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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Remortating Post Falls Education Foundation, Inc. 82-0395312 E temperate number Post Falls, ID 83877	A B			endar year, or tax year beginning	, 201	2, and ending		,	
P.O. BOX 2083 POST FALLS, ID 88877 Forum Example of Number Post FALLS, ID 8887	ř			С			P	Employer identif	ication number
POST FALLS, ID 83877 F Group Exemption Post FALLS, ID 83877		1	•		FOUNDATION, INC.			82-03953	312
Reminded return Repeated products Record Record Record Repeated products Record	F	Initial i	return				Ε	Telephone numb	er
Accounting Method: Cash Accrual Other (specify)	Ī	Termin	nated	POST FALLS, ID 83877			j		
Reputation pendence Reputation Reputat		Amend	ded return				F	Group Exemi	ntion
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Website: * N/A	G	Acco	unting Met	nod: 🛛 Cash 📄 Accrual Othe	er (specify) ►	ŀ	1 Check ▶	If the orga	anization is not
K Check S 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 \$5, 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 (8) below are \$500,000 or more, his Form 990 instead of Form 990-EZ * \$ 42, 160. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I 1 244, 944 2 Program service revenue including government fees and contracts 3 1 2 24, 944 2 Program service revenue including government fees and contracts 3 3 3 3 3 3 3 4 Investment income 4 3559. 5a Gross amount from sale of assets other than inventory 5a 3 3 3 3 3 3 3 3 3	1	Webs	site: 🟲 N				required	to attach Sch	edule B (Form
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Instructions) But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to fine 9 to determine gross receipts for \$200,000 or more, or if total assets (Part II, line 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990.EZ *** 42,160. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I 1 24,944. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (fess) from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (fess) from sale of assets other than inventory b Gross income from fund assigneements ("Thirdudings 2") a Gross income from fund assigneements ("Thirdudings 2") d Net income or (loss) from gaming and fundratising events and third sales ("Thirdudings 2") d Net income or (loss) from gaming and fundratising events ("Thirdudings 2") d Net income or (loss) from gaming and fundratising events ("Thirdudings 2") d Net income or (loss) from gaming and fundratising events ("Thirdudings 2") d Net income or (loss) from gaming and fundratising events ("Thirdudings 2") d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 29, 711. 10 Grants and similar amounts paid (list in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (defict) for the ye	K								
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 2,639. 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 29,586.		I -	•	• •	(0.001.001	•			
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Benefits paid to or for members 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 10 SEE SCHEDULE O 11 S2, 392. 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 635. 14 Occupancy, rent, utilities, and maintenance 14 See SCHEDULE O 15 If See SCHEDULE O 16 1, 346. 17 34, 573. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -4, 862. 19 31, 809. 20 2, 639. 21 29, 586.	_	-				SEE SCHEDU	LE O		
Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances at end of year Combine lines 18 through 20 12 13 635. 14 Occupancy, rent, utilities, and maintenance 14		1		' '					32,332.
Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 13 635. 14 Use 14 Use 15 Use 16 Use 17 Use 17 Use 18 Use	E	I			benefits			—	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 31,809. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 2,639. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	X								635
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 31,809. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 2,639. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	E	l			ependent contractors				033.
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 31,809. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 2,639. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	S	l							
Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 31,809. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 2,639. 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 29,586.	Š	1 .		· · · · · · · ·		SEE SCHEDU	LE O		1 246
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 23 SEE SCHEDULE O 24,862. 25 SCHEDULE O 26 27,639. 27 29,586.		1	·=						
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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	<u> </u>	1		· · · · · · · · · · · · · · · · · · ·	17 from line 9)				
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	Ą			• •	·				-4,002.
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	NS	19	Net asset	or fund balances at beginning of	year (from line 27, column (A))) (must agree wit	th end-of-y	ear	21 000
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 29,586.	゚ヸ゙	20		· · ·	s (explain in Schedule O)	SEE SCHEDU	LE O	<u> </u>	
	, 5	-0		_			-	├	
	RΛ	1			 				

Par	Balance Sheets. (see the Inst Check if the organization used Sche		estion in this Part II			
	Oricon in the origination used come			A) Beginning of year	r	(B) End of year
22	Cash, savings, and investments			31,809.	22	29,586.
23	Land and buildings			•	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			31,809.	25	29,586.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)	31,809.	27	29,586.
Par	t III Statement of Program Service Ac	complishments (see the inst	rs for Part III.)			Expenses
	Check if the organization used Sch	nedule O to respond to any o			Reg	uired for section 501
What i	is the organization's primary exempt purpose? SEE	SCHEDULE O	<u></u>	12) and 501(c)(4) hizations and section
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest progra	m services, as	1947	(a)(1) trusts; optional
neas	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ach program title.	ces provided, the hum	ber or persons f	or of	thers)
28	SEE SCHEDULE O	<u>-</u>				
		_		-		
				-		
	(Grants \$ 32.592) If the	s amount includes foreign g	rants, check here	·─────────────────────────────────────	28 a	33,938.
29	32/352.7					
						
	(Grants \$) If the	s amount includes foreign g	rants, check here	·─────────────────────────────────────	29 a	
30						
	(Grants \$) If thi	s amount includes foreign g	rants, check here	·──── <mark>─</mark> ──	30 a	
31	Other program services (describe in Sch			 -		
	, -	is amount includes foreign g	rants, check here	▶ 🗍	31 a	
32	Total program service expenses (add lin		·	▶ .	32	33,938.
	t IV List of Officers, Directors,		Invees List each one o	ven if not compensated (s	see th	
	Check if the organization used Sci				300 (11	le maductions for Parent
		(b) Average hours per	(c) Reportable compensation	(d) Health benefits,		(a) Estimated amount of
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defer		(e) Estimated amount of other compensation
			V	compensation		
	BRA_SLANEY	_		1	_	
	CE PRESIDENT	1	. 0	•	0.	0.
	CK SJOSTROM				•	
	ESIDENT	1	. 0	•	0.	0.
	RETTA REED	4			_	
	CRETARY	<u></u>	. 0	• .	0.	0.
	CHY_LEWIS	1			^	
	EASURER	1	. 0	•	0.	0.
	LIE_ADAMCHAK		1		_	
	RECTOR	1	. 0	•	0.	0.
	OY HISSONG	1	_		^	
	RECTOR	1	. 0	· 	0.	0.
	N WILKERSON	1	_		^	_
	RECTOR	1	. 0	•	0.	0.
	K REISWIG				_	,
	RECTOR	1	. 0	:	0.	0.
	TTY_MCARTHUR	•			•	1
	RECTOR	1	. 0	· 	0.	0.
	CHY_MEEKS	_			_	
	RECTOR	J	. 0	•	0.	0.
	RLA NACCARATO-SINCLAIR	_	_		^	
	RECTOR	1	. 0	•	0.	0.
	VE PAUL	<u> -</u>	_		_	_
	RECTOR	1	. 0	•	0.	0.
	ANNIE PEUGH		_		_	_
	RECTOR	1	. 0	·	0.	0.
	CHOLE STEPHENSON		_		_	_
	RECTOR]	. 0		0.	0.
BAA		TEEA0812L	03/14/13			Form 990-EZ (2012)

82-0395312

Page 2

Form 990-EZ (2012) POST FALLS EDUCATION FOUNDATION, INC.

		0395312		Page	3
Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE		0	ſ.	- 7
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Pa	art V		[=
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'	المنات المنات	Ye		_
24	provide a detailed description of each activity in Schedule O	thou roflect		X	_
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	they reflect 34		_ x	
35 =	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34	_	- ^	_
556	(such as those reported on lines 2, 6a, and 7a, among others)?	35	a	x	
ŧ	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Scho	edule O 35	b	_	_
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1		-	_
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35	C	<u> </u>	_
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	
37 =	a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		 	7
	b Did the organization file Form 1120-POL for this year?	37	ь	X	į
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<u> </u>			_;
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38	а	X	_
t	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	NT / N	+	 	-
30	Section 501(c)(7) organizations Enter	N/A			watcher
	a Initiation fees and capital contributions included on line 9	N/A			metidentin
	b Gross receipts, included on line 9, for public use of club facilities 39b	N/A			demotions
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	Α/ Λ			the state of
706	section 4911 • 0., section 4912 • 0., section 4955 •	0.			·
,	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u> </u>		<u></u>	1
•	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	40	b	<u> </u>	_
(c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.	,		;
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	;	7 79		· ·
•	by the organization	0.	`	` ` `	-
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax		-	"	•
A1	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE.	40	e	X	_
41	List the states with which a copy of this return is little . MONE				
42 =	a The organization's				
	books are in care of ► KATHY_LEWIS Telephone no. ►		222	9	_
	Located at ► PO BOX 2083 POST FALLLS ID ZIP + 4 ►	83877			
ŀ	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	_	Ye		_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42	b	X	
	If 'Yes,' enter the name of the foreign country*				-
			1	1	40.00
					de come
			- 1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			- v	ل ـــا
C	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	с	Х	
(· · · · · · · · · · · · · · · · · · ·	42	c	х	
(c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	c	Х	
C	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	c	X	
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country*	42	c		_
	c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country* Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		c		A
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country* Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42	►] N/2	<u> </u>
43	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country* 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		c Ye] N/2	<u> </u>
43	c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country* Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		► Ye] N/2	A A _
43 44 a	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country* 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	43	Ye	N/A N/A S No	A A -
43 44 a	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country 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 ■ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	43 44	Ye a	N/AS NO	A A -
43 44 a	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country 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 ■ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization receive any payments for indoor tanning services during the year?	43	Ye a	N/A N/A S No	A A -
43 44 a	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country 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 ■ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization receive any payments for indoor tanning services during the year?	43 44 44	Ye a b	N/AS NO	A A -
43 44 a 1	C At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country 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 ■ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization receive any payments for indoor tanning services during the year? ■ If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? ■ If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? ■ If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? ■ If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	43 44 44 44 44	Ye a b c	N/A N/A S No X	A A — — — — — — — — — — — — — — — — — —
43 44 a 1	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country 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 ■ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ■ Did the organization receive any payments for indoor tanning services during the year?	43 44 44 44 45	Ye a b c	N/AS NO	A A -

							Yes	No
46		ne organization engage, directly or indire dates for public office? If 'Yes,' complete		ign activities on behalf o	of or in opposition to	46		X
Par	t VI	Section 501(c)(3) organizations All section 501(c)(3) organization		uestions 47-49b and	d 52, and complete	the table	:s	
		for lines 50 and 51. Check if the organization used Schedul	e O to respond to any	question in this Part VI				
47	DJ 1F						Yes	No
47		e organization engage in lobbying activities lete Schedule C, Part II	or have a section 501(h)) election in effect during t	the tax year? If fes,	47		Х
48		organization a school as described in se		•	dule E	48		X
		ne organization make any transfers to an s,' was the related organization a sectior	<u>=</u>	e related organization?		49 a 49 b		X
	Comp	lete this table for the organization's five high	nest compensated emplo					
	emplo	yees) who each received more than \$100,0	JU of compensation from	the organization if there	· · · · · · · · · · · · · · · · · · ·			
		(a) Name and title of each employee paid more than \$100,000	(b) 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) Estimate other com		
NON	E							
					-			
f	Total	number of other employees paid over \$1	00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
51	Compl	lete this table for the organization's five high ensation from the organization. If there i	nest compensated indepensions on the second section in the section	endent contractors who ea	ch received more than \$	100,000 of		
		ame and address of each independent contractor paid		(b) Type (of service	(c) Comp	ensatio	n
NON	ΙE				-			
d	Total	number of other independent contractors	s each receiving over \$	[5100,000	•		-	
52		ne organization complete Schedule A? N oable trusts must attach a completed Sch		3) organizations and 49	47(a)(1) nonexempt	► X Yes		No
Jnder true, c	penalties orrect, ai	s of perfury, I declare that I have examined this return, nd complete Declaration of preparer (other than office	including accompanying sched) is based on all information of	dules and statements, and to the of which preparer has any knowle	best of my knowledge and beledge	ief, it is		
۰.		Signature of officer	eus, ru	ladual	05-06-1	3		
Sigi Her			ewis '		Date			
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Date	Check Lif	TIN	_	
Paid Prop	2505	STEPHEN H FLERCHINGER Firm's name ► MAGNUSON MCHIG		A 3 5/1	self-employed P	0007369	9	
Prep		miditodon, menus	Individual, monder, a contravi, 1.11.					
USE	Only	Firm's address > 2100 NORTHWEST		0	Firm's EIN	82-0331	228	
USE	Only			0		82-0331 -765-95		
	Only		BLVD, SUITE 400 ID 83814				00_	No

82-0395312

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Form 990-EZ (2012) POST FALLS EDUCATION FOUNDATION, INC.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

POST				ON FOUND								395312		
Part						(All organizations					See i	nstruct	ions.	
The o	rgan	iization is n	ot a priva	ite foundatio	n becaus	e it is (For lines 1 thro	ough 11,	check c	nly one	box)				
1	ш	•				ciation of churches des		section	n 170(b)	(1)(A)(i)				
2		A school de	escribed in	n section 17	'0(b)(1)(A)	(ii). (Attach Schedule	E)							
3	П	A hospital o	or a coope	erative hosp	ıtal servic	e organization describ	ed in se c	tion 17	0(b)(1)(<i>A</i>	\)(iii).				
4	\prod_{i}	A medical r	esearch o	organization	operated	in conjunction with a	hospital (describe	d in sec	tion 17	0(b)(1)(A	4)(iii) Eı	nter the ho	spital's
	_ '	name, city,	and state	è.										
5		An organiza 1 70(b)(1)(A	tion opera)(iv). (Co	ted for the be mplete Part	enefit of a	college or university own	ned or op	erated by	y a gove	rnmenta	unit des	scribed in	section	
6				•	•	overnmental unit descr								
7	\vdash	in section 1	170(b)(1)(<i>i</i>	A)(vi). (Com	nplete Par				ental un	it or fron	n the ger	neral pub	lic describe	t
8	=		•			70(b)(1)(A)(vi). (Comple		-						
9	_ا لــا	An organizat related to its unrelated bus (Complete	s exempt for iness taxab	ormally receive unctions — su le income (less	es (1) moi ubject to ci s section 51	re than 33-1/3% of its supertain exceptions, and (2 1 tax) from businesses acc	oport from 2) no mor Juired by th	n contribu e than 3 ne organiz	utions, m 3-1/3% o zation afte	embersh of its sup er June 30	ip fees, a port fron), 1975 S	and gross n gross II ee sectio	receipts fronvestment in 509(a)(2).	m activities acome and
10	1 1				•	xclusively to test for p		•						
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
	;	a Type	l b	Type II	С	Type III - Functio	nally inte	egrated	•	a 🗍 -	Type III	– Non-f	unctionally	ıntegrated
е	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			zation rece	eived a writte	n determii	nation from the IRS that	ıs a Type	I, Type	II or Typ	e III sup	porting o	organizati	ion,	
g	;	Since Augu	ıst 17, 200	06, has the o	organızatı	on accepted any gift	or contrib	ution fr	om any	of the f	ollowing	persons	5?	
													-	Yes No
	((i) A per below	son who o , the gove	directly or in erning body	directly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 g (i)	
	((ii) A fam	uly memb	er of a pers	on descri	bed in (i) above?							11 g (ii)	
	((iii) A 35%	6 controlle	ed entity of	a person	described in (i) or (ii) a	above?						11 g (iii)	
h	١	Provide the	following	information	about th	e supported organizati	on(s)							<u> </u>
		(i) Name of su organizat		(ii) El	N	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	is the sation in i) listed in overning ment?	(v) Did yo the organ column (supp	ization in	organiz colur organiz	s the sation in mn (i) ed in the S ?		ot of monetary oport
							Yes	No	Yes	No	Yes	No		
(A)													· 	
										<u> </u>				
(B)	_													
(C)								_						
(D)														
<u> </u>							†	 	t				· - ·· · ·	
(E)														
Total														
BAA	For	Paperwork	Reduction	on Act Notic	e, see the	Instructions for Form	1 990 or 9	390-EZ.			Schedule	e A (Forn	n 990 or 990	0-EZ) 2012

82-0395312

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	46,150.	29,536.	34,373.	25,433.	24,944.	160,436.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	46,150.	29,536.	34,373.	25,433.	24,944.	160,436.	
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)						0.	
6	Public support. Subtract line 5 from line 4		,	,			160,436.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	46,150.	29,536.	34,373.	25,433.	24,944.	160,436.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	336.	222.	292.	258.	359.	1,467.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
11	Total support. Add lines 7 through 10			:			161,903.	
12	Gross receipts from related active	rities, etc (see ins	tructions)			12	100,362.	
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ 🗌	
	tion C. Computation of Pu			11 / 12		1		
	Public support percentage for 20			e II, column (f)).		14	99.09%	
	Public support percentage from	•				L	99.34 %	
	16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .							
t	33-1/3% support test — 2011. If and stop here. The organization	the organization d qualifies as a pu	lid not check a boo blicly supported o	x on line 13 or 16 rganization	sa, and line 15 is 3	33-1/3% or more, o	check this box	
17 a	17a 10%-facts-and-circumstances test — 2012. 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.							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and stop hei a publicly support	e. Explain in Part ed organization	IV how the ►	
18	Private foundation. If the organi	zation did not che	eck a box on line 1	13, 16a, 16b, 17a 	, or 17b, check th	s box and see inst	ructions	
BAA		· ·		- · · ·	Sch	redule A (Form 99)	or 990-FZ) 2012	

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						
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	:					· · · · ·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 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						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)	· - · · · · · · · · · · · · · · · · · ·					
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	
	tion C. Computation of Pul						
	Public support percentage for 20	•		ne 13, column (f))	. 15	%
	Public support percentage from					16	%
	tion D. Computation of Inv						
17	· ••• • • • • • • • • • • • • • • • • •			-	ımn (f))	17	
	Investment income percentage f					18	
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly suppo	orted organization	▶ 📗
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%						3-1/3%, and nization ►
20	Private foundation. If the organic	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	. ▶ 📗

Schedule A	(Form 990 or 990-EZ) 2012	POST F	ALLS E	EDUCATION	FOUNDATION,	INC.	82-0395312	Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; (See instructions).	i on. Com and Part	nplete the	nis part to p 12. Also c	provide the explomplete this pa	anations r rt for any	equired by Part II, line additional information.	10;
		· – – – – · – – – –				-		
		. – – – –						
		·						
	·	· – – – – – – – – – – – – – – – – – – –						
		- 						
			_					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number POST FALLS EDUCATION FOUNDATION, INC 82-0395312 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (vi) Amount paid to (or retained by) (ii) Activity (III) Did fundraiser (iv) Gross receipts (v) Amount paid to (or retained by) or entity (fundraiser) from activity have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule	. G (Form 990 or 990-EZ) 2012 POST F <i>I</i>	ALIS EDUCATION	FOUNDATION INC	C. 82-03	95312 Page 2
Par			the organization ar event contributions	nswered 'Yes' to Fo	rm 990, Part IV, III	ne 18, or reported
R		not over the same seems give	(a) Event #1 WINE, STEIN & (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	16,857.			16,857.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	16,857.			16,857.
	4	Cash prizes	_			
	5	Noncash prizes				
DIRECT	6	Rent/facility costs	1,500.		,	1,500.
	7	Food and beverages				
E X P	8	Entertainment				
EXPESSES	9	Other direct expenses	10,949.			10,949.
Part	10 11	Direct expense summary. Add lines 4 thr Net income summary Combine line 3, co Gaming. Complete if the organization	olumn (d), and line 10 ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	12,449. 4,408. ported more than
REVENUE		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ŭ E	1	Gross revenue				
	2	Cash prizes				
E X I P R E	3	Non-cash prizes				
R E E N C E T S	4	Rent/facility costs				
	5	Other direct expenses				
	e	Volunteer labor	Yes %	Yes %	Yes%	
	6	· · · · · · · · · · · · · · · · · · ·				
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	

BAA	TEC 4.2702 01/07/12	Sabadula C (Fa	000 000	E70 2012
10a Were any of the organization's gaming li	censes revoked, suspended or terminated during	g the tax year?	Yes	No
a Is the organization licensed to operate g b If 'No,' explain	aming activities in each of these states?		Yes	No
9 Enter the state(s) in which the organization	on operates gaming activities			

Sche	edule G (Form 990 or 990-EZ) 2012 POST FALLS EDUCATION FOUNDATION, INC. 82	2-0395312	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in	1 1	
	The organization's facility	13a	%
	n outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	? Yes	No
	olf 'Yes,' enter the amount of gaming revenue received by the organization - \$ and th		
	of gaming revenue retained by the third party > \$		
(of 'Yes,' enter name and address of the third party		
	Name •		
	Address •	 	i
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor	p	
17	Mandatory distributions		
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
<u> </u>	organization's own exempt activities during the tax year > \$	har David C. Care	<u> </u>
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applications part to provide any additional information (see instructions).	able. Also comp	20, olete
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

POST FALLS EDUCATION FOUNDATION, INC.	82-0395312							
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE								
THE ORGANIZATION'S MISSION IS TO PROVIDE EDUCATIONAL GRANT OPPO	DRTUNITIES FOR LOCAL							
SCHOOLS.								
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLI	ISHMENTS							
DURING THE CALENDAR YEAR, OUR ORGANIZATION PROVIDED GRANTS TO NUMEROUS LOCAL								
SCHOOLS IN THE POST FALLS AREA. THIS FUNDING EFFORT PROVIDED O	OPPORTUNITIES FOR							
TEACHERS AND STUDENTS IN LOCAL CLASSROOMS WHICH WOULD OTHERWISE	E BE UNFUNDED AND							
NONEXISTENT.								
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS							
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR							
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO NO							
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR							
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO							
	·							
	· 							
	·							

2012

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

POST FALLS EDUCATION FOUNDATION, INC.

82-0395312

FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

SCHOOL GRANTS

POST FALLS SCHOOL DISTRICT

206 W. MULLAN AVENUE POST FALLS, ID 83854

NONE

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

32,592.

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK CHARGES LICENSE & DUES P.O. BOX STORAGE

25. 832.

38. 45<u>1.</u>

TOTAL \$ 1,346.

FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS

2,639. TOTAL \$ 2,639.