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Short Form

Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

06-01, 2013, and ending

05-31, 2014

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

BALDWIN SUPPORTING FOUNDATION

D Employer identification number

91-6528388

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

415 COACH LANE

(208) 870-9539

City or town, state or province, country, and ZIP or foreign postal code

COEUR D'ALENE, ID 83814

E Telephone number
F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 14,434

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 14,434
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b 650,000
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c STMT100 STMT146c (650,000)
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 (635,566)
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 1,220
	14 Occupancy, rent, utilities, and maintenance	14 437
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 315
	17 Total expenses. Add lines 10 through 16	17 1,972
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (637,538)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 1,111,867
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 474,329

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a

b Did the organization file Form 1120-POL for this year? 37b X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b X

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 40f

41 List the states with which a copy of this return is filed ► ID

42 a The organization's books are in care of ► DONALD D BALDWIN Telephone no. ► 208-870-9539
Located at ► 415 COACH LANE, COEUR D ALENE, ID ZIP + 4 ► 83814 42b X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c X

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____ 42d

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 • Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

18 year? If "Yes," complete Schedule C, Part II
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Is the organization a school as described in section 170(e)(1)(A)(ii)? If YES, complete Schedule C
49a. Did the organization make any transfers to an exempt non-charitable related organization?

b. If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
<i>None</i>		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer DONALD D BALDWIN, TRUSTEE	8 Date
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Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name RICHARD C BERMENSOLO CPA	Preparer's signature 	Date 08-11-2014	Check <input type="checkbox"/> if self-employed	PTIN P00023516
	Firm's name ► BERMENSOLO & ASSOCIATES	Firm's EIN ►			
	Firm's address ► 1087 W RIVER ST STE 280				Phone no 208-344-6340
	BOISE ID 83702				

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No
EEA Form 990-EZ (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2013

**Open to Public
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► 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.

Name of the organization

BALDWIN SUPPORTING FOUNDATION

Employer identification number

91-6528388

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) COUNCIL HIGH SCHOOL	82-6004153	2	X		X		X		0
(B) CITY OF KAMIAH	REQUESTED	6	X		X		X		0
(C) KAMIAH HIGH SCHOOL	REQUESTED	2	X		X		X		0
(D) EAGLE CHRISTIAN CHURCH	82-0481775	1	X		X		X		0
(E) RAFIKI FOUNDATION INC	4-2477089	1	X		X		X		0
SEE STM105									
Total	17								

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

EEA

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990**Open to Public
Inspection**

Name of the organization

BALDWIN SUPPORTING FOUNDATION

Employer identification number

91-6528388

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

DESCRIPTION	AMOUNT
BANK CHARGES	140
INSURANCE	133
MISCELLANEOUS	42

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
VEHICLES - HELD FOR CHARITIES	83,719	83,719

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
EAGLE CHRISTIAN CHURCH PROJECT	850	850

04. Other program services Part III**- ORGANIZATION'S PRIMARY EXEMPT PURPOSE -**

THIS SUPPORTING ORGANIZATION WAS CREATED AND SHALL BE OPERATED EXCLUSIVELY FOR RELIGIOUS,
CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES, OR FOR THE PREVENTION OF
CRUELTY TO CHILDREN OR ANIMALS, PURSUANT TO THE PROVISIONS OF SECTION 501(C) (3) OF THE
INTERNAL REVENUE CODE.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2013 PG 01

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION

Employer Identification Number

91-6528388

**FORM 990EZ, PART I, LINE 5(C)
GAIN (LOSS) FROM SALE OF OTHER ASSETS SCHEDULE**

STATEMENT #100

NAME	FRIENDSHIP CONSTR ENT LLC LOAN
TERM	
DATE ACQUIRED	2007-04
HOW ACQUIRED	PURCHASED
DATE SOLD	2013-12
PURCHASER	NONE - WORTHLESS INVESTMENT
GROSS SALES	\$ 250,000
BASIS	\$
ACCUMULATED DEPRECIATION	\$
SALES EXPENSE	\$
TOTAL NET	\$ (250,000)

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2013 PG 01

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION

Employer Identification Number

91-6528388

FORM 990EZ, PART I, LINE 5(C)
GAIN(LOSS) FROM SALE OF NONPUBLIC SECURITIES SCHEDULE

STATEMENT #140

NAME	V-CARE HEALTH SYSTEMS INC
TERM	Long-Term
DATE ACQUIRED	2005-12
HOW ACQUIRED	PURCHASED
DATE SOLD	2013-12
PURCHASER	NONE - WORTHLESS INVESTMENT
GROSS SALES	\$
BASIS	\$ 400,000
SALES EXPENSE	\$
TOTAL NET	\$ (400,000)

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION

Employer Identification Number

91-6528388

Statement #105

FORM 990EZ, SCHEDULE A, PART IV, LINE 11 - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ORGANIZATION	EIN	TYPE OF ORGANIZATION	LISTED IN GOVERNING DOCUMENTS	NOTIFIED OF YOUR SUPPORT	ORGANIZED IN THE U.S.	AMOUNT OF SUPPORT
KTSY FM (CHRISTIAN R	REQUESTED	1	YES	YES	YES	\$0
CAMPUS CRUSADE FOR C	95-2814920	1	YES	YES	YES	\$0
AWANA CLUBS INTERNAT	36-2428692	1	YES	YES	YES	\$0
BOISE STATE UNIVERSITY	82-0290701	2	YES	YES	YES	\$0
VALLEY COUNTY SEARCH	82-0485178	7	YES	YES	YES	\$0
BRONCO ATHLETIC ASSO	82-026578	2	YES	YES	YES	\$0
BOY SCOUTS OF AMERIC	22-1576300	7	YES	YES	YES	\$0
GIRL SCOUTS OF AMERI	13-1624016	7	YES	YES	YES	\$0
RONALD McDONALD Hous	94-3030996	7	YES	YES	YES	\$0
IDAHO COMMUNITY FOUN	82-0425063	7	YES	YES	YES	\$0
FIDELITY CHARITABLE	22-3332686	7	YES	YES	YES	\$0
VANGUARD CHARITABLE	23-2888152	7	YES	YES	YES	\$0