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Form **990-PF**

OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury
Internal Revenue Service

Informati
For calendar year 2013 or tax year beginning

Open to Public Inspection

For C	aten	dar year 2013 or tax year beginning DEC	11, 2013	, and ending	DEC 31, 2013	
Nam	ne of	foundation			A Employer identification	number
7∧ `	1 🚗	xa Rose Howell <u>Cul</u> tural	Foundation		46-4333614	
		nd street (or PO box number if mail is not delivered to street		Room/suite	B Telephone number	
		0 Main Street	. address)	270	(208) 512-	1066
			antal anda		<u> </u>	. [
		own, state or province, country, and ZIP or foreign page, ID 83702	Josiai Code		C If exemption application is po	ending, check here
			I to the land and the state of		-	ahaali bara
G C	песк	all that apply: X Initial return		ormer public charity	D 1 Foreign organizations	, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
		Address change	Name change		7	
<u> </u>	-	type of organization: X Section 501(c)(3) e			E If private foundation state	
			Other taxable private found		under section 507(b)(1)	(A), check here
		· · · · · · · · · · · · · · · · · · ·	ing method: X Cash	Accrual	F If the foundation is in a 6	
•			ther (specify)	<u> </u>	under section 507(b)(1)	(B), check here
		645,020. (Part I, colu	1	Dasis.)		
Ра	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	645,025.			(4
	2	Check If the foundation is not required to attach Sch B	0.20,020.			
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	-	Gross rents				
		Net rental income or (loss)			77-1-	
	_	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all				
le ve	7	Capital gain net income (from Part IV, line 2)		<u> </u>	•	<u> </u>
II.	8	Net short-term capital gain		(A) (A)		
	9	Income modifications				
	10a	Gross sales less returns and allowances	•			
	b	Less Cost of goods sold			1	
	C	Gross profit or (loss)				
	11	Other income		40. 15 By	<u> </u>	
	12	Total Add lines 1 through 11	645,025		. 0.	
	13	Compensation of officers, directors, trustees, etc	,00	0	. 0.	0.
	14	Other employee salaries and wages	<u> </u>			
rô.	15	Pension plans, employee benefits		12.00		
ses	16a	Legal fees				
≨ે કૃ	t	Accounting fees				
ZUI§ Expen	C	Other professional fees				
က နို	17	Interest				
rati C	18	Taxes				
ا الله	19	Depreciation and depletion				
	20	Occupancy				
≘∗≚	21	Travel, conferences, and meetings				
E PE	22	Printing and publications				
2 8	23	Other expenses Stmt 1	5.	5	. 0.	0.
ati 🥳	24	Total operating and administrative				
SCANNEL DEC 03 Operating and Administrative	ł	expenses Add lines 13 through 23	5.	5	. 0.	0.
() (()	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	5.	5	. 0.	0.
	27	Subtract line 26 from line 12:				
	8	Excess of revenue over expenses and disbursements	645,020.		1	
	l t	Net investment income (if negative, enter -0-)		0		
_		Adjusted net income (if negative, enter -0-)			0.	

LHA For Paperwork Reduction Act Notice, see instructions.

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
aı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		100,020.	100,020.
2	Savings and temporary cash investments			
3	Accounts receivable	j		
	Less; allowance for doubtful accounts 🕨			
4	Pledges receivable >			
	Less; allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable	[
	Less; allowance for doubtful accounts			
इं इ	Inventories for sale or use			
*! I	Prepaid expenses and deferred charges			
▼ 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment, basis 545,000.	[
	Less accumulated depreciation		545,000.	545,000.
12	Investments - mortgage loans			
13	Investments - other			
14				
	Less accumulated depreciation			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item 1)	0.	645,020.	645,020.
17	Accounts payable and accrued expenses			
18	Grants payable			
<i>ଷ</i> 19	Deferred revenue			
Liac illaties 12 20 21 22 23 23 23 23 23 23	Loans from officers, directors, trustees, and other disqualified persons			
[편 21	Mortgages and other notes payable			
- 22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
φ	and complete lines 24 through 26 and lines 30 and 31.			
ဦ 24	Unrestricted		 -	
<u>ra</u> 25				
B 26				
Š	Foundations that do not follow SFAS 117, check here			
5	and complete lines 27 through 31.			
<u>27</u>	· · · · · · · · · · · · · · · · · · ·	0.	0.	
Net Assets or Fund Balances		0.	0.	
Ž 29		0.	645,020.	
ž 30	Total net assets or fund balances	0.	645,020.	
31	Total liabilities and net assets/fund balances	0.	645,020.	·····
Par	Analysis of Changes in Net Assets or Fund B	Balances		
1 To	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ust agree with end-of-year figure reported on prior year's return)		1	0.
	er amount from Part I, line 27a		2	645,020.
	er increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	645,020
	creases not included in line 2 (itemize)		5	0.00
	al net assets or fund halances at end of year (line 4 minus line 5) - Part II o	olumn (h) line 30		645 020

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	<u>xa Rose Ho</u>	well Cu	<u>ltural</u>	Founda	tion	4	<u>6-4333</u>	614	Page 3
Part IV Capital Gains a				Income	(h) How acquired	(a) Data		(d) Date	
	ibe the kind(s) of pro rehouse; or common				(b) How acquired P - Purchase D - Donation	(c) Date (mo., d	acquired lay, yr.)	(d) Date (mo., da	
1a						<u> </u>			
b NO	NE				 	 			
<u>C</u>						 			<u> </u>
e e						 		-	
(e) Gross sales price	(f) Depreciation (or allowal			or other basis pense of sale	<u> </u>		ain or (loss) s (f) minus (g)	
a								-	
b									
С								_	
d									
_e						···			
Complete only for assets showing	ig gain in column (h)	and owned by the	foundation	on 12/31/69			Col. (h) gain r		
(i) F.M.V. as of 12/31/69	(j) Adjusted as of 12/3			ess of col. (ı) ol. (ı), ıf any			not less than (from col. (h		
_a									
<u>b</u>									-
<u>C</u>									
<u>d</u>								.—	
<u>e</u>									
2 Capital gain net income or (net ca		gain, also enter in (loss), enter -0- ir			} 2				
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	•	ons 1222(5) and ((6):						
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section	4940(e) for F	Reduced	Tax on Ne	t Investment I	ncome	- ,	·	
(For optional use by domestic private								N/A	
		to the section 45-	TO(a) tax on	net macatinetti i	ncome.j			N/A	
if section 4940(d)(2) applies, leave the	his part blank.								
Was the foundation liable for the sec	tion 4942 tax on the d	distributable amou	unt of any yea	ar in the base pe	riod?			Yes	□ No
If "Yes," the foundation does not qual	lify under section 494	O(e). Do not com	plete this par	t.					
1 Enter the appropriate amount in					entries.			_	
(a) Base period years Calendar year (or tax year beginni	ng in) Adjuste	(b) d qualifying distrit	butions	Net value of n	(c) oncharitable-use ass	sets	Distribi (col. (b) divi	(d) ition ratio ded by col.	(c))
2012							· · · · · ·		
2011									
2010									
2009									
2008				· · · · · · · · · · · · · · · · · · ·					
2 Total of line 1, column (d)						2_			
3 Average distribution ratio for the	•		line 2 by 5, o	or by the numbe	r of years				
the foundation has been in existe	nce if less than 5 year	rs				3_	<u> </u>		
4 Enter the net value of noncharitat	ole-use assets for 20°	13 from Part X, lin	e 5			4			
5 Multiply line 4 by line 3						5			
6 Enter 1% of net investment incor	me (1% of Part I. line	27b)				6			
7 Add lines 5 and 6		,				7			
	- Dest VIII be								
8 Enter qualifying distributions from If line 8 is equal to or greater than		x in Part VI, line 1	b, and compl	lete that part usi	ng a 1% tax rate.	<u>8</u> _	.1	_ -	
See the Part VI instructions.								000	DE

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Pa	art VI `Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e), or 4	948 -	see in	stru	ctio	าร)
1a	£xempt operating foundations described in section 4940(d)(2), check here ▶ 📖 and enter "N/A" on line 1.	j					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and enter 1%	}	1				0.
	of Part I, line 27b	[
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col	. (b). 丿					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6	Credits/Payments:						
а	a 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a						
b	Exempt foreign organizations - tax withheld at source 6b						
c	Tax paid with application for extension of time to file (Form 8868)		1				
	d Backup withholding erroneously withheld 6d 6d		1				
	Total credits and payments. Add lines 6a through 6d		7				0.
			8		-		
		•	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
	Enter the amount of line 10 to be: Credited to 2014 estimated tax	Refunded	11				
	art VII-A Statements Regarding Activities						
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partici	pate or intervene	ın	T		Yes	No
	any political campaign?				1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions	for the definition	1)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma		•				
	distributed by the foundation in connection with the activities.	·					
c	Did the foundation file Form 1120-POL for this year?				1c		x
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$	0.					
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		•				
	managers. ► \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		х
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	fincorporation, d	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, ,			3		x
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/	'A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•		5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or			1			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that confi	lict with the state	e law				
	remain in the governing instrument?				6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	/		7	Х	
		,,					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	ID		_				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or d	esignate)					
-	of each state as required by General Instruction G? If "No," attach explanation	J,			8ь	х	i
9		942(ı)(5) for cale	endar	├			
_	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	(7)	-		9		х
10	Did any nersons become substantial contributors during the tax year? If "Yes " attach a schedule licture their names are	addrasas S	tmt	2	10	Y	┌ ऱॅं_

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	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► The Foundation Telephone no. ► (208)	<u>512</u>	<u>-40</u>	<u>66</u>
	Located at ► 1020 Main Street, Boise, ID ZIP+4 ►8	<u> 3702</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	. 1	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
_	country	Ц		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1 1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i i		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2013?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5));			
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013?			
_	If "Yes," list the years >,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	-			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	<u>3b</u>		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		Х

orm 990-PF (2013) Alexa Rose Howell Cultur			<u>46-43336</u>	14 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be I	Requirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		<u></u>	[75] a.	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir-		(. .	
any voter registration drive?	_		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		·	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or		г ээ т	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ın Regulatıons		_
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			[1	
expenditure responsibility for the grant?		1/A	es L No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b if Yes, did the foundation receive any proceeds or have any net income attributions of the second				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Higni	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
	 _	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Kenneth G. Howell	Trustee and G			
1020 Main Street, Suite 270	Trabece and c	JE GITTE COMMI	TCCGG MG	IIIDEL
Boise, ID 83702	1.00	0.	0.	0.
502507 25 00.02		 		
	1			
		<u> </u>		
	1			
				
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
				
		<u> </u>		
Total number of other employees paid over \$50,000			>	0
			Form	990-PF (2013)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	16-4333614 Pag
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (c) Compensa
NONE	
Part IX-A Summary of Direct Charitable Activities	>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
N/A	Amount
All all and a second a second and a second a	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	5 000 PE (0
	Form 990-PF (2

Qualifying Distributions (see instructions)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

a	expenses, contributions, gnts, etc total from Part I, column (d), line 20	1a	υ.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				1,306.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 0 .				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	***************************************			
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	;			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			 	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must			Ì	
be distributed in 2014				1,306.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012			[
e Excess from 2013		<u></u>		
		-		Form 990-PF (2013)

	ose Howell			46-43	33614 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo		-	▶ └	<u>,</u>	
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	". 22/2	Prior 3 years	(1) 0040	
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed		ļ	ļ		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					· · · · · · · · · · · · · · · · · · ·
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	-				
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation a List any managers of the foundation wh year (but only if they have contributed in Kenneth G. Howell	o have contributed more		tributions received by the	foundation before the clos	e of any tax
b List any managers of the foundation who other entity) of which the foundation ha	o own 10% or more of the sale	ne stock of a corporation st.	(or an equally large porti	on of the ownership of a pa	rtnership or
None	•				
2 Information Regarding Contribution Check here ► X if the foundation of				not against uppelleded requi	note for funde. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations (ınder other conditions, c	omplete items 2a, b, c, and	d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom appl	ications should be addre	ssed:	
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	S. Slich as hy neographic	al areas, charitable fields	kinds of institutions or	other factors:	
2 , ary room on a minution of award.	o, oden de by geograpino	a. a. 040, 01141 (140) 6 116143.	,co or manunons, O	outer tactors,	

► 3b 0. Form **990-PF** (2013)

<u>Total</u>

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
å					
b			<u> </u>		
c	-				
d					
f					
g Fees and contracts from government agencies		·			
2 Membership dues and assessments		 			
3 Interest on savings and temporary cash	1				
investments 4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	<u> </u>		 		
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			i -		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			ļ		
c					
d			<u> </u>	 	
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	L	0.	
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to					
Line No. Explain below how each activity for which incore the foundation's exempt purposes (other than to	ne is reported i	in column (e) of Part XVI-A	contril	outed importantly to the accor	nplishment of
N/A	5) p. 5				
				<u></u>	
				·	
			-	· · · · · · · · · · · · · · · · · · ·	
				_ 	
	 .				
					
					
					
		·			
		 -			
					
323821 10-10-13		- ".			Form 990-PF (2013)

ın sectio	on 501(c) of the Code (other than section 501(c)(3)) or	ın section 527?		Yes X No
b If "Yes,"	complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of	relationship
	N/A			
Sign Here	er penalties of perjury, I declare that I have examined this return, is belief, it is true, contest, and complete. Declaration of preparer (of gnature of officer or trustee			
Paid	Print/Type preparer's name Darin DeAngeli P.C.	rer's signature	Date Check if self- employed	PTIN P00193310
Preparer Use Only	The state of the s	Law Group LLP	Firm's EIN ►	27-2895129
	Firm's address D O Box 9500			

Boise, ID 83707-9500

Form **990-PF** (2013)

Phone no. (208) 639-7799

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

A	lexa Rose Howell Cultural Foundation	46-4333614					
Organization type (check of	one)·						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions					
General Rule		The coo monactions					
X For an organizatio	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more	(In money or property) from any one					
·	nete raits railu ii						
Special Rules							
509(a)(1) and 170((c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
contributions for u If this box is check purpose Do not c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No" on	that is not covered by the General Rule and/or the Special Rules does not file Sche in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or or t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

Alexa Rose Howell Cultural Foundation

46-4333614

Part i	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<pre>Kenneth G. Howell P.O. Box 2725 Boise, ID 83701</pre>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Kenneth G. Howell P.O. Box 2725 Boise, ID 83701	\$235,000.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<pre>Menneth G. Howell P.O. Box 2725 Boise, ID 83701</pre>	\$310,000.	Person Payroll Noncash X (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

Alexa Rose Howell Cultural Foundation

46-4333614

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Undivided 56.26% interest in 7 unit apartment building located at 916 West Hays Street, Boise, ID.	\$ <u>235,000</u> .	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	Undivided 56.26% interest in 12 unit apt. building located at 247-379 Warm Springs Ave., Boise, ID.	\$\$ <u>310,000.</u>	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		¢	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

lexa R	ose Howell Cultural Fou	undation	46-4333614 7), (8), or (10) organizations that total more than \$1,000 for					
Part III	Exclusively religious, charitable, etc., individu year. Complete columns (a) through (e) and the f the total of exclusively religious, charitable, etc., o Use duplicate copies of Part III if additional s	ollowing line entry. For organization: contributions of \$1,000 or less for th	7), (8), or (10) organizations that total more than \$1,000 for s completing Part III, enter he year. (Enter this information once)					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
-			_					
	(e) Transfer of gift							
	Transferee's name, address, and	71D . 4	Relationship of transferor to transferee					
	mansieree's mame, address, and	211 + 4	relationship of transfer of to transfer ee					
-								
-								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-			·					
_								
		(e) Transfer of gift						
<u> </u>	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
1 _								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
	(e) Transfer of gift							
	Turneferrale name address and	71D . 4	Delation white of two medicans to two medicans					
 	Transferee's name, address, and	<u> </u>	Relationship of transferor to transferee					
_								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
-								
) -								
	(e) Transfer of gift							
	Tuesdana to access address and	7ID . 4	Delationabin of transferred to the second					
-	Transferee's name, address, and	<u> </u>	Relationship of transferor to transferee					
-								

Form 990-PF	Other Expenses		Statement 1		
Description		(b) Net Invest- ment Income		(d) Charitable Purposes	
Bank Service Charges	5.	5.	0.	0.	
To Form 990-PF, Pg 1, ln 23	5.	5.	0.	0.	
-	f Substantia Part VII-A,	l Contributors Line 10	s St	catement 2	
Name of Contributor	Addr	ess			
Kenneth G. Howell		Main Street e, ID 83702			

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			► X	
-	are filing for an Additional (Not Automatic) 3-Month Ex	-		ns form).			
	omplete Part II unless you have already been granted a						
	ic filing (e-file). You can electronically file Form 8868 if y					corporation	
	to file Form 990-T), or an additional (not automatic) 3-mor						
	ofile any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in pap						
	rs.gov/efile and click on e-file for Chanties & Nonprofits						
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies nee	ded).			
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete			
Part I onl						D	
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to request	an exter	sion of time		
to file inc	ome tax returns			Enter file	er's identifying	number	
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer identification number (EIN) or			
print					, , , , , , , , , , , , , , , , , , , ,		
•	Alexa Rose Howell Cultural	Found	dation	46-4333614		3614	
File by the due date for	Number, street, and room or suite no if a P.O box, s	ee instruc	tions.	Social se	curity number	(SSN)	
filing your return See	P.O. Box 2725						
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions				
	Boise, ID 83701						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation) 07			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (ındıvıdual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227 10			10	
Form 990	0-T (sec 401(a) or 408(a) trust)	05				11	
Form 990	O-T (trust other than above)	06	Form 8870			12	
	The Foundation						
• The b	ooks are in the care of P.O. Box 2725	- Boi:	se, ID 83701				
	none No ► (208) 512-4066		Fax No. ▶				
•	organization does not have an office or place of business	s in the Ur	nited States, check this box				
	is for a Group Return, enter the organization's four digit				r the whole arc	up, check this	
box 🕨	If it is for part of the group, check this box	•			-	•	
	quest an automatic 3-month (6 months for a corporation						
		•	tion return for the organization name		The extension		
ıs f	or the organization's return for:	J					
	calendar year or						
	X tax year beginning DEC 19, 2013	an	d ending DEC 31, 2013				
	tax your beginning	, \(\alpha\)	20101119 <u>220 317 2013</u>	 -	<u> </u>		
O If t	he tax year entered in line 1 is for less than 12 months, c	hack rose	on: X Initial return F	inal retu	rn.		
2 lft □	Change in accounting period	HECK TEAS	on	iiiai retui			
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tay less ony	T			
		, 51 5059,	enter the tentative lax, less any	٠		^	
	nrefundable credits. See instructions		u refi padolale erodute e	3a	\$	<u> </u>	
	his application is for Forms 990-PF, 990-T, 4720, or 6069					•	
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a Include your pa					^	
vd	using EFTPS (Electronic Federal Tax Payment System).	oee instru	CHORIS.	3c	S	0.	

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

	•						
Form 8	868 (Rev 1-2014)					Page 2	
	u are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		X	
	Only complete Part II if you have already been granted an a				8868		
• If yo	u are filing for an Automatic 3-Month Extension, complet						
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origina	al (no c	opies needed).		
			Enter filer's i	dentıfyiı	<u>ng number, see inst</u>	ructions	
Type o	or Name of exempt organization or other filer, see instructions				r identification numb	er (EIN) or	
print							
File by th due date				46-4333614			
filing your return Se	Number, Street, and foom of suite no. If a P O box, so	ee instruc	tions	Social se	ecurity number (SSN))	
instructio	City, town or post office, state, and ZIP code For a form Boise, ID 83701	City, town or post office, state, and ZIP code For a foreign address, see instructions					
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990·EZ	01		300			
Form 9	90 BL	02	Form 1041-A	ヘロし	FIVED	08	
Form 4	720 (ındıvıdual)	03	Form 4720 (other than individual)		180	09	
Form 9	90-PF	04	Form 5227	<u>SEP (</u>	2 2014 🔍	10	
Form 9	90-T (sec_401(a) or 408(a) trust)	05	Form 6069		Si	11	
Form 9	90-T (trust other than above)	06	Form 8870	CD	EN IT	12	
STOP!	Do not complete Part II if you were not already granted The Foundation	l an autor	natic 3-month extension on a-previ	ously-til	ed Form 8868		
• The	books are in the care of ▶ P.O. Box 2725	- Boi	se, ID 83701				
	phone No ► (208) 512-4066		Fax No ▶				
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box				
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	or the whole group, c	heck this	
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	oers the extension is	for	
	request an additional 3-month extension of time until						
5 F	or calendar year, or other tax year beginning	DEC 1		DEC	2 31, 2013		
6 I	f the tax year entered in line 5 is for less than 12 months, c Change in accounting period	heck reas	on X Initial return	Final	return		
7 5	State in detail why you need the extension						
	Additional time is required in	n ord	er to gather the in	forn	nation		
	necessary to file a complete a						
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any	_		-	
Ī	nonrefundable credits. See instructions			8a	\$	0.	

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Date

Date

EFTPS (Electronic Federal Tax Payment System) See instructions

previously with Form 8868

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid

c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using

8b