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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)

- Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200 000 and total assets less than \$500 000 at the end of the year may use this form

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

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2012 calendar year or tax year beginning		2012 and ending		20
<b>B</b> Check if applicable		<b>C</b> Name of organization		<b>D</b> Employer identification number
<input type="checkbox"/> Address change		Jesse Tree of Idaho Inc		82-0534777
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		1121 Miller St		
<input type="checkbox"/> Terminated		City or town state or country and ZIP 4		<b>F</b> Group Exemption Number ►
<input type="checkbox"/> Amended return		Boise, ID 83702		
<input type="checkbox"/> Application pending		<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►		<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)
<b>I</b> Website ►				
<b>J</b> Tax exempt status (check only one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or 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				
<b>L</b> 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 ► \$ 159 185				

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions gifts grants and similar amounts received	1	159 182
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15 000)	6a	
	6b	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	
	6c	Less direct expenses from gaming and fundraising events	6c	
	6d	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	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue</b> Add lines 1 2 3 4 5c 6d 7c and 8	9	159 185
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries other compensation and employee benefits	12	80 948
	13	Professional fees and other payments to independent contractors	13	2 330
	14	Occupancy rent utilities and maintenance	14	
	15	Printing publications postage and shipping	15	2 687
	16	Other expenses (describe in Schedule O)	16	97 067
	17	<b>Total expenses</b> Add lines 10 through 16	17	183 032
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(23 847)
	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	45 347
	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	21 500	

For Paperwork Reduction Act Notice see the separate instructions

Form 990-EZ (2012)

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**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	40 464	22	17 227
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	4 883	24	7 132
25 Total assets	45 347	25	24 359
26 Total liabilities (describe in Schedule O)	0	26	2 859
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45 347	27	21 500

**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? Short term rent assistance

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.

**Expenses**

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

28 <u>CATCH assistance for short term housing for homeless families with children</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1 159
29 <u>MERCY assistance for utilities, food, and other personal needs</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1 126
30 <u>RENTAL ASSISTANCE for those facing eviction and in crisis</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	69 278
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	71 563

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

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



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Larry Warner Chair	5	0	0	0
Lloyd Duncan Vice Chair	2	0	0	0
Russ Centanni Secretary	2	0	0	0
Linda Armstrong Treasurer	5	0	0	0
Eladia Brown Director	2	0	0	0
Jane Wittmeyer Director	2	0	0	0
Don Lojak Director	2	0	0	0
Allen Renshaw Director	2	0	0	0
Crista M Beck Manager	40	41 744	0	0

**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
<b>33</b> 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		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise explain the change on Schedule O (see instructions)		X
<b>35 a</b> 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)?		X
<b>b</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		
<b>c</b> 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		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If Yes, complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts included on line 9 for public use of club facilities		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, or section 4958		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I		X
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed		
<b>42 a</b> The organization's books are in care of <u>Crista M Beck</u> Telephone no <u>208-841-1558</u> Located at <u>1121 Miller St Boise ID</u> ZIP + 4 <u>83702</u>		
<b>b</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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>c</b> 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		X
<b>43</b> 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		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ		X
<b>b</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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If Yes to line 44c, has the organization filed a Form 720 to report these payments? If No, provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> 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)		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 only**

All Section 501(c)(3) organizations 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		X
49a		X
49b		

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

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

b If Yes was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none enter None

(a) Name and 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) 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

<b>Sign Here</b>	Signature of officer <i>Linda K. Armstrong</i>	Date <i>8-2-2013</i>			
	Type or print name and title <i>Linda K. Armstrong Chairman of the Board The Jesse Tree of Idaho</i>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>Gary Merkle</i>	Preparer's signature <i>Gary Merkle</i>	Date <i>07-26-2013</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <i>P00104828</i>
	Firm's name <i>Gary Merkle CPA</i>	Firm's EIN <span style="float: right;">▶</span>			
	Firm's address <i>2627 W Idaho Boise ID 83702</i>	Phone no <i>000-000-0000</i>			

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

**2012**

**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

Jesse Tree of Idaho Inc

Employer identification number

82-0534777

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III Functionally integrated      d ☐ Type III Non functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not fy the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**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) 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.)	148,321	159,600	203,176	158,721	159,182	829,000
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	8,400	40,634	40,634	8,400	8,400	106,468
4 <b>Total.</b> Add lines 1 through 3	156,721	200,234	243,810	167,121	167,582	935,468
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)						32,263
6 <b>Public support.</b> Subtract line 5 from line 4						903,205

**Section B Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	156,721	200,234	243,810	167,121	167,582	935,468
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			4	3	3	10
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 <b>Total support.</b> Add lines 7 through 10						935,478
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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. <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96.55	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	83.38	%
16a <b>33 1/3% support test - 2012.</b> 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. <span style="float: right;">▶ <input checked="" type="checkbox"/></span>			
b <b>33 1/3% support test - 2011.</b> 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. <span style="float: right;">▶ <input type="checkbox"/></span>			
17a <b>10% facts and circumstances test - 2012.</b> 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. <span style="float: right;">▶ <input type="checkbox"/></span>			
b <b>10% facts and circumstances test - 2011.</b> 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. <span style="float: right;">▶ <input type="checkbox"/></span>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <span style="float: right;">▶ <input type="checkbox"/></span>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below please complete Part II)

**Section A Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts grants contributions and membership fees received (Do not include any unusual grants )						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus under sec 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1 2 and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6 )						

**Section B Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13</b> Total support (Add lines 9 10c 11 and 12 )						

**14 First five years** If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and stop here ☐

**Section C Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A Part III line 15	<b>16</b>	%

**Section D Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A Part III line 17	<b>18</b>	%

**19a 33 1/3% support tests 2012** If the organization did not check the box on line 14 and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3% check this box and stop here The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests 2011** If the organization did not check a box on line 14 or line 19a and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3% check this box and stop here The organization qualifies as a publicly supported organization ☐

**20 Private foundation** If the organization did not check a box on line 14 19a or 19b check this box and see instructions ☐

m4



**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2012**

Name of the organization <b>Jesse Tree of Idaho Inc</b>	Employer identification number <b>82-0534777</b>
--	---

**18 710**

2% of the amount on Schedule A part II line 11 column (f)

Name	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	(g) Excess contributions (col (f) minus the 2% limit)
					50 973	50 973	32 263
					14 574	14 574	
					6 452	6 452	
					3 500	3 500	

**Total** 32,263

**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

**2012**

**Open to Public  
Inspection**

Jesse Tree of Idaho Inc

Employer identification number

82-0534777

**01 Description of other expenses (Part I, line 16)**

Description	Amount
Depreciation from 4562	91
CATCH	1 159
Mercy	1 126
Rental assistance	69 278
Telephone	2 500
Insurance	1 669
Interpreter	450
Payroll taxes	7 582
Training	180
Advertising	809
Bank fees	1 150
Fundraising	10 103
Mileage reimbursement	299
Misc items	671

**02 Description of other assets (Part II, line 24)**

Category	Beginning of Year	End of Year
Grants receivable	4 773	7 113
Furniture and equipment	110	19

**03 Description of total liabilities (Part II, line 26)**

Category	Beginning of Year	End of Year
Accounts payable	0	2 859

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No 1545 0172

 Department of the Treasury  
 Internal Revenue Service (99)  
 Name(s) shown on return

▶ See separate instructions

▶ Attach to your tax return

**2012**  
 Attachment  
 Sequence No **179**

Jesse Tree of Idaho Inc

 Business or activity to which this form relates  
 FORM 990EZ - 1

 Identifying number  
 82-0534777
**Part I Election To Expense Certain Property Under Section 179****Note** If you have any listed property complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation Subtract line 3 from line 2. If zero or less enter 0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less enter 0- If married filing separately see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10 but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10 less line 12 ▶	13	

**Note** Do not use Part II or Part III below for listed property. Instead use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	91

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here ▶ <input type="checkbox"/>		

**Section B Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12 lines 14 through 17 lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instructions	22	91
23 For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice see separate instructions

Form 4562 (2012)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545 1709

► **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](http://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*

<b>Type or prnt</b>  File by the due date for filing your return. See instructions.	Enter filer's identifying number see instructions	
	Name of exempt organization or other filer see instructions <b>Jesse Tree of Idaho Inc</b>	Employer identification number (EIN) or <b>82 0534777</b>
	Number street and room or suite no. If a P.O. box see instructions <b>1025 S Capitol Blv</b>	Social security number (SSN)
	City town or post office state and ZIP code For a foreign address see instructions <b>Boise, Id 83706-3000</b>	

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

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 ► **Linda Armstrong**Telephone No ► **208-383 9486**

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 15th** 20 **13** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☒ calendar year 20 **12** 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 ☐ Initial return ☐ Final return

☐ 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** \$ \_\_\_\_\_
- 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** \$ \_\_\_\_\_
- 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** \$ \_\_\_\_\_

**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