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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)

OMB No. 1545-1150 20**12**

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning January 1 2012, and ending December 31 20 C Name of organization B Check if applicable. D Employer identification number Address change Intermountain Section Institute of Food Technologists 94 3134117 Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Install return 15 N 3192 E 208-589-2234 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Idaho Falls Idaho 83401 G Accounting Method: H Check ▶ ☐ if the organization is not Other (specify) ▶ Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 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, 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 . 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 2250.00 4 4 59.82 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events SCANNED MAR 1 4 2013 Revenue Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ 2309.82 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 44533.48 Less: direct expenses from gaming and fundraising events . . . 6с 35441.54 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 9091.94 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9091.94 10 Grants and similar amounts paid (list in Schedule O) . . . 10 8250.00 11 Benefits paid to or for members 11 12 Salanes, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping . . . 15 16 Other expenses (describe in Schedule O) . . . 16 17 Total expenses. Add lines 10 through 16 . 17 8250.00 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 841.94 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 36643.69 20 Other changes in net assets or fund balances (explain in Schedule O) 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 106421

Form **990-EZ** (2012)

37485.63

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| orm 9 | 990-EZ (2 | 2012) | _ | | | | | Page 2 |
| Pai | rt II | Balance Sheets (see the instructions f | | <u> </u> | | | | |
| | | Check if the organization used Schedule | O to respond to ar | | | <u></u> | | <u> </u> |
| | | | | | (A) Beginning of year | - | ~ · | End of year |
| 22 | | n, savings, and investments | | · · · · · <u> </u> | 36643.6 | | _ | <u>37485.63</u> |
| 23 | | l and buildings | | | | 23 | - | |
| 24 | | er assets (describe in Schedule O) | | · · · · · - - | | 24 | | |
| 25 26 | | Il assets | | | 36643.6 | 9 25 | T | 37485.63 |
| 20 27 | | assets or fund balances (line 27 of column | (R) must saree with | line 21) | 369643.6 | | | 27405.62 |
| | t III | Statement of Program Service Accom | | | 369643.6 Part III) | 9 21 | <u>' </u> | 37485.63 |
| <u> </u> | | Check if the organization used Schedule | • | | • | ᆡᇨ | | Expenses |
| Vha | t is the | organization's primary exempt purpose? | o to respond to d | iy quoodon iir tiilo i | | | | red for section 3) and 501(c)(4) |
| esc s m | ribe th neasure ons bei | e organization's program service accomplised by expenses. In a clear and concise melited, and other relevant information for ea | anner, describe the ch program title. | services provided | rogram services, , the number of | 49 | | zations and section)(1) trusts, optional ers.) |
| 28 | Studer | nt Scholarship University of Idaho and Washing | gton State University | | | . | | |
| | | | | | | . | | |
| | /C | | | | | ٠ 🏎 | _ | |
| 29 | (Grant | | | | | 120 | 8a | 8250.00 |
| 23 | | | | | | ٠ | | |
| | | | | | | • | | |
| | (Grant | s\$) If this amount | includes foreign gra | ints, check here . | 🕨 🗀 | . 2 | 9a | |
| 30 | | | | | | | | |
| | | | | | | | | |
| | | | ****** | | | . | | |
| | (Grant | | includes foreign gra | ints, check here . | ▶ 🗆 | 30 | 0a | |
| 31 | | program services (describe in Schedule O) | | | | | | |
| 20 | (Grant | | includes foreign gra | | | \rightarrow | 1a | |
| | t IV | program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key | | | | _ | 32 | for Dort 0.0 |
| aı | LIV | Check if the organization used Schedule | | | | ınsın | uctio | ns for Part IV) |
| | | Check if the organization used Schedule | · · · · · · · · · · · · · · · · · · · | (c) Reportable | (d) Health benefit | s. T | <u> </u> | · · · · <u> </u> |
| | | (a) Name and title | (b) Average hours per week devoted to position | compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions to empl | oyee d | | stimated amount of er compensation |
| ay 1 | . Astle | | | | | | | _ |
| 5 N | 3192 E | Idaho Falls Idaho 83401 | Treasurer 4 hours | 0 | <u></u> | 0 | | 0 |
| | ne Cram | | | | | | | |
| | | eral Way Boise Idaho 83716 | Past Chair 4 hours | 0 | | 0 | | 0 |
| | vn Harri | | <u>.</u> | _ | | | | _ |
| | | e St. Twin Falls Idaho 83301 | Chair 4 hours | 0 | | -9 | | 0 |
| | s Thon | nas E Lewisville Idaho 83431 | Chair Elect 4 housr | | | ام | | • |
| <u> </u> | 1 3300 [| Lewisville Idailo 63431 | Chair Elect 4 housi | 0 | | 0 | | 0 |
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| Part . | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | ┌┐ |
|-----------------|---|--------------|----------|----------|
| | moducions for Part V) Officer if the organization used Schedule O to respond to any question in this | | 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 | | ✓ |
| 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 | | - |
| 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 | | ✓ |
| b c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 | 35b 35c | | |
| 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 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| 393 | Did the organization file Form 1120-POL for this year? | 37b | | |
| 38a | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | <u> </u> | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | 1 | | |
| -rua | section 4911 ► ; section 4912 ► ; section 4955 ► | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | 1 |
| С | 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 | | | |
| đ | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 | List the states with which a copy of this return is filed . | | | |
| 42a | The organization's books are in care of ▶ Jay T Astle Located at ▶ 15 N 3192 E Idaho Falls Idaho ZIP + 4 ▶ | 208-58 83 | | 4 |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| _ | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | √ |
| | 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. | | | 1 |
| ^ | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | } | 1 |
| 43 | 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 | 120 | I | <u> </u> |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | · | | Yes | No |
| 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 | | 1 |
| 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 | | 1 |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| 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 | 44.4 | 1 | 1 |
| AFO | explanation in Schedule O | 44d 45a | | 1 |
| 45a 45b | Did the organization have a controlled entity within the meaning of section \$12(b)(13)? | 104 | | _ |
| | Form 990-EZ (see instructions) | 45b | <u> </u> | 1 |

| to candidates for public office? If "Yes," complete Schedule C, Part I 48 | יטפ ווויכ | J-CZ (20 | 12) | | | | | | | | age T |
|--|-------------|----------------|--|--|--------------------------|--------------------|---------------------------------------|--------------|---------|---------------|-------|
| 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 7 Did the organization negage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 8 Is the organization as school as described in section 170(h)(1)(A)(h)? If "Yes," complete Schedule E 9 Did the organization as school as described in section 170(h)(1)(A)(h)? If "Yes," complete Schedule E 9 Did the organization as exciton as exciton 527 organization? 9 Did the organization as exciton 527 organization? 9 Organization as exciton 527 organization? 9 Did have an in this table for the organization as exciton 527 organization? 9 Name and title of seath encloyee pad more than \$100,000 of compensation from the organization. If there is none, enter "None." 10 Ornel is Complete this table for the organizations is five highest compensated. 11 Total number of other employees paid over \$100,000 12 Ornel is Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 12 Total number of other employees paid over \$100,000 13 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." 14 Total number of other independent contractor pad more than \$100,000 of compensation from the organization of the compensation of the page of the comp | 46 | | | | | | | sition | | Yes | No |
| All section 501(e)(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 Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI Ves | | | | | Part I | <u> </u> | · · · · · | <u>·</u> | 46 | لــــا | _✓ |
| Check if the organization used Schedule O to respond to any question in this Part VI Test No Yes No | art \ | _ / | All section 501(c)(3) organizations | | stions 47-49b an | d 52, and | complete t | he ta | bles fo | or line | es |
| 7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part III 8 Is the organization as school as described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule E | | | | | | | | | | | _ |
| 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 | | | Check if the organization used Sch | edule O to respond | to any question in | this Part | <u>VI</u> | <u> </u> | · · · | | |
| year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Joi the organization make any transfers to an exempt non-charitable related organization? Very "Yes," was the related organization a section 527 organization? Complete this table for the organization is 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 site of each enolytee (a) Nemage (b) Nemage (c) Nem | 4~ | D: J 4L | | . 45 44 | | 41 1 - 66 - | | | | Yes | No |
| Sa bit the organization make any transfers to an exempt non-charitable related organization? ## 15 | 47 | | | | section 501(n) elec | tion in eme | ect during th | е тах | 47 | | ✓ |
| 1 Total number of other employees paid over \$100,000 | 48 | Is the | organization a school as described in | section 170(b)(1)(A)(i | i)? If "Yes," complet | te Schedule | eE | | 48 | | ✓ |
| do Complete this table for the organization's five highest compensated employees (other than officers, directors, fusitees 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 of compensation from the organization there is none, enter "None." (b) Average hours per week compensation from the organization there is none, enter "None." (c) Reportable complete the stable for the organization's five highest compensation from the organization of the compensation of compensation from the organization. If there is none, enter "None." (e) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (e) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 . ▶ 0 (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 . ▶ 0 (g) Compensation (g) Type of service (c) Compensation (g) Type of service (c) Compensation (g) Type of service (c) Compensation (g) Total number of other independent contractors each receiving over \$100,000 . ▶ 0 (g) Type of service (c) Compensation (g) Type of service (c) Compensation and 4947(a)(1) nonexempt characterists must attain the return, including accompanying schedules and statements, and to the best of my knowledge and beisel, it is exported. The property is expensed of preparagion for preparagionary of preparagions of preparagion for preparagions of preparagion for preparagions of preparagi | 49a | | | | | nization? | | | 49a | | ✓ |
| 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 \$\frac{0.9}{\text{boundary per week tended to position of compensation}} \ \frac{(4) \text{Reportable compensation completes of employees paid over \$100,000 \$\text{Position of the employees} \] 1 Total number of other employees paid over \$100,000 \$\text{Dominion of the employees} \] 2 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization from the organization of the three is none, enter "None." (b) Name and address of each independent contractor paid more than \$100,000 \$\text{Dominion of the employees} \] 4 Total number of other independent contractor paid more than \$100,000 \$\text{Dominion of the organization} \] 5 Total number of other independent contractor paid more than \$100,000 \$\text{Dominion of the organization} \] 6 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 6 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 7 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 9 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 9 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 9 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 9 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 9 Total number of other independent contractors each receiving over \$100,000 \$\text{Dominion of the organization} \] 9 Total number of other independent contr | | | | | | | | • | | | L |
| (a) Name and stitle of each employee paid more than \$100,000 1 Total number of other employees paid over \$100,000 . ▶ 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from 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 of compensation from the organization if there is none, enter "None." (b) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization one Paid d Total number of other independent contractors each receiving over \$100,000 or some passing of the organization of the passing over \$100,000 or some passi | 50 | | | | | | | | | | |
| (a) Name and title of each employee paid more than \$100,000 benefit plans, and deferred compensation devoted to position forms W-2/1099-MISC) forms W-2/1099-MISC) compensation devoted to position | | emplo | byees) who each received more than | \$100,000 of comper | nsation from the or | | | one, e | nter "N | one." | |
| 1 Total number of other employees paid over \$100,000 ▶ 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." (e) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation one Paid d Total number of other independent contractors each receiving over \$100,000 ▶ 0 Did the organization complete Schedule A? Note: All section \$51(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . ▶ ☑ Yes □ No dependent or persyru, I decise that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is exported, and complete Deplaration of prepares, other than officer) is based on all information of which preparer has any knowledge. Figure or post-varies arms Preparer's signature Date Check □ if Firm's name Firm's name Firm's name Firm's sim ▶ Firm's address ▶ Phone no. | | (a) l | | hours per week | compensation | contribut | tions to employe lans, and deferre | | | | |
| f Total number of other employees paid over \$100,000 | lo one | is Con | npensated | | | | | + | | | |
| f Total number of other employees paid over \$100,000 | | | | | | | | - | | | |
| f Total number of other employees paid over \$100,000 | | | | | | | | + | | | |
| f Total number of other employees paid over \$100,000 | | | | | | | | | | | |
| 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 one Paid d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A perputure of perputy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ecorect, and complete. Deplaration of prepare/coffer than officer) is based on all information of which prepare has any knowledge. Treads one A Protection I firm's EIN Firm's address Firm | | | | | | | | | | | |
| 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 one Paid d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A perputure of pentury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is expected and complete. Deplaration of prepare/coffer than officer) is based on all information of which prepare has any knowledge. The AS DEFIN TOTAL AS DEFIN Firm's address | | | | | | | | + | | | |
| d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 22 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 | 51 (a) | Comp \$100, | olete this table for the organization's 000 of compensation from the organ | s five highest componization. If there is no | one, enter "None." | | | | | | than |
| 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 | one F | Paid | | | | | | | | | _ |
| 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 | | | | | 1 | | | | | | |
| 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 | | | | | - | | | | | | |
| 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 | · | | | | | | | _ | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | T-4-1 | | | 1 | | | | | | |
| ign ere Signature of officer | 52 52 | Did th | ne organization complete Schedule A | ? Note: All section 5 | 601(c)(3) organizatio | ons and 49 | 47(a)(1) | | ✓ Yes | | No |
| ign ere Signature of officer Date | | enalties | of perjury, I declare that I have examined this r | eturn, including accompan | lying schedules and stat | | | | | | |
| Tay T ASTLE TREASURER 2-23-13 Type or printhname and title Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Firm's address ▶ Phone no. | | \top | Van Tüstl | | | | | | | | |
| aid reparer Se Only Firm's name ► Firm's ell N ► Firm's address ► Phone no. | ign Iere | | Jay T- ASTLE | TRE | ASORER | | | 2 <i>3</i> · | -13 | | |
| aid reparer Se Only Firm's name ► Firm's ell N ► Firm's address ► Phone no. | | | Type or prift-name and title | 16 | | | | | | | |
| reparer Se Only Firm's name ► Firm's EIN ► Firm's address ► Phone no. | Paid | | Print/Type preparer's name | Preparer's signature | | ∪ate | | _ | PTIN | | |
| Se Only Firm's name ► Firm's EIN ► Phone no. | rep | arer | | 1 | | | | ployed | L | | |
| | | | | | | | | | | | |
| ay the IRS discuss this return with the preparer shown above? See instructions | Any 41 | O IDC | | oboven oboven Co- | inotriotions | | Phone no. | | - V- | - | |

Form **990-EZ** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| nterr | nountain Institute | | | | | | | | 93 31 | | | |
|--------------|--|--|---|--------------------|------------------------|--------------------|---------------------|------------|--|-----------|-----------|-----------|
| Pai | t Reason | for Public Cha | rity Status (All organ | nizations | s must c | omplete | this par | t.) See i | nstructio | ns. | | |
| The o | organization is no | t a private founda | tion because it is: (For | r lines 1 t | hrough 1 | 1, check | only one | box.) | | | | |
| 1 | A church, co | nvention of churcl | hes, or association of | churches | describe | ed in sec t | tion 170(| b)(1)(A)(i |). | | | |
| 2 | A school des | cribed in section | 170(b)(1)(A)(ii). (Attac | h Schedu | ıle E.) | | | | | | | |
| 3 | | | spital service organiza | | | | | | | | | |
| 4 | _ | • | on operated in conjunc | tion with | a hospita | al descrit | oed in se | ction 170 | 0(b)(1)(A)(| (iii). En | ter the | |
| | hospital's nai | me, city, and state | 9: | | | | | - <u>-</u> | | | | |
| 5 | section 170(| b)(1)(A)(iv). (Com _l | • | | | | | | vemment | al unit | descri | bed in |
| 6 7 | ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | ☐ A community | trust described ii | n section 170(b)(1)(A) | (vi). (Con | nplete Pa | rt II.) | | | | | | |
| 9 | | | receives: (1) more that | | | | | | | | | |
| | | | to its exempt functi | | | | | | | | | |
| | | | ent income and unrel | | | | | | n 511 ta | х) топ | n busir | iesses |
| | • | - | fter June 30, 1975. Se | | | | | | | | | |
| 10 | | _ | l operated exclusively | | | | | | | 4 | | مطاح احد |
| 11 | | | nd operated exclusive plicly supported organ | | | | | | | | | |
| | | | describes the type of : | | | | | | | | | |
| | a 🗆 Type | | | | | | | | Non-funct | | | ited |
| - | // | _ ,. | that the organization | | • | - | | | | - | _ | |
| | | | ers and other than one | | | | | | | | | |
| | or section 50 | | | | , , | | | | | | | - (- // / |
| f | | , ,, , | a written determination | n from t | the IRS 1 | that it is | a Type | I, Type | II, or Typ | e III s | upport | ing |
| | • | check this box | | | | | | · · · · | | | | |
| ç | Since Augus following per | | he organization accep | oted any | gift or co | ontributio | n from a | iny of the | e | | | |
| | (i) A person | who directly or i | ndirectly controls, eith | ner alone | or toget | her with | persons | describe | d in (ii) ai | nd | Yes | No |
| | (iii) below | , the governing b | ody of the supported of | organizati | ion?... | | | | | 119 | 3(1) | |
| | (ii) A family r | nember of a pers | on described in (i) abo | ve? | | | | | | 119 | | |
| | (iii) A 35% co | ontrolled entity of | a person described in | (i) or (ii) a | above? . | | | | | 11g | (iii) | |
| ŀ | n Provide the f | ollowing informat | on about the supporte | ed organı | zation(s). | | | | | | | |
| (1) | Name of supported | (ii) EIN | (iii) Type of organization | | organization | | ou notify | | Is the | (vii) Am | ount of m | • |
| organization | | | (described on lines 1–9 above or IRC section | | sted in your document? | | nization in of your | | ition in col. ized in the | | support | |
| | | | (see instructions)) | | | sup | port? | " ° U | .S.? |] | | |
| | | | | Yes | No | Yes | No | Yes | No | ļ | | |
| (A) | | | | | | i | | | | İ | | |
| | | | | | | | - | | _ | | | |
| (B) | | |] | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | 1 | | ļ . | | |
| (C) | | | | | | 1 | | L. | | | | |
| (D) | | | | | | | | | | | | |
| | | - | | | <u> </u> | - | | <u> </u> | | | | |
| (E) | | | | | | | | | | | | |
| | | | | †···· | † | | 1 | <u> </u> | | | | |

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.)

| 1 Giff me inc 2 Tax org to 0 o | A. Public Support | | | | ·· · · · · · · · · · · · · · · · · · · | , | |
|--|--|----------------|-----------------|----------------|--|--------------|---------------|
| ## To org to 0 org to | r year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010_ | (d) 2011 | (e) 2012 | (f) Total |
| 2 Tax org to 0 org to | ifts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.") | | | | | | |
| ## Fundamental Section 10 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 5 The each good support of the state of the | he value of services or facilities in important in the important in the real real real real real real real rea | | | | | | |
| 9 Ne ac is 10 Ot 12 Gr 13 Fir or, Section 14 Pu 15 Pu 16a 33 ch 17a 10 10 | otal. Add lines 1 through 3 | | | | | | |
| Section Calendar 7 | he portion of total contributions by ach person (other than a overnmental unit or publicly upported organization) included on that exceeds 2% of the amount hown on line 11, column (f) | | | | | | |
| 7 An 8 Gri pa rer so 9 Ne ac is 10 Ot los (E) 11 To 12 Gr 13 Fii ore Section 14 Pu 15 Pu 16a 33 bo b 33 ch 17a 10 | ublic support. Subtract line 5 from line 4. | | | | | | |
| 7 An 8 Gr pa rer so 9 Ne ac is 10 Ot 12 Gr 13 Fit ort Section 14 Pu 15 Pu 16a 33 ch 17a 10 | B. Total Support | | | | | | |
| 8 Gri pa rer so so so los is 10 Ot los (E) 11 To 12 Gr 13 Fii org Section 14 Pu 15 Pu 16a 33 bo ch 17a 10 10 | r year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Ne ac is 10 Ot los (E) 11 To 12 Gr 13 Fii or, Section 14 Pu 16a 33 ch 17a 10 | mounts from line 4 | | | | | - | |
| acc is 10 Ott los (E) 11 To 12 Gr 13 Fin org Section 14 Pu 15 Pu 16a 33 ch 17a 10 | aross income from interest, dividends, ayments received on securities loans, ents, royalties and income from similar ources | | | | | | |
| los (E) 11 To 12 Gr 13 Fin org Section 14 Pu 15 Pu 16a 33 bo ch 17a 10 10 | let income from unrelated business ctivities, whether or not the business regularly carried on | | | | | | |
| 12 Gr 13 Fin org Section 14 Pu 15 Pu 16a 33 bo b 33 ch 17a 10 | Other income. Do not include gain or cass from the sale of capital assets Explain in Part IV.) | | | | | | |
| 13 Fin org Section 14 Pu 15 Pu 16a 33 bo b 33 ch 17a 10 | otal support. Add lines 7 through 10 | | | <u> </u> | <u> </u> | <u></u> | |
| org Section 14 Pu 15 Pu 16a 33 bo b 33 ch 17a 10 | Gross receipts from related activities, etc | | | | | 12 | 504/-1/01 |
| 14 Pu 15 Pu 16a 33 bo b 33 ch 17a 10 | irst five years. If the Form 990 is for the irganization, check this box and stop he | re | | | | | |
| 15 Pu 16a 33 bo b 33 ch 17a 10 | C. Computation of Public Suppor | | | 14 (5) | | 1441 | |
| 16a 33 bo b 33 ch 17a 10 | Public support percentage for 2012 (line | | | | | 14 | <u>%</u> |
| bo b 33 ch 17a 10 | Public support percentage from 2011 Sci 131/3% support test—2012. If the organi | nedule A, Pari | til, lille 14 . | on line 13 an | Id line 14 is 33 | | |
| b 33 ch 17a 10 | oox and stop here. The organization qua | | | | | | > 🗆 |
| 10 | 131/3% support test—2011. If the organ sheck this box and stop here. The organ | nization did n | ot check a bo | x on line 13 o | r 16a, and line | | |
| or | and the second s | | | | | | |
| 15 Ex su 18 Pr | b 10%-facts-and-circumstances test—2011. 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 | | | | | | |

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 | Section A. Public Support | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|
| Calen | dar 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.") | 2150 | 3270 | 2870 | 1950 | 2250 | 12490 | | |
| 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 | 48906 | 40160 | 38251 | 32565 | 42283 | 202165 | | |
| 3 | Gross receipts from activities that are not an | 10000 | 10.100 | | | | | | |
| | unrelated trade or business under section 513 | o | اه | o | o | o | 0 | | |
| 4 | Tax revenues levied for the | | | | | | <u>×</u> | | |
| 7 | organization's benefit and either paid | | İ | | | | | | |
| | to or expended on its behalf | اه | o | o | o | o | 0 | | |
| 5 | The value of services or facilities | | | | | | <u>.</u> | | |
| 3 | furnished by a governmental unit to the | | | | | | | | |
| | organization without charge | o | 0 | 0 | o | م | 0 | | |
| 6 | Total. Add lines 1 through 5 | 51056 | 43430 | 41121 | 34515 | 44533 | 214655 | | |
| 7a | Amounts included on lines 1, 2, and 3 | 31036 | 43430 | 41121 | 34313 | 44333 | 214033 | | |
| ,, | received from disqualified persons . | 0 | o | o | 0 | o | 0 | | |
| | | - 0 | | | | | <u>_</u> | | |
| Ъ | 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 | o | | ا | 0 | o | 0 | | |
| _ | | 0 | 0 | 0 | 0 | 0 | 0 | | |
| С 8 | Add lines 7a and 7b | | U | | | | | | |
| 0 | line 6.) | | | | | İ | 214655 | | |
| Sacti | on B. Total Support | l | | | | I. | 214033 | | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | | |
| 9 | Amounts from line 6 | · · · · · · · · · · · · · · · · · · · | | 41121 | 34515 | 44533 | 214655 | | |
| | Gross income from interest, dividends, | 51056 | 43430 | 41121 | 34515 | 44333 | 214033 | | |
| 10a | payments received on securities loans, rents, | | | | | | | | |
| | royalties and income from similar sources . | 647 | 242 | 227 | 81 | 60 | 1307 | | |
| _ | • | 617 | 312 | 237 | 01 | | 1307 | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | | | |
| | | ا | 0 | | • | o | 0 | | |
| | acquired after June 30, 1975 | | | 0 | 0 | | | | |
| _ | acquired after June 30, 1975 | 0 | | 007 | | | | | |
| C | Add lines 10a and 10b | 617 | 312 | 237 | 81 | 60 | 1307 | | |
| С 11 | Add lines 10a and 10b | | | 237 | 81 | | | | |
| _ | Add lines 10a and 10b | 617 | 312 | | | 60 | 1307 | | |
| 11 | Add lines 10a and 10b | | | 237 | 81 | | | | |
| _ | Add lines 10a and 10b | 617 | 312 | | | 60 | 1307 | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets | 617 | 312 | 0 | 0 | 0 | 1307 | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 617 | 312 | | | 60 | 1307 | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11 12 13 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 617 0 0 51673 | 312 0 0 43742 | 0 0 41358 | 0 0 34596 | 0 0 44593 | 0 0 215962 | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 617 0 0 51673 ne organization | 312 0 0 43742 's first, second | 0 0 41358 d, third, fourth | 0 34596 , or fifth tax y | 0 0 44593 ear as a section | 0 0 215962 n 501(c)(3) | | |
| 11 12 13 14 | Add lines 10a and 10b | 617 0 0 51673 ne organization | 312 0 0 43742 's first, secon | 0 0 41358 d, third, fourth | 0 34596 , or fifth tax y | 0 0 44593 | 0 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Secti | Add lines 10a and 10b | 617 0 51673 ne organization re rt Percentag | 312 0 0 43742 's first, second | 0 41358 d, third, fourth | 0 34596 , or fifth tax yo | 0 0 44593 ear as a section | 0 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Section 15 | Add lines 10a and 10b | 617 0 51673 ne organization re rt Percentag 8, column (f) di | 312 0 43742 's first, second | 0 41358 d, third, fourth | 0 34596 , or fifth tax yo | 0 0 44593 ear as a section | 0 215962 n 501(c)(3) • □ | | |
| 11 12 13 14 Secti 15 16 | Add lines 10a and 10b | 617 0 51673 ne organization re rt Percentag 8, column (f) di hedule A, Part | 312 0 43742 's first, second | 0 41358 d, third, fourth | 0 34596 , or fifth tax yo | 0 0 44593 ear as a section | 0 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Section 15 16 Section 16 | Add lines 10a and 10b | 51673 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce | 312 0 43742 's first, seconder vided by line 1 Ill, line 15 | 0 41358 d, third, fourth | 0 34596 , or fifth tax yo | 0 0 44593 ear as a section | 1307 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Secti 15 16 Secti 17 | Add lines 10a and 10b | o 51673 ne organization re rt Percentag 8, column (f) di hedule A, Part come Perce line 10c, colum | 312 0 43742 's first, seconder vided by line 1 Ill, line 15 ntage in (f) divided b | 0 41358 d, third, fourth | 0 34596 , or fifth tax you | 0 44593 ear as a section | 1307 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Secti 15 16 Secti 17 18 | Add lines 10a and 10b | 617 0 51673 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce line 10c, colum 1 Schedule A, I | 312 0 43742 's first, seconder vided by line 1 Ill, line 15 Intage In (f) divided beart Ill, line 17 | 0 41358 d, third, fourth | 0 34596 , or fifth tax you | 0 44593 ear as a section | 1307 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Secti 15 16 Secti 17 | Add lines 10a and 10b | o 51673 ne organization re rt Percentage 8, column (f) di hedule A, Part come Percel line 10c, colum 1 Schedule A, I | 312 0 43742 's first, seconder vided by line 1 Ill, line 15 ntage In (f) divided be Part III, line 17 check the box | 41358 d, third, fourth 3, column (f)) y line 13, colur c on line 14, a | 0 34596 , or fifth tax you | 0 44593 ear as a section 15 16 17 18 nore than 331/39 | 1307 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Secti 15 16 Secti 17 18 19a | Add lines 10a and 10b | 617 0 51673 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce (line 10c, colum 1 Schedule A, I ization did not and stop here. | 312 0 43742 's first, secondary vided by line 1 Ill, line 15 Intage In (f) divided be Part III, line 17 check the box The organization | 0 41358 d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar on qualifies as | 0 34596 , or fifth tax you | 0 44593 ear as a section | 1307 0 215962 n 501(c)(3) | | |
| 11 12 13 14 Secti 15 16 Secti 17 18 | Add lines 10a and 10b | 617 0 51673 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce line 10c, colum 1 Schedule A, I sization did not and stop here. zation did not c | 312 0 43742 's first, secondary vided by line 1 Ill, line 15 ntage nn (f) divided beart III, line 17 check the box The organization | 41358 d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar on qualifies as a | 0 34596 , or fifth tax you | 0 44593 ear as a section 15 16 17 18 nore than 331/29 orted organization is more than 3 | 1307 0 215962 n 501(c)(3) ▶ □ 99 % 99 % .6 % .7 % %, and line on . ▶ ✓ 31/3%, and | | |
| 11 12 13 14 Secti 15 16 Secti 17 18 19a | Add lines 10a and 10b | o 51673 ne organization re rt Percentag 8, column (f) di hedule A, Part come Percel line 10c, colum 1 Schedule A, I nization did not and stop here. zation did not c box and stop h | 312 0 43742 I's first, second vided by line 1 III, line 15 Intage In (f) divided be Part III, line 17 check the box The organization | 41358 d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar on qualifies as a line 14 or line 1 ization qualifies | o 34596 , or fifth tax you have a constant of the second | 44593 ear as a section 15 16 17 18 nore than 331/39 orted organization is more than 3 | 1307 0 215962 n 501(c)(3) ▶ □ 99 % 99 % .6 % .7 % %, and line on . ▶ ☑ 31/3%, and ization ▶ □ | | |

| chedule A (F | Form 990 or 990-EZ) 2012 | Page 4 |
|--------------|--|--------|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | |
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