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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

interr	nal Reve	nue Service	► Information abou	ut Form 990 and its instructions i	is at www.ir	s gov/form990	Inspection			
A F	or the	2013 calend	dar year, or tax year beginning		ending	_	<u> </u>			
B	Check if	C Name o	f organization			D Employer identifica	tion number			
	Addres		KISSLER FAMILY F	OUNDATION						
	Name change	Doing B	Business As		26-05	87332				
]initial return Termin		r and street (or P.O. box if mail is no		Room/suite	E Telephone number	226 1642			
<u> </u>	Jated Amend		WEST AMITY ROAD			· · · · · · · · · · · · · · · · · · ·	336-1643 2,092,730.			
_ ⊱	⊒return ∏Applic:	City or t	town, state or province, country, SE, ID 83705	and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group retu				
	_Ition pendin		and address of principal officer:	AMES A. KISSLER		for subordinates?	Yes X No			
		SAME	AS C ABOVE			H(b) Are all subordinates inclu				
1 1	ax-exe		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1 ' '	t. (see instructions)			
		e: N/A				H(c) Group exemption r				
		organization.	Corporation X Trust	Association Other	L Year	of formation: 2008 M S	tate of legal domicile: ${f ID}$			
Pa	rt I	Summary								
9	1	Briefly describ	oe the organization's mission or r	nost significant activities: SEE	SCHEDU	LE O				
2014 Activities & Governance	.						.:			
veri	2	Check this bo	*in =	iscontinued its operations or dispo		1 1	rts. 5			
Ĝ	3 1	Number of Vol	ting members of the governing be dependent voting members of the of individuals employed in calend of volunteers (estimate if necess	ody (Part VI, line 1a) OSO- e governing body (Part VI, line 1b)	M	3 4	3			
ಿ	4 .	Number of inc	rependent voting members of the	e governing body (Part VI, line 19)	S'	5				
tie	5	rotal number	of individuals employed in calend	dar year 2013 (Part yelline 2at		6	<u>_</u>			
tiv	7.	rotal number Fetal warelete:	d business revenue from Dort VIII	7a	2,090,518.					
, J	/a	i Otal ulli elate	d business revenue from Part VII business taxable income from F	i, coldini (c), illigit co	≥ 1	7b	998,780.			
<u>201</u>	, D	vet unrelated	DUSINESS (AXADIC INCOME NOM F	11111		Prior Year	Current Year			
69 A		Contributions	and grants (Part VIII, line 1h)	APR APR		0.	0.			
⊟ure			ice revenue (Part VIII, line 2g)	4 00		0.	0.			
eve ₹		-	come (Part VIII, column (A), lines			1,982.	2,205.			
MAY 13 Revenue			e (Part VIII, column (A), lines 5, 6c			2,494,958.	2,090,525.			
	12	Total revenue	- add lines 8 through 11 (must e	qual Part VIII, column (A), line 12)		2,496,940.	2,092,730.			
	13 (Grants and sir	mılar amounts paid (Part IX, colui	mn (A), lines 1-3)		823,630.	783,615.			
		=	to or for members (Part IX, colum			0.	0.			
% Ses				its (Part IX, column (A), lines 5-10)	-	0.	0.			
	i i		undraising fees (Part IX, column		,	0.	0.			
SCANNED Expenses			ing expenses (Part IX, column (D		0.	258,177.	631 613			
			es (Part IX, column (A), lines 11a-			1,081,807.	1,415,228.			
		•	es. Add lines 13-17 (must equal P expenses. Subtract line 18 from		⊢	1,415,133.	677,502.			
es es	19	revenue less	expenses. Subtract line to from	mic ic	Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Fotal assets (F	Part X, line 16)		-	6,112,593.	6,789,796.			
Ass	21	•	(Part X, line 26)		<u> </u>	0.	0.			
ž.	22 1		fund balances. Subtract line 21 f	rom line 20		6,112,593.	6,789,796.			
Pa	rt II	Signature	Block							
				turn, including accompanying schedule			nowledge and belief, it is			
true,	correct	, and complete.		wicer) is based on all information of wi	hich preparer	has any knowledge.				
	1	Signature	e of efficer	sala		Date				
Sign		JAME.		_mpiicmpp		Jan 4//	4115			
Here	•		S A. KISSLER, CO	· -		// / 				
		Print/Type prep		Preparer's signature	10	ate Check	PTIN			
Paid		IVAN ST		s A signature		self-employed	P01246062			
Prep	-	Firm's name	DELOITTE TAX L	LP		Sell-chilphyeu	36-1065772			
Use				BLVD., SUITE 170	0		<u> </u>			

BOISE, ID 83702-5958

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. (208) 342-9361

Form	1 990 (2013) THE KISSLER FAMILY FOUNDATION	26-0587332	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE FUNDS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC,	LITERARY, O	R
		TO CHILDREN	
	ANIMALS.		
	Did the experiment undertake any configent program conject during the year which were not lested an		
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	L! Yes	LAL NO
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	LAL NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 243,000 · including grants of \$ 243,000 ·) (Revenue	18 \$)
	TO PROVIDE SUPPORT TO THE IDAHO COMMUNITY FOUNDATION.		
			
4b	(Code) (Expenses \$ 498,615. Including grants of \$ 498,615.) (Revenue		
40	(Code) (Expenses \$ 498,615. Including grants of \$ 498,615.) (Revenu		
	TO TROVIDE TONDS TOR VARIOUS CHARTIMEDE CROSS-TERMITORS	 	
			
			
	<u></u>		
4c	(Code) (Expenses \$ 42,000 • including grants of \$ 42,000 •) (Revenue)
	TO PROVIDE SCHOLARSHIPS FOR NORCO, INC.'S EMPLOYEES AND	THEIR CHILD	REN.
			
		<u> </u>	
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 783,615.		20 /
		Form 98	90 (2013)

Form 990 (2013) THE KISSLER Part IV Checklist of Required Schedules

			163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>	 	
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		-0		1
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<u> </u>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			_v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			J
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ.
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		J	Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
19	1	18		
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	, l		X
20^	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 165 to mie 20a, die trie organization attach a copy of its addited infancial statements to this return?		990 (2013
		OIIII	J-0-0 (2013)

Form 990 (2013) THE KISSLER FAMILY
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	•		٠,,
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		N/A
С	, , , , , , , , , , , , , , , , , , , ,	l		NT / N
	any tax-exempt bonds?	24c		N/A
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N/A
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	1 , , ,	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230	-	
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
_•	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
' C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34	Х	
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		N/A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	<u>X</u>	
		Form	990 (2013)

Page 5

Form 990 (2013) THE KISSLER FAMILY FOUNDATION

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X		Check if Schedule O contains a response or note to any line in this Part V			
18 Enter the number of forms W20 (cliculated in line in a fairne of in not applicable between the three of ferms W20 (cliculated in line in a fairne of in not applicable continued or provided (cliculated in line in a fairne of in not applicable continued or provided (cliculated in line in a fairne of in not applicable continued or provided (cliculated in line in a fairne of in not such as the continued or provided (cliculated in line in a fairne of in not such as the continued or provided (cliculated in line) (cliculated in lin				Yes	No
b Enter the number of Forms W-2G included in line 1s Enter of indict applicable of Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2e Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization thave unrelated business gross income of \$1,000 or more during the year? 3a Dd the organization is federal year, did the organization file and accounts. 5a In Y-95, "enter the name of the foreign country! December 2 in the file of the properties of the organization for the properties of the organization file and as a bank account, securities account, or other financial accounts. 5a Was the organization party of year of Form ID F90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization party to prohibited tax wheler transaction at any time during the tax year? 5c In Y-95, if In the same of the foreign country? 5c In Y-95, if In the same of the organization file from 888-17 5c In Y-95, if In the same of the organization file from 888-17 5c In Y-95, if In the same of the organization file from 888-17 5c In Y-95, if In the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles or particulations. 6c In Y-95, if In Y-95, if the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles and exhination for	1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			
gambingly winnings to prace winners? 2 Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return 3 It least one is reported on line 2a, did the organization file all required federal employment tax returns? 4 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effect enstructions) 5 It if "vies," has it filed a Form 990Th for this year! If "No," for time 3b, provide an explanation in Schedule O 5 It is any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial Accounts. 5 It "vies," enter the name of the foreign country. 5 It "vies," enter the name of the foreign country. 5 It "vies," enter the name of the foreign country. 5 It "vies," enter the name of the foreign country. 5 It "vies," did the organization in the views or is a party to a prohibited tax shelter transaction? 6 It "vies," time 5 are 5th, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 It "vies," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or tax deductible a charitable contributions? 6 It "vies," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductible a charitable contributions? 7 Organizations that may receive adequired in exercises of 575 ande jarry is a continuous and party for goods and services provided to the payor? 7 It "vies," indicate the number of Forms 2822 filed during the year. 9 Offer organization receive a any funds, directly to indirectly, to pay premiums on a personal benefit contract? 7 It is the organization receive any engine in exists of \$75 ande jarry is a			1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unreaded business greater than 250, you may be required to 6-file (see instructions) 3b If "Yes," has if filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, is a file of the companient of the foreign country. Perform TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited that shelter transaction at any time during the tax year? 5a Was the organization and party to a prohibited that was or is a party to a prohibited to a shelter transaction of any time during the tax year? 5a Was the organization and party to a prohibited that was or is a party to a prohibited that shelter transaction? 5b If "Yes," it is line Sa or Sb, did the organization file Form 888617 6c If "Yes," and the organization involves that the organization file Form 888617 6d Does the organization involves deducetible ontributions under section 170(c). 9b If If "Yes," and the any receive deducetible contributions under section 170(c). 9b If the organization shall may receive deducetible ontributions under section 170(c). 9c Did the organization shall may receive deducetible ontributions under section 170(c). 9c Did the organization shall may receive deducetible ontributions under section 170(c). 9c Did the organization receive a payment in excess of 37s made party sa contributions on garity for goods and services provided? 9c Did the organization received a	С	· · · · · · · · · · · · · · · · · · ·			
tied for the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b N/2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/liet (see instructions) 3a Dd the organization have unrielated business gross income of \$1,000 or more during the year? 3b Liff "Yes", as the did a Form 990-71 for this year II "No", for line 3b, your own de revipilation in Schedule O 4a 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 Accounts. b if "Yes", enter the name of the foreign country. b if "Yes", enter the name of the foreign country. c if "Yes", if the sam of the foreign country. b od any taxable party notify the organization that it was or as a party to a prohibeted tax shelter transaction? c if "Yes", if line \$a or \$b, did the organization that it was or as a party to a prohibeted tax shelter transaction? b if "Yes," did the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible? c organization netude with every solicitation an express statement that such contributions or gifts were not tax deductible? b if "Yes," did the organization netude with every solicitation an express statement that such contributions or gifts were not tax deductible? c organizations that may receive deductible contributions under section 170(c). b off the organization sell, exchange, or otherwise offspoods or services provided? c off the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file form 88673. b if Yes, "did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required? if the organization		(gambling) winnings to prize winners?	1c		N/A
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X 4a At any time during the calendary year, did the organization have an interest m, 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). 5a Was the organization of filing requirements for Form 7D F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxible party notify the organization file Form 8866.7? 5c If "Yes," to line 5a or 5b, did the organization file Form 8866.7? 5c If "Yes," do the organization invalued with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization invalued with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization invalued with every solicitation an express statement that was required to file Form 8826 filed during the year 6c Did the organization seque apyment in excess of 35 made party sa conhibition and party for goods and services provided? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 7b Did the organization neared and contribution or party form property in different contract? 7c X 7d M/2 7e Sponsoring organization self-and property did the organization	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_	
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		1. 100, Tido it filed a Form 120 to report triese payments (11 140, provide all explanation in ochequie o		990	

332005 10-29-13

THE KISSLER FAMILY FOUNDATION 26-0587332 Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			7	ĺ	ĺ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	}	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	7	l	ł
	officer, director, trustee, or key employee?	•	-	2	X	ŀ
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	}	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or		T	
	persons other than the governing body?			7b	ł	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:			
а	The governing body?	•	•	8a	Х	1
b	Each committee with authority to act on behalf of the governing body?			8b		N/A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapteı	s, affiliates,			l
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	-	N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	<u> </u>
b						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	in Schedule O how this was done			12c	X	7.
13	Did the organization have a written whistleblower policy?			13	 	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve		idependent	İ	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	{	
a	The organization's CEO, Executive Director, or top management official			15a	├	X
D	Other officers or key employees of the organization			15b	 	<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		م ماهین	1		1
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vitri a	46-		x
h	taxable entity during the year?	to (to 1	norticination	16a	-	<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the orga					}
	exempt status with respect to such arrangements?	lizatio	11.5	16b	-	N/A
Sec	tion C. Disclosure			100	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply	•				
	Own website X Another's website X Upon request Other (explain	ın Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books are	nd rec	ords of the organiz	ation: 🕨	-	
	JAMES A. KISSLER - (208)336-1643					
	1591 SENDERO, BOISE, ID 83712					

Form **990** (2013)

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization r	(B)				C)	-		(D)	(E)	(F)
Name and Title	Average			Pos	itior	١		Reportable	Reportable	Estimated
The and The	hours per	box	do not check more than one ox, unless person is both an			is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	a di				pat	l	organization	(W-2/1099-MISC)	from the
	related	stee (ruste			Suga		(W-2/1099-MISC)		organization
	organizations	al tru	nal t		loye	E co				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ē			organizations
/1) TAMES A WISSIED	0.50	Ĕ	Ë	5	3	훈등	<u>&</u>			
(1) JAMES A. KISSLER CO-TRUSTEE	0.50	x						0.	0.	0
— 	0.50	^	┝		-	┝	-			
(2) ALICE E. HENNESSEY	0.50	Į.					ļ	0.	0.	0
CO-TRUSTEE	0 50	X		<u> </u>	┢	⊢		0.	0.	0 .
(3) NICOLE KISSLER CO-TRUSTEE	0.50	x						0.	o.	0
(4) JOE MARSHALL	0.50	_	H	┡	_	├	<u> </u>	0.	<u> </u>	
CO-TRUSTEE	0.50	x		ĺ	ĺ	ĺ		0.	0.	0 .
(5) BOB HOOVER	0.50	^	┢	┝	-	-		0.	0.	
CO-TRUSTEE	- 0.30	x				l		٥.	125,000.	3,750
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Form 990 (2013)

rai	T VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation	compensation from related		an	nount	of
		(list any	Ē			Π	Ī	Γ	from the	organization		com	other pensa	tion
		hours for	direct	ŀ	l	ł	, 	ł	organization	(W-2/1099-MI			om th	
		related	10 aa	stee	ĺ		nsate		(W-2/1099-MISC)	(<u>_</u>	,		anizat	
		organizations	Individual trustee or director	Institutional trustee		a)e	Highest compensated employee					an	d relat	ed
		below	wdua	ituto	ē	Key emptoyee	hest c	ig i				orga	anızatı	ons
		line)	를	list .	Officer	Key	を 記	ᅙ						
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1h	Sub-total	I	<u> </u>	1				<u> </u>	0.	125,0	00.		3,7	50.
	Total from continuation sheets to Part VI	IL Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)	., 000							0.	125,0	00.		3,7	50.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100					
	compensation from the organization						•		·	,				0
		-										ì	Yes	Νo
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee.	or I	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s				•	•	•					3		X
4	For any individual listed on line 1a, is the su		le co	omp	ensa	atior	n and	d oth	her compensation from	the organization	Ì			
	and related organizations greater than \$150									J		4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/	elat	ed organization or ındıvı	dual for services	; [
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch j	pers	son					5	_	Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithin		/ear.				
	(A)	addrass	27	``	,				(B)	andaac	_	(C		_
	Name and business	address	N	ONE	5			_	Description of s	ervices		ompe	isatio	1
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2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	م ا م	ted:	above) who received m	ore than				
-	\$100,000 of compensation from the organization	-	J. 111		0)		and to the following the	J. J. 11/411				
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A Income from Investment of tax-exempt bond proceeds Soyalties	Ра	rt VI	_						
Section Sect			Check if Schedule O con	tains a response	e or note to any lir	(A)	Related or exempt function	Unrelated business	from tax under
Business Code 2 a b c c c c c c c c c	इ इ	1 a	Federated campaigns	1a			10001100		312-314
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2 a b b c c c c c c c c	<u>a</u> C		Total. Add lines 1a-1f						
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c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ORDINARY INCOME FROM NORCO, INC. b INTEREST INCOME FROM NORCO, INC. c OTHER INCOME 453000 7. d All other revenue e Total. Add lines 11a-11d 2,090,525. 12 Total revenue. See instructions.				_					
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ORDINARY INCOME FROM NORCO, INC. 453000 2,089,236. b INTEREST INCOME FROM NORCO, INC. 453000 2,551. c OTHER INCOME 453000 7. 2,551. d All other revenue Total. Add lines 11a-11d 2,090,525. 12 Total revenue. See instructions. 2 Description: 2,089,236. 2,089,23					'L				
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ORDINARY INCOME FROM NORCO, INC. 453000 2,089,236. b INTEREST INCOME FROM NORCO, INC. 453000 2,551. 2,551. c OTHER INCOME 453000 7. 2,551. d All other revenue 453000 <1,269. <1,269. <1,269. <1 2,090,525. 12 Total revenue. See instructions.	l								<u> </u>
b Less: cost of goods sold b		io a							
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ORDINARY INCOME FROM NORCO, INC. 453000 2,089,236. 2,089,236. b INTEREST INCOME FROM NORCO, INC. 453000 2,551. 2,551. c OTHER INCOME 453000 7. 7. d All other revenue 453000 <1,269.	ļ	b							
Miscellaneous Revenue Business Code 11 a ORDINARY INCOME FROM NORCO, INC. 453000 2,089,236. 2,089,236. b INTEREST INCOME FROM NORCO, INC. 453000 2,551. 2,551. c OTHER INCOME 453000 7. 7. d All other revenue 453000 <1,269.	1		-			* **-*		,	'
11 a ORDINARY INCOME FROM NORCO, INC. 453000 2,089,236. 2,089,236. b INTEREST INCOME FROM NORCO, INC. 453000 2,551. 2,551. c OTHER INCOME 453000 7. 7. 7. d All other revenue 453000 <1,269. <1,269. <1,269. <1,269. <1 Total revenue. See instructions. 2,099,730. 0. 2,090,518. 2,212.	Ì				Business Code				
c OTHER INCOME 453000 7. 7. d All other revenue 453000 <1,269.	1	11 a	· · · · · · · · · · · · · · · · · · ·			2,089,236.		2,089,236.	
d All other revenue 453000 <1,269.> e Total. Add lines 11a-11d 2,090,525. 12 Total revenue. See instructions. 2,092,730. 0. 2,090,518. 2,212.	- 1	b	INTEREST INCOME FROM N	ORCO, INC.	453000	2,551.		2,551.	
e Total. Add lines 11a-11d 2,090,525. 12 Total revenue. See instructions. 2,092,730. 0. 2,090,518. 2,212.		С	OTHER INCOME		453000				
12 Total revenue. See instructions. 2,092,730. 0. 2,090,518. 2,212.	ľ				453000		>	<1,269.	>
12 10tal revenue. See instructions. 2,092,730. 0. 2,090,518. 2,212.					>			0 000 710	
	332009	12	rotal revenue. See instructions.		<u> </u>	2,092,730.		2,090,518.	

Form 990 (2013) THE KISSLER F. Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and CC) Management and general expenses general expenses	(D) Fundraising expenses
7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service expenses Management and general expenses 1 Grants and other assistance to governments and	Fundraising
organizations in the United States. See Part IV, line 21 741,615. 741,615.	
2 Grants and other assistance to individuals in	
the United States. See Part IV, line 22 42,000. 42,000.	
3 Grants and other assistance to governments,	
organizations, and individuals outside the	
United States. See Part IV, lines 15 and 16	
4 Benefits paid to or for members	
5 Compensation of current officers, directors,	
trustees, and key employees	
6 Compensation not included above, to disqualified	
persons (as defined under section 4958(f)(1)) and	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages	
8 Pension plan accruals and contributions (include	
section 401(k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees):	
a Management b Legal 7,481. 7,481.	
11 760	
d Lobbying e Professional fundraising services See Part IV, line 17	· - · · · · · · · · · · · · · · · · · ·
f Investment management fees	
g Other. (If line 11g amount exceeds 10% of line 25,	
column (A) amount, list line 11g expenses on Sch O.)	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)	ı
amount, list line 24e expenses on Schedule 0.) a FEDERAL TAXES 570,214. 570,214.	
673 MT	
MICCOLL ANDOLIC	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 1,415,228. 783,615. 631,613.	0.
26 Joint costs Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	

26-0587332 Page 11

	Check if Schedule O contains a response or note to any line in this Part X		,	<u></u>
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	2,224,053.	1	2,114,137
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
l b	Less: accumulated depreciation 10b		10c	* -
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	3,888,540.	12	4,675,659
13	Investments · program-related. See Part IV, line 11	<u> </u>	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,112,593.	16	6,789,796
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
:	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	<u> </u>	27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	6,112,593.	32	6,789,796
33	Total net assets or fund balances	6,112,593.	33	6,789,796
34	Total liabilities and net assets/fund balances	6,112,593.	34	6,789,796

Form **990** (2013)

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

N/A

Form 990 (2013)

SCHEDULE'A

Department of the Treasury

Internal Revenue Service

(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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Employer identification number 26-0587332

Name of the organization

THE KISSLER FAMILY FOUNDATION Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organ	iization is not a	a private foundation	because it is: (For lines	i inrough	i i, check	only one t)OX.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in s e	ection 170	(b)(1)(A)(i)).				
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.))							
з 🖳			tal service organization									
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	rıbed in s e	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's	s name	∋,
	city, and stat	:e:										
5 📖	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 🗀	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public descr	bed in	ı
		b)(1)(A)(vi). (Comple				-						
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	-		eives: (1) more than 33			rom contr	butions, n	nembershi	p fees. a	and aross rec	eipts fr	rom
	•	•	nctions - subject to certa		• •		-		•	-	•	
			axable income (less sect									
		509(a)(2). (Complete	•		.,			, o. g.			,	••
10 🔲		, ,, , ,	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	I).				
11 🗓	_	-	perated exclusively for the						v out the	e purposes of	one o	r
—			ations described in secti									
			organization and compl				•	•	. ,			
	a X Type				nctionally			TVD	e III - No	n-functionally	ıntear	rated
e X			it the organization is not							•	-	
0 000			han one or more publicly									
f		-	ten determination from t						λ(α)(1) Οί		- /(- /·	
•	-	rganization, check th			ut it is a 1 y	pc 1, 13pc	11, 01 130					
_		•	organization accepted ar	ov aift or c	ontribution	from any	of the follo	owing peri	cone?			
g			lirectly controls, either al							, Г	Yes	No
				one or tog	Jenner Winn	persons (rescribed	iii (ii) ariu (iii) Delow			X
	•	• .	upported organization?	1						11g(i)		$\frac{x}{x}$
		•	n described in (i) above?		<u>.</u> 0					11g(ii)		$\frac{x}{x}$
	· ·	•	person described in (i) o	• •						[11g(iii)]		<u>~</u>
h	Provide the t	ollowing information	about the supported or	ganization	(s).							
				(ly) is the c	organization	(v) Did voi	notify the	(vi) is	the			
	of supported	(II) EIN	(III) Type of organization (described on lines 1-9		sted in your		ion in col.	lorganizátio	on in col.	(vii) Amount o		atary
orga	anization				document?		support?	(i) organiz U.S	ea in the .?	supp	JIL	
			(see instructions))	Yes	No	Yes	No	Yes	No			
THE I	DAHO			103	110	103	-10	-103				
		82-0425063	7	x		X		X		243	3,00	۱0
COMMO.	111110	02 0423003	<u>'</u>	- ^ -	 				···	23.	,,00	
	1											
				 	 -	 	 					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

243,000.

332021 09-25-13

Part II Support Schedule for (Complete only if you ched	•					•
fails to qualify under the te			_	ion falled to qualify	dilder Fait III. II til	N/A
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received. (Do no	c					
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf		<u> </u>				<u> </u>
3 The value of services or facilities						
furnished by a governmental unit to	ა	j	j]]
the organization without charge		<u> </u>		<u> </u>		
4 Total. Add lines 1 through 3						
5 The portion of total contributions			1			ļ
by each person (other than a				1		1
governmental unit or publicly				1		1
supported organization) included		}	1			l .
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)					<u> </u>	
6 Public support. Subtract line 5 from line	4		<u> </u>	<u> </u>	<u> </u>	<u> </u>
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				ļ	ļ	
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						ł
and income from similar sources				ļ <u> </u>	<u> </u>	
9 Net income from unrelated busines	s					
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						ì
assets (Explain in Part IV)			ļ	-	 	ļ
1 Total support. Add lines 7 through 1			<u> </u>	<u> </u>	ļ —	
2 Gross receipts from related activities	,	•			12	
3 First five years. If the Form 990 is	•	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
organization, check this box and stection C. Computation of Pu	op here blic Support Pe	ercentage				
4 Public support percentage for 2013			column (f))		14	
5 Public support percentage from 20	12 Schedule A, Par	t II, line 14			15	
6a 33 1/3% support test - 2013. If th	e organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
stop here. The organization qualifie	es as a publicly supp	oorted organizatio	n			
b 33 1/3% support test - 2012. If th	e organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
and stop here. The organization qu	ialifies as a publicly	supported organiz	zation			▶∟
7a 10% -facts-and-circumstances to	ə st - 2013. If the orç	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "f	acts-and-circumstar	nces" test, check t	this box and stop l	here. Explain in Pa	art IV how the organ	nization
meets the "facts-and-circumstance	s" test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶∟.
b 10% -facts-and-circumstances to	∍st - 2012. If the orç	ganızatıon did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets	the "facts-and-circi	imetancee" test c	hack this hav and	ston here Evola	n in Part IV how the	۵

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

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 N/A qualify under the tests listed below, please complete Part II.)

Section A. Public Support				<u></u>		
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		J]		J	
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-		}		1	1	
formed, or facilities furnished in					1	
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					 	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				 		-
~						
ization's benefit and either paid to						
or expended on its behalf					 	-
5 The value of services or facilities						
furnished by a governmental unit to				J	J	}
the organization without charge						
6 Total. Add lines 1 through 5					 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					 	 -
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the	ļ				}	
amount on line 13 for the year						
c Add lines 7a and 7b			-		<u></u>	
8 Public support (Subtract line 7c from line 6)				<u> </u>	<u></u>	
Section B. Total Support						· • · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in) 🕨 🛚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6				<u> </u>		
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties				ļ]	1
and income from similar sources						_1
b Unrelated business taxable income		_				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						;
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital					ĺ	
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) orga	anızation.
check this box and stop here	o. ga		-,		(-)(-) 3-	▶□
Section C. Computation of Public	c Support Pe	rcentage			- <u>-</u>	
15 Public support percentage for 2013 (lir			olumn (f))		15	%
16 Public support percentage from 2012		•	ν,,		16	%
Section D. Computation of Inves						
17 Investment income percentage for 201			e 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2013. If the o			on line 14, and line	e 15 is more than :		
more than 33 1/3%, check this box an	=					▶ □
b 33 1/3% support tests - 2012. If the c		-				%. and
line 18 is not more than 33 1/3%, chec	=					
20 Private foundation. If the organization					-	
230123 09-25-13	and more officer a	on mig (+, 18)	., <u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>			990 or 990 E7\ 2013

hedule A	(Form 990 or 990-EZ)	2013 THE KISSLI	ER FAMILY	FOUNDATION		26-0587332	Pag
Part IV	-			·	0, Part II, line 17a or	17b; and Part III, line 12	2.
	Also complete this p	art for any additional infor	mation. (See instru	ctions).		<u>7</u>	1/ <i>P</i>
		<u></u>					
		· · · · · · · · · · · · · · · · · · ·					
		-					
							
							
							
							
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							-
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE KISSLER FAMILY FOUNDATION

Employer identification number 26-0587332

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		-
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donor advisor, or for any other purpose of	Yes No
Pa	rt II Conservation Easements. Complete if the org	nanization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		110 T.
•	Preservation of land for public use (e.g., recreation or e	· ·	orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	rossivation or a conti	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.	neg conservation contribution in the form of	a dolisor vacion ousement on the last
	day of the tax year.		Held at the End of the Tax Year
9	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
u	listed in the National Register	arter 6/17/00, and not on a historic structur	2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	
3	year	eased, extinguished, or terminated by the	organization doming the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	
-	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	-	
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		- -
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

Schedule D (Form 990) 2013

332053 09-25-13

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public OMB No 1545-0047 Inspection **ջ** ∏

Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. ▶ Attach to Form 990.

Employer identification number 26-0587332X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection THE KISSLER FAMILY FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Part II

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	onal space is need	led.				
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BOISE STATE UNIVERSITY FOUNDATION 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-6010706	501(C)(3)	26,000.	0.			GENERAL SUPPORT	
ST ALPHONSUS REGIONAL MEDICAL CENTER - 1055 NORTH CURTIS ROAD - BOISE, ID 83706	82-0200895	501(C)(3)	122,112.	0			GENERAL SUPPORT	
IDAHO COMMUNITY FOUNDATION INC 210 WEST STATE STREET BOISE, ID 83702	82-0425063	501(C)(3)	243,000.	o			GENERAL SUPPORT	
ST. LUKE'S HEALTH FOUNDATION 190 EAST BANNOCK BOISE, ID 83712	81-0600973	501(C)(3)	36,000.	0			GENERAL SUPPORT	
ST CHARLES FOUNDATION 2500 NORTH EAST NEFF ROAD BEND, OR 97701	94-3076293	\$01(C)(3)	7,500.	0,			GENERAL SUPPORT	
FRIENDS IN ACTION P.O. BOX 1516 BOISE, ID 83701	83-0363658	501(C)(3)	15,000.	o			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and government organizations listed in	and government or	ganizations listed in the	the line 1 table	,	,		1(16.

332101 10-29-13

3 Enter total number of other organizations listed in the line 1 table.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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Page 1

Schedul	e I (Form 990)	THE KISSLER I	PAMIL	Y FOUNDATION				2	26-0587332
PartII	Continuation of	n of Grants and Other A	ssistance to	Governments and Organizations in the United States (Schedule I (Form 990), Part II)	nizations in the Ur	United States (Sched	Jule I (Form 990), Part	(III	
•						j			

(a) Name and address of (b) EIN (c) IRC section	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(d) Amount of (e) Amount of (f) Method of (g	(g) Description of	(h) Purpose of grant
organization or government		ıf applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MUSCULAR DYSTROPHY ASSOCIATION 6485 W INTERCHANGE LN #101 BOISE, ID 83709	13-1665552	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ALZHEIMERS ASSOCIATION 6126 W STATE ST, SUITE 305 BOISE, ID 83703	13-3039601	501(C)(3)	10,000.	0			GENERAL SUPPORT
IDAHO FOOD BANK 3562 SOUTH T K AVENUE BOISE, ID 83705	82-0425400	501(C)(3)	7,500.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOISE RESCUE MISSION PO BOX 1494 BOISE, ID 83701	82-0259387	501(C)(3)	100,000.	0			GENERAL SUPPORT
CONCORDIA UNIVERSITY 1282 CONCORDIA AVE ST PAUL, MN 55104	41-0696906	501(C)(3)	10,000.	0			GENERAL SUPPORT
FAMILY MEDICINE RESIDENCY OF IDAHO 777 N RAYMOND ST BOISE, ID 83704	20-5934739	501(C)(3)	5,000.	0			GENERAL SUPPORT
GRANDE RONDE HOSPITAL FOUNDATION 900 SUNSET DR LA GRANDE, OR 97850	23-7014567	501(C)(3)	7,500.	0			GENERAL SUPPORT
FUNDSY PO BOX 7126 BOISE, ID 83707	82-0291260	501(C)(3)	10,000.	0			GENERAL SUPPORT
							Schedule I (Form 990)

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26-0587332 Page 1	1	(h) Purpose of grant or assistance	GENERAL SUPPORT									Schedule I (Form 990)
	rt II.)	(g) Description of non-cash assistance										
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)										
	nited States (School	(e) Amount of non-cash assistance	• 0									
	nizations in the U	(d) Amount of cash grant	10,000.									
FOUNDATION	vernments and Organ	(c) IRC section if applicable	501(C)(3)									
ER FAMILY	Assistance to Go	(b) EIN	82-0526784									
o.	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	WEISER MEMORIAL HOSPITAL FOUNDATION - 645 EAST 5TH STREET - WEISER, ID 83672									

THE KISSLER FAMILY FOUNDATION Schedule I (Form 990) (2013) Part III

Page 2

26-0587332

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	42	42,000.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information	
PART I, LINE 2:					
EXPLANATION: VERTEY THAT DAVMENTS ARE MADE TO CHAILELE BUTTER ON ONE	מראא שמא מראא	TIVITO OH	THI THING COL	DIN ONE	

VERIFY THAT PAYMENTS ARE USED IN ACCORDANCE WITH ANY WRITTEN TIME GRANTS.

AGREEMENTS.

SCHEDULE O

(Form 990 or 990-EZ)

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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99/

THE KISSLER FAMILY FOUNDATION

Employer identification number 26-0587332

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVE AS SUPPORTING ORGANIZATION FOR THE IDAHO COMMUNITY FOUNDATION, INC. (FEIN 82-0425063) A QUALIFIED 501(C)(3) ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 2: EXPLANATION: NICOLE KISSLER IS THE DAUGHTER OF JIM KISSLER. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE IDAHO COMMUNITY FOUNDATION HAS THE AUTHORITY TO ELECT A MAJORITY OF THE GOVERNING BODY. JIM KISSLER APPOINTS A MINORITY OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: COPIES OF FORM 990 ARE EMAILED TO THE GOVERNING BODY FOR THEIR REVIEW PRIOR TO THE FORMS BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: ALL TRUSTEES SIGN ANNUAL CONFLICT OF INTEREST POLICY STATEMENTS. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: GOVERNING DOCUMENTS, CONFLICTS OF INTEREST, AND FINANCIAL STATEMENTS ARE AVAILABLE AND PROVIDED UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ADJUSTMENT DUE TO PRIOR YEAR CALIFORNIA WITHHOLDING -299.

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2013

Open to Public Inspection

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Employer identification number 26-0587332

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. THE KISSLER FAMILY FOUNDATION

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					:	
PartII	Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	e it had one or more r	elated tax-exempt

(g) Section 512(b)(13) controlled entity?	Yes No		
(f) Direct controlling entity		-	
(d) (e) Exempt Code Public charty section	501(c)(3))		
(d) Exempt Code section			
(c) Legal domicile (state or foreign country)	•		
(b) Primary activity		ACHIEVE CHARITABLE	OBJECTIVES THROUGH GRANTS
(a) Name, address, and EIN of related organization		IDAHO COMMUNITY FOUNDATION - 82-0425063	P.O. BOX 8143

IDAHO COMMUNITY FOUNDATION - 82-0425063	ACHIEVE CHARLTABLE					
P.O. BOX 8143	OBJECTIVES THROUGH GRANTS					
BOISE, ID 83707	TO VARIOUS CHARITIES.	прано	501(C)(3)	LINE 7	N/A	×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332161 09-12-13 LHA

26

Schedule R (Form 990) 2013

26-0587332

Schedule R (Form 990) 2013 THE KISSLER FAMILY FOUNDATION

Page 2 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related N/A organizations treated as a partnership during the tax year. Part III

(a)	(q)	(0)	(p)		(e)	ε	3°	(a)	(E)	(E)	Ø	K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomina (related, excluded from sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income		Share of Disprope end-of-year allocal assets Yes	ortionate bons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
										.		
										ţ		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	janizations Taxable poration or trust duri	as a Corpo	oration or Trust Co Jear.	emplete if the	e organization	answered "Y	es" on Forr	n 990, Part IV	/, line 34	because it had	one or mo	re related N/A
(a) Name, address, and EIN of related organization	N. c	Prima	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income		(g) Share of Pend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled entity?
									 			
										!		
							-					
332162 09-12-13				27						Schedu	le R (Forn	Schedule R (Form 990) 2013

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				۶	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II-IV?		-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19	×
b Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)			•	10	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan quarantees by related organization(s)				1e	×
					_
f Dividends from related organization(s)	•			14	×
g Sale of assets to related organization(s)				1g	X
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)			,	; =	×
j Lease of facilities, equipment, or other assets to related organization(s)				-i-	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		:	£	×
 Sharing of paid employees with related organization(s) 				9	×
 P Reimbursement paid to related organization(s) for expenses 			:	19	×
 Reimbursement paid by related organization(s) for expenses 			:	10	×
r Other transfer of cash or property to related organization(s)				-	×
(م				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) IDAHO COMMUNITY FOUNDATION	В	243,000.	CASH DONATIONS		
(2)					
(3)					
(4)					
(5)					
(9)					
332163 09-12-13	28		Schedule	Schedule R (Form 990) 2013	90) 2013

Page 4

Schedule R (Form 990) 2013 THE KISSLER FAMILY FOUNDATION

N/A

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner (Form 1065) yes No					
Perce Owne			 		
General or managing partner?					
20 Ge	2	 	 	 <u></u>	
(i) e V-UBi t in box edute K n 1065					
Code mount of Sche (Form					
(h) Disproportionate an alfocations?					
Dispr affoca					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec 501(c)(3) orgs?					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entrty					

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 THE KISSLER FAMILY FOUNDATION	26-058/332 Page
Schedule R (Form 990) 2013 THE KISSLER FAMILY FOUNDATION Part VIL Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	N/A
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