organizations that follow SFAS 117, check here ▶ 🔀 and complete	,		
e u		lines 27 through 29, and lines 33 and 34.	962,289	27	928,118
t n	27	Unrestricted net assets	302,289	28	920,110
A d	28	Temporarily restricted net assets		29	<u> </u>
s B	29	Organizations that do not follow SFAS 117, check here ▶ ☐ and		25	Ž.
s a e I		complete lines 30 through 34.			ξ ξ
t a	30	Capital stock or trust principal, or current funds		30	
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
о е	32	Retained earnings, endowment, accumulated income, or other funds		32	· · · · · · · · · · · · · · · · · · ·
r s	33	Total net assets or fund balances	962,289	33	928,118
	34	Total liabilities and net assets/fund balances	983,608	34	953,145

orm	n 990 (2011) Boise Christian Homes Inc	82-039314	0	Pa	age 12
Pai	rt XIII Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · · · · · · · · · · · · · · · · · ·	• • • •		. 🔲
	Total reviews (must equal Dest VIII, selumn (A), line 12)	.   1	(	522,5	527
1	Total revenue (must equal Part VIII, column (A), line 12)			556,7	
2	Total expenses (must equal Part IX, column (A), line 25)			<u>-</u> _	
3	Revenue less expenses Subtract line 2 from line 1			(34,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			962,2	
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	. 6		28,1	118
Pa	rt蚁順 Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990  Cash Accrual Other		2		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				<b>9</b> 1 7
	Schedule O		1	<u>.</u>	3
ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
•	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				2:0
Ja	the Single Audit Act and OMB Circular A-133?		3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	. <b></b>	Va		
D	in tes, and the organization undergo the required audit of addits? In the organization did not undergo the				:

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

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

**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.

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Employer identification number

hospital's name,											
·											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
described in section 170(b)(1)(A)(vi). (Complete Part II.)											
☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
,											
on											
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a  Type I											
pe III-Other											
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											
on											
on											
on											
on []											
on 											
on											
on Yes No											
Yes No											
Yes No											
Yes No . 11g(i)											
Yes No . 11g(i) . 11g(ii) . 11g(iii) . (vii) Amount of											
Yes No . 11g(i) . 11g(ii) . 11g(iii) . (vii) Amount of support											
Yes No . 11g(i) . 11g(ii) . 11g(iii) . (vii) Amount of											
Yes No . 11g(i) . 11g(ii) . 11g(iii) . (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support											
יו פיינ											

Part

II	Support Schedule for	Organizations	Described i	n 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)

Sect	tion A. Public Support						
alen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· <del>- · · ·</del>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				l		
5	The portion of total contributions by each		1.			, , ,	
	person (other than a governmental unit or			200 St.	198 80 25 8		
	publicly supported organization) included	\$\$\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{		\$			
	on line 1 that exceeds 2% of the amount				* *	. 4	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4		Ĉi '		, \		
Sec	tion B. Total Support				<del></del>		
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 .	-3 464		3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		\$-\$\$ \$5- 17-9	
12	Gross receipts from related activities, etc	•					
13	First five years. If the Form 990 is for the organization, check this box and stop here	<del></del>					▶□
<u>Sec</u>	tion C. Computation of Public Su					<b>-</b>	
14	Public support percentage for 2011 (line 6,						%
15	Public support percentage from 2010 School						%
16a	•••						
	and stop here. The organization qualifies		_				▶□
b	33 1/3% support test - 2010. If the organi						
	box and stop here. The organization quali						▶□
17a	10%-facts-and-circumstances test - 201						
	more, and if the organization meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here. Explain in Pa	art IV how the	
	organization meets the "facts-and-circums		•		• •		▶□
b	10%-facts-and-circumstances test - 201	-					
	more, and if the organization meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here. Explain in Pa	art IV how the	
18	organization meets the "facts-and-circums Private foundation. If the organization did		-				

Page 3

Part III: Support S

## 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)

Sec	tion A. Public Support	_		<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include	571 500	515 441	400 500	475 077	427 107	0 400 727
2	any "unusual grants.")	571,530	515,441	422,592	475,977	437,197	2,422,737
	dise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	164,633	177,015	182,382	173,448	180,506	877,984
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	736,163	692,456	604,974	649,425	617,703	3,300,721
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	-					
	Public support (Subtract line 7c from line 6)						3,300,721
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	736,163	692,456	604,974	649,425	617,703	3,300,721
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,431	2,213	1,192	980	52	7,868
	sources	3,431	2,213	1,192	360	32	7,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,431	2,213	1,192	980	52	7,868
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	739,594	694,669	606,166	650,405	617,755	3,308,589
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Se	ction C. Computation of Public Su						
15	Public support percentage for 2011 (line 8,					15	99.76 %
16					<u> </u>	16	99.63 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2011 (lin					17	0.24 %
18	Investment income percentage from 2010 S	Schedule A, Part II	I, line 17			18	%
	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	x and stop here. T	he organization qu	ualifies as a public	y supported organ	ization	▶⊠
D	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this	zation did not che s box and stop he	ck a box on line 14 re. The organization	or line 19a, and li on qualifies as a pu	ne 16 is more thar iblicly supported o	ı 33 1/3%, and rganization	▶□
20	Private foundation. If the organization did	-	-	•	•	-	▶ 🗖

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

EE NO	or the organization	Employer identification manufer				
<u>30</u> :	ise Christian Homes Inc	82-0393140				
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if				
	the organization answered "Yes" to Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised					
	funds are the organization's property, subject to the organization's exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be					
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other					
	purpose conferring impermissible private benefit?					
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	t IV, line 7				
1	Purpose(s) of conservation easements held by the organization (check all that apply)					
	Preservation of land for public use (e.g., recreation or education)	lly important land area				
	Protection of natural habitat Preservation of a certified h	istoric structure				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation				
	easement on the last day of the tax year					
		Held at the End of the Tax Year				
а	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
С	Number of conservation easements on a certified historic structure included in (a)	2c				
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic					
	structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during				
	the tax year					
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year				
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year				
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section					
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes				
	the organization's accounting for conservation easements					
<u>P</u> a	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier Similar Assets.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	nce of public service,				
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	4 halaman ahankuundun ak ad				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	in, provide the				
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
<b>a</b>						
D	Assets included in Form 990, Part X.	▶\$				

Pai	rt III Organizations Maintaining	Collections of	f Art, Hist	torical Treasures,	, or Otl	ner Similar Ass	ets (co	ontinued)
3	Using the organization's acquisition, accession	n, and other records	s, check any	y of the following that a	ire a sign	ificant use of its		_
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Lo	an or excha	ange programs				
b	Scholarly research	e 🗌 Ot	her					
С	Preservation for future generations						_	
4	Provide a description of the organization's colle	ections and explain	how they for	urther the organization	's exemp	t purpose in		
	Part XIV.			-				
5	During the year, did the organization solicit or i	receive donations o	f art, histori	cal treasures, or other	sımılar			
	assets to be sold to raise funds rather than to	be maintained as p	art of the or	ganization's collection	·		.   Y	'es 🗌 No
Pai	TESCROW and Custodial Arra						<u> </u>	
	Part IV, line 9, or reported an amou	_						
1a	Is the organization an agent, trustee, custodial				ts not	- <u>-</u>		
	included on Form 990, Part X?						.   Y	'es 🗌 No
b	If "Yes," explain the arrangement in Part XIV a						•	
	•	·	ŭ			Amo	ount	
С	Beginning balance				10			
d	Additions during the year				· · · —			·
е	Distributions during the year							
f	Ending balance					+		
2a	Did the organization include an amount on For						.   Y	es No
ь	If "Yes," explain the arrangement in Part XIV	, ,					• 🗆 ·	
	rt V Endowment Funds. Complete	if the organization	answered '	'Yes" to Form 990. Par	t IV. line	10		
-,		(a) Current year		or year (c) Two year	<u>-</u>	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	,,,	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	-		** ·	2 88
ь	Contributions				-		W.	3 33
С	Net investment earnings, gains, and losses						170	* ***
d	Grants or scholarships						<u> </u>	
е	Other expenditures for facilities						1	
	and programs				-		1	· ·
f	Administrative expenses		<del> </del>			<u></u>	` &#</th><th></th></tr><tr><th>g</th><th>End of year balance</th><th></th><th><del> </del>-</th><th></th><th></th><th><del></del> .</th><th>1 (4</th><th></th></tr><tr><th>2</th><th>Provide the estimated percentage of the current</th><th></th><th>dine 1a co</th><th>olumn (a)) held as</th><th></th><th></th><th>1</th><th></th></tr><tr><th>a</th><th>Board designated or quasi-endowment</th><th>%</th><th>(</th><th>(4),</th><th></th><th></th><th></th><th></th></tr><tr><th>b</th><th>Permanent endowment ▶ %</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr><tr><th>C</th><th>Temporarily restricted endowment</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th></tr><tr><th>_</th><th>The percentages in lines 2a, 2b, and 2c should</th><th><del></del></th><th></th><th></th><th></th><th></th><th></th><th></th></tr><tr><th>3a</th><th>Are there endowment funds not in the possess</th><th>-</th><th>tion that are</th><th>e held and administere</th><th>d for the</th><th></th><th></th><th></th></tr><tr><th></th><th>organization by</th><th><b>3.</b></th><th></th><th></th><th>- 101 - 110</th><th></th><th></th><th>Yes No</th></tr><tr><th></th><th>(i) unrelated organizations</th><th></th><th></th><th></th><th></th><th></th><th>3a(i)</th><th>100 110</th></tr><tr><th></th><th>(ii) related organizations</th><th></th><th></th><th></th><th></th><th></th><th>3a(ii)</th><th></th></tr><tr><th>ь</th><th>If "Yes" to 3a(ii), are the related organizations</th><th>isted as required or</th><th>n Schedule</th><th>R?</th><th></th><th>• • • • • • • • •</th><th>3b</th><th></th></tr><tr><th>4</th><th>Describe in Part XIV the intended uses of the</th><th></th><th></th><th></th><th></th><th>• • • • • • • • •</th><th>0.5</th><th></th></tr><tr><th>Pai</th><th>rt VI Land, Buildings, and Equi</th><th></th><th></th><th><del></del></th><th></th><th><del></del></th><th></th><th></th></tr><tr><th></th><th>Description of property</th><th>(a) Cost or of</th><th>•</th><th>(b) Cost or other</th><th>(c)</th><th>Accumulated</th><th>(d) Boo</th><th>k value</th></tr><tr><th></th><th>Social products</th><th>(investr</th><th></th><th>basis (other)</th><th></th><th>epreciation</th><th>(4) 500</th><th>K Value</th></tr><tr><th>1a</th><th>Land</th><th></th><th></th><th>369,500</th><th></th><th></th><th></th><th>369,500</th></tr><tr><th>ь</th><th>Buildings</th><th>· · · <del> </del></th><th></th><th>1,036,262</th><th></th><th>763,472</th><th></th><th>272,790</th></tr><tr><th>c</th><th>Leasehold improvements</th><th></th><th></th><th></th><th></th><th></th><th></th><th>_,_,,90</th></tr><tr><th>d</th><th>Equipment</th><th></th><th></th><th>204,780</th><th></th><th></th><th></th><th>204,780</th></tr><tr><th>e</th><th>Other</th><th>: <del> </del></th><th></th><th></th><th><del> </del></th><th><del></del></th><th></th><th></th></tr><tr><th></th><th>I. Add lines 1a through 1e (Column (d) must ed</th><th>gual Form 990. Par</th><th>t X. column</th><th>(B), line 10(c) )</th><th></th><th></th><th></th><th>847,070</th></tr><tr><th></th><th colspan=7>at 1/070</th></tr></tbody></table>	

Boise Christian Homes Inc

Schedule D (Form 990) 2011

82-0393140

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				- <u>-</u>
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	(h) must equal Form 990 Part X col (B) line 12 )			<u> </u>
	(b) must equal Form 990, Part X, col (B) line 12)  Investments - Program Related.	See Form 990 Part X June 13	<u> </u>	<u>.</u>
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)		<u></u>		······································
(5)				<del></del> .
(6)				
(7)	10-5-			
(8)		<del> </del>		<del></del>
(9)		<del> </del>		· · · ·
(10)	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, lin	e 15	* ** ********	<u> </u>
I di Civi		Description		(b) Book value
(1)		<del></del>		
(2)		· <del>-</del>		· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				=-
(8)				
(9)				
(10)		<u></u> ,		
	nn (b) must equal Form 990, Part X, col. (B) line			<u> </u>
Part X	Other Liabilities. See Form 990, Part X,			
1.	(a) Description of liability	(b) Book value		**
	I income taxes	<u> </u>		
(2)				
(3)				* /
<u>(4)</u>				\$
(5) (6)				
(7)		<del> </del>		*
(8)		<del></del>		Č
(9)		<u> </u>		(.' 1
(10)		<del></del>		
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)			

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Aud	ted Financial State	ments
1	Total reve	nue (Form 990, Part VIII, column (A), line 12)		1
2	Total exp	enses (Form 990, Part IX, column (A), line 25)		2
3	Excess o	r (deficit) for the year Subtract line 2 from line 1		3
4	Net unrea	alized gains (losses) on investments		4
5	Donated	services and use of facilities		5
6	Investme	nt expenses		6
7	Pnor peri	od adjustments		7
8	Other (De	escribe in Part XIV)		8
9	Total adju	stments (net) Add lines 4 through 8		9
0		r (deficit) for the year per audited financial statements. Combine lines 3 and 9		10
Par	t XII	Reconciliation of Revenue per Audited Financial Statements	With Revenue per I	Return
1	Total reve	enue, gains, and other support per audited financial statements		1
2	Amounts	included on line 1 but not on Form 990, Part VIII, line 12	•	
а		alized gains on investments		
b	Donated	services and use of facilities		
C	Recover	es of prior year grants		
d		escribe in Part XIV)		
е	Add lines	2a through 2d		2e
3		line 2e from line 1		3
4		included on Form 990, Part VIII, line 12, but not on line 1:		
а		nt expenses not included on Form 990, Part VIII, line 7b 4a		·
b	-	escribe in Part XIV)		
C		4a and 4b		4c
5		enue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	t XIII;	Reconciliation of Expenses per Audited Financial Statement		er Return
1	-	enses and losses per audited financial statements	• • • • • • • • • •	1
2		included on line 1 but not on Form 990, Part IX, line 25	I	
a		services and use of facilities		4
b	-	r adjustments		1
C		ses		
d		escribe in Part XIV)		
e		2a through 2d		2e
3		line 2e from line 1	1	3 % %
4				
a b		nt expenses not included on Form 990, Part VIII, line 7b	· · · · · · · · · · · · · · · · · · ·	
		4a and 4b		1 <del></del> 1
5		enses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c   5
	t XIV	Supplemental Information		
		part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4 Part IV lines 1h	<del></del>
		line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d		
		ride any additional information.		
				<del></del>

Schedule D (Form 990) 2011

Boise Christian Homes Inc

82-0393140

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

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

2011

Open to Public Inspection

82-0393140 Boise Christian Homes Inc 01. Form 990 governing body review (Part VI, line 11) Board of Trustees reviews at regulary scheduled board meeting. 02. CEO, executive director, top management comp (Part VI, line 15a) Board of Trustees approved at regularly scheduled board meeting. 03. Other officer or key employee compensation (Part VI, line 15b Board of Trustees approved at regularly scheduled board meeting. 04. Governing documents, etc, available to public (Part VI, line 19) Documents on file at administrative office and made available upon request.

990	Overflow Statement	<b>2011</b> Page 1
Name(s) as shown on return		FEIN
Bòise Christian F	lomes Inc	82-0393140

# Part IX Line 24f Other Expenses

Description		Amount		
Fees and dues	\$	1,205		
Eagle home operation		46,945		
School operation		9,322		
Farm operation	·	3,538		
Water testing		795		
Moving		1,997		
Retired staff benefits		2,419		
Equipment mtn		26,671		
Misc items		443		
Christian home operation		3,393		
Kitchen operation		32,121		
Bad debt		6		
	Total: \$	128,855		