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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

2011

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 2011 calendar year, or tax year beginning		, 2011, and ending		, 20
B Check if applicable	C Name of organization			D Employer identification number
Address change	MINI-CASSIA COMMUNITY CHEST			82-0492481
Name change	Number & street (or P O box, if mail is not delivered to street addr)			Room/ suite
Initial return	PO BOX 477			
Terminated				
Amended return	City or town, state or country, and ZIP + 4			
Application pending	HEYBURN ID 83336			

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I Website:	► N/A			H Check ► <input checked="" type="checkbox"/> if the 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 or a section 527 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 ► \$ 8,201

SCANNED JUN 29 2012

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			
R E V E N U E	1 Contributions gifts, grants, and similar amounts received	1	8,155
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	46
	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		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,201	
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O)	10	9,611
	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	1,125
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications postage, and shipping	15	18
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16	17	10,754
N E T S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,553
	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	101,652
	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	99,099

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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	31,091	22	28,689
23 Land and buildings	70,561	23	70,561
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	101,652	25	99,250
26 Total liabilities (describe in Schedule O)	0	26	151
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,652	27	99,099

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE ATTACHMENT #1**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE ATTACHMENT #2

Expenses

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

(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	2,098	
29				
(Grants \$ <input checked="" type="checkbox"/> 3,000) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	3,683	
30				
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	1,948	
31 Other program services (describe in Schedule O)				
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	1,882	
32 Total program service expenses (add lines 28a through 31a)	.	► <input type="checkbox"/>	32	9,611

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr 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) Reportable compensation (Form W-2/1099 MISC)	(d) Health benefits Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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	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	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
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 ► _____		
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 ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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 instructions)	45b	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

Yes	No
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

- 47 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

Yes	No
47	X

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

48	X
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- 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?
- 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"

Yes	No
49b	X

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
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"

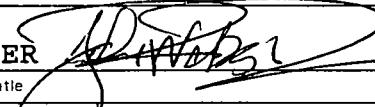
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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  JOHN WEBSTER	Date 5-25-12
Paid Preparer Use Only	Print/Type preparer's name TODD PHILLIPS Firm's name ► KING POPE PHILLIPS OAKES CO LLC Firm's address ► 1710 OVERLAND	Preparer's signature  Date 5-18-2012 Check <input type="checkbox"/> if self-employed PTIN P00516994 Firm's EIN ► 76-0734603 Phone no 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

2011

**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.

Name of the organization

MINI-CASSIA COMMUNITY CHEST

Employer identification number

82-0492481

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 <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III-Functionally integrated	d <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) A family member of a person described in (i) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11g(ii)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11g(iii)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

(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) 2011

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) 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.")	39,383	15,779	7,108	12,593	8,155	83,018
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	8,155	83,018
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						83,018

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	39,383	15,779	7,108	12,593	8,155	83,018
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	510	444	156	90	46	1,246
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						84,264
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 2011 (line 6, column (f) divided by line 11, column (f))	14	98.52	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3 % support test -- 2011. 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 -- 2010. 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 -- 2011. 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 -- 2010. 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

2011

Open to Public
Inspection

Name of the organization

MINI-CASSIA COMMUNITY CHEST

Employer identification number

82-0492481

LN 10 COATS PURCHASED 2098

LN 10 GRANT TEACHER SUPPLIES 3683

LN 10 OTHER GRANTS 3831

OTHER LIABILITIES ACCT PAYABLE 151

990 PRIMARY EXEMPT PURPO**ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III**

OPEN TO PUBLIC INSPECTION	For calendar year 2011 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 2011 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
Exempt Purpose Achievements		

PURCHASED NEW COATS AND CLOTHES FOR CHILDREN BASED ON NEED AND BOARD APPROVAL

99. PROGRAM SERVICE ACCOMPLIMENT

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

OPEN TO PUBLIC	For calendar year 2011 or tax period beginning , and ending		
INSPECTION			
Name of Organization MINI-CASSIA COMMUNITY CHEST			Employer Identification Number 82-0492481
Part III - Statement of Program Service Accomplishments			
Grants and allocations	3,000	Amount includes foreign grants	Program service expenses
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 INSPECTION	For calendar year 2011 or tax period beginning , and ending
Name of Organization MINI-CASSIA COMMUNITY CHEST	Employer Identification Number 82-0492481

Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 1,948
Exempt Purpose Achievements		

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

99 PROGRAM SERVICE ACCOMPLIMENT

ATTACHMENT 2: PAGE 4 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning , and ending
Name of Organization MINI-CASSIA COMMUNITY CHEST	Employer Identification Number 82-0492481

Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 1,220
Exempt Purpose Achievements		

PROVIDED EQUIPMENT FOR A COMMUNITY MOVIE IN THE PARK PROJECT AS APPROVED BY THE BOARD.

99 PROGRAM SERVICE ACCOMPLIMENT

ATTACHMENT 2: PAGE 5 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning MINI-CASSIA COMMUNITY CHEST	, and ending
Name of Organization		Employer Identification Number 82-0492481

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	662
Exempt Purpose Achievements			

PROVIDED ADVERTISING AND A SPEAKER FOR A COMMUNITY WIDE ANTI-METH PROGRAM
AS APPROVED BY THE BOARD.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEE AND KEY EMPLOYEES

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

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning , and ending	Employer Identification Number 82-0492481		
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid enter -0-) (D) Cont to employee ben plans & def comp	(E) Expense account & other compensation	
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' SCHAFFER 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 INSPECTION	For calendar year 2011 or tax period beginning MINI-CASSIA COMMUNITY CHEST	, and ending Employer Identification Number 82-0492481			
Part V - Line 42a					
Individual Name or Business Name	<u>RAE SMITH</u>				
Street Address	<u>5 GRANADA PLACE</u>				
U S Address					
Zip code	<u>83318</u>	City	<u>BURLEY</u>	State	<u>ID</u>
or					
Foreign Address					
City					
Province or State					
Country					
Postal code					
Phone Number	<u>(208) 678-1017</u>				
Fax Number					

990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC	For calendar year 2011 or tax period beginning _____, and ending _____	
INSPECTION	Name of Organization MINI-CASSIA COMMUNITY CHEST Employer Identification Number 82-0492481	
Part V - Line 42a		
Individual Name or Business Name	RAE SMITH	
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		

Application for Extension of Time To File an Exempt Organization Return

- File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T) or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's Identifying number, see Instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions MINI-CASSIA COMMUNITY CHEST	Employer identification number (EIN) or X 82-0492481
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 477	Social security number (SSN) <input type="text"/>
	City, town or post office state and ZIP code. For a foreign address, see instructions HEYBURN ID 83336	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► SEE ATTACHMENT #3

Telephone No ► _____ FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 2012 to file the exempt organization return for the organization named above. The extension is for the organization's return for

 - calendar year 2011 or
 - tax year beginning 20 , and ending 20 .

- | | | | | | | | |
|----|---|--------------------------|----------------|--------------------------|--------------|--------------------------|-----------------------------|
| 2 | If the tax year entered in line 1 is for less than 12 months, check reason | <input type="checkbox"/> | Initial return | <input type="checkbox"/> | Final return | <input type="checkbox"/> | Change in accounting period |
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | | | \$ | 0 |
| b | If this application is for Form 990-PF, 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | | | \$ | 0 |
| c | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | | | \$ | 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)