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Form JJU-LZ Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Open to Public Inspection

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

► Information about Form 990-EZ and its instructions is alloww.irs.gov/form990.

HILE	mai ne	Vehicle Service				· · · ·
A	Fort		13, and ending	9/30		2014
В		If applicable C		D	Employer	dentification number
<u> </u>	1	change Minidoka Health Care Foundation Inc			82-05	31304
 	Initial	1224 8th street		E	Telephone	number
	Termir	Rupert, ID 83350				
	Amend	ded return		F	aroup E	xemption
	Applica	ation pending		[]	lumber	<u>, </u>
G	Acco	unting Method: X Cash				organization is not
1		site: N/A				Schedule B (Form
J	Tax-e	xempt status (check only one) — $X = 501(c)(3)$ $501(c)()$ (insert no) 494	7(a)(1) or 527	990, 990-E	.z, or 9	90·PF).
K		of organization: X Corporation Trust Association Oth				
L	Add asset	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead o	are \$200,000 or of Form 990-EZ	more, or if to	tal ► \$	82,872.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund E	Balances (se	e the instru	ctions	for Part I)
		Check if the organization used Schedule O to respond to any question in				\overline{X}
	1	Contributions, gifts, grants, and similar amounts received .	11 1		1	28,716.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	4,408.
	5 a	Gross amount from sale of assets other than inventory	5 a			
	b	Less: cost or other basis and sales expenses	5 b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			_5 c	
	6	Gaming and fundraising events			Λ, '	
₽R	a	Gross income from gaming (attach Schedule G if greater than \$15,000).	6 a		16 24	
CIN7	b	Gross income from fundraising events (not including \$	of contribu	itions	T., , .	
O U		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 ы	49,748		
⊃ ⁻ —	С	Less direct expenses from gaming and fundraising events .	6 c	14,598	⊣ '	
3	d	Net income or (loss) from gaming and fundraising events (add lines 6a an 6b and subtract line 6c)	d		6 d	35,150.
ב	7 a	Gross sales of inventory, less returns and allowances	7 a		1.	
CANNED	b	Less: cost of goods sold	7 b		W. 164	
Ē	С	Gross profit or (loss) from sales of inventory (CEC) FINE Promule 78	a)		7 c	
Ĭ.	8	Other revenue (describe in Schedule D)			8	
מ	9	Total revenue. Add lines 1, 2, 3, 4, 5c 6d 7c, and 8, 7 2015			- 9	68,274.
-	10	Grants and similar amounts paid (list is the	See Sched	ıle O ,	10	18,980.
	11	Benefits paid to or for members	1.1	•	11	
Ē	12	Salaries, other compensation, and employee bending the professional fees and other payments to independ the payments.			12	
X P	13	Professional fees and other payments to independent contractors	ı		13	
N	14	Occupancy, rent, utilities, and maintenance			14	
S E	15	Printing, publications, postage, and shipping			15	727.
,	16	Other expenses (describe in Schedule O) .	See Sched	ule O ,	16	22,039.
	17	Total expenses. Add lines 10 through 16			17	41,746.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	26,528.
A NS E E T	19	Net assets or fund balances at beginning of year (from line 27, column (A))) (must agree w	rith end-of-yea	r	
ΕĒ		figure reported on prior year's return)		Commence of the Commence of th	19	188,834.
S	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	215,362.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	1	Alicon)	Form 990-EZ (2013)
			[AUG 28 21	115	α

TEEA0803L 11/27/13

rai	Check if the organization used Sche		iestion in this Part II			ſ
	Grieck in the organization asea Sent	date o to respond to any qu		A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments .			188,834		215, 362
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	•			24	
25				188,834		215,362
	Total liabilities (describe in Schedule O)		·	0		0
	Net assets or fund balances(line 27 of c			188,834	. 27	215,362
Pai	t III Statement of Program Service Acco Check if the organization used Sci	mplishments (see the instruction	ons for Part III)	X	/Rec	Expenses uired for section 501
What	is the organization's primary exempt purpose? See	Schedule O	question in this rail in		(c)(3)) and 501(c)(4)
Desc	cribe the organization's program service a	ccomplishments for each of	its three largest program	m services, as		nizations and section (a)(1) trusts; optional
mea	ribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	e manner, describe the servi	ces provideď, thé númb	er of persons	for a	thers.)
28	See_Schedule_0	acri program title.				
	pee polledate o					
	(Grants \$ 18,980.) If th	is amount includes foreign g	rants, check here	-	28 a	37,364
29						
	(Grants \$) If th	is amount includes foreign g	rants, check here .		29 a	
30				-		
	(Grants \$) If th	is amount includes foreign g	rants check here		30 a	
31	Other program services (describe in Sch			<u>' ' ' </u>		
•	, •	is amount includes foreign g	rants, check here	▶ 🗀	31 a	
32	Total program service expenses(add line			•	32	37,364.
Par	t IV List of Officers, Directors, Tr	rustees, and Key Employ	yees (list each one eve	n if not compensated -	see th	e instructions for Part IV)
	Check if the organization used Sci	hedule O to respond to any	question in this Part IV	_		
	4.11	(b) Average hours per	(c) Reportable compensation	(d) Health benefit contributions to empl		(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W 2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def		other compensation
T.A.S	lie Garner	······································				
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Section 30 10 the organization engage in any applicant solution to revolutely reported to the iRS? Yes No 34 Wes any agenticant charge make to be engaged prevent observed to the service of the amended document in they reflect a change to be reported on time and the complete service of the service of the service of the complete service (such as those profered on time 3, 10, 6) and 3, 20 33 X X X X X X X X	Pa	art V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule International Schedule O to respond to any question in this Part V.	ule	0	X
All Yes, provise a detailed description of each activity in Suncible O As included or provided the mented decreases if they reflect a compt to the organization change as Shedula (it per institution). 33	22	Did the organization engage in any confident activity not provincely reported to the IRS?		Yes	No
34	33	If 'Yes,' provide a detailed description of each activity in Schedule Q	33	-	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on mea 2, 6s, and 79, among others). b If Yes, 10 line 35a, has the organization files a Form 990-T for the year? If Yes, 10 line 35a, has the organization of the control \$1,000 organization subject to section 6033(e) notice, 35b c. Was the organization undergot a legislation of \$1,000 organization subject to section 6033(e) notice, 35c c. Was the organization undergot a legislation of \$1,000 organization subject to section 6033(e) notice, 35c c. Was the organization undergot a legislation for the session control of political reportatives, area or undergot, as described in the institutions \$1,000 organization of relative and the special political polit	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			
(such as those reported on lines 2.6, and 7a, among others)? bit 1'ves; to line 35a, has the organization files of arm 990-1 for the year? If No.; provide an explanation in Schedule O c Was the organization as section 501(c)(d), 501(c)(d), 501(c)(d), 501(c)(d), organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If 1'ves; complete Sendedic C, Part III and 35 b. X 35 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets dampting the year? If 1'ves; complete Sendedic C, Part III and 50 b. Dut the organization interface, direct or indirect, as described in the institutions F 37a. 0 c. 37b. X 36 Dut the organization borrow from, or make any forant to, any officer, director, frustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Dut the organization borrow from, or make any forant to, any officer, director, frustee, or key employeer were any such olders and capital confributions included on line 9. 39 Section 501(c)(f) organizations. Enter smouth of tax imposed on the organization during the year under: 30 Section 501(c)(f) and 501(c)(f) organizations. Enter smouth of tax imposed on the organization during the year under: 30 Section 501(c)(f) and 501(c)(f) organizations. Enter smouth of tax imposed on the organization during the year under: 31 Section 501(c)(f) and 501(c)(f) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year of ad if engage in an excess benefit transaction in a prior year that has not been reported on any of the prior Ferms 900 or 900 EZI II Fere, complete Section in a prior year that has not been reported on any of the prior Ferms 900 or 900 EZI II Fere, complete Section in a prior year that has not been reported by the organizations. Enter amount of tax undersuped to a prior the prior that has not section in a ferrigin country (such as a bank		a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
bit 1 Yes, 1 to line 35s, has the organization filled a Form 990-7 for the year? If No. provide an explanation in Schedule O eWas the arganization of Schedule O (15), or 50 (15)(6), or 5	35	· · · · · · · · · · · · · · · · · · ·			
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Snetduide, C, Part IIII. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net sasets camping the year? If Yes, complete Special or Schedule N 73 a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\begin{array}{c} \ 37a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			35 a		<u>X</u>
36 Did the organization underga a liquidation, dissolution, termination, or significant disposition on the assisted uniting the year? If "Yes," complete supplicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a 0, 1, 2, 37b 2, 37b 38a Did the organization borrow from, or make any lorins to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Did the organization borrow from, or make any lorins to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(c/Q) organizations, Enter: a linitation tess and captal contributions included on line 9 39 A N/A 39 Section 501(c/Q) and still outstanding included on line 9 39 B N/A 40 a Section 501(c/Q) and still color of proposed to the organization during the year under: section 491 * 0, section 4912 * captalization engages in any section 4958 excess benefit on any of interior the year of proposed and the organization engages in any section 4958 excess benefit on any of interior the year of sequential positions. Did the organization engages in any section 4958 excess benefit on any of interior the year of sequential positions. Did the organization engages in any section 4958 excess benefit on any of interior the year of sequential positions and the year interior section 4958 excess benefit on any of interior the year of sequential positions and the year interior			35 b		
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disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as a described in the instructions ** 37a 0, 5 mm of the programment of the program			35 C		<u> </u>
37.8 Enter amount of political expenditures, direct or indirect, as described in the instructions \$ 37.8	36		36		Y
b Did the organization hier Form 1120-PQL for first year? 38 a Did the organization brown form, or make any loans to, any officer, director, trustee, or key employed year were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, Complete Schedule, Part II and enter the total amount involved. 38 b N/A 38 b N/A 38 b N/A 38 b N/A 39 b N/A 39 b N/A 40 a Section 501(c/)3 organizations. Enter amount of tax imposed on the organization during the year under: section 4911 b 0, is section 4912 b 0, is section 4955 b 0. b Section 501(c/)3 organizations. Birther amount of tax imposed on the organization during the year under: section 4911 b 10 c	37				
38a Dut the organization borrow from, or make any loops to, any officer, director, fursitee, or key employeers were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b I N/A 39 Section 501(c)(7) organizations, Einter: 39 all N/A 39 Section 501(c)(7) organizations included on line 9 39 all N/A 40 a Section 501(c)(7) organizations. Einter amount of tax imposed on the displayed includes on line 9, and the displayed includ			37 h	***	~~~
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38.b If Yes, complete Schedule I, Part II and enter the total amount involved 39. Section 501(c)(7) organizations. Enter: a Instation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 - 0. is section 4912 - 0. is section 4915 - 0. is section 4915 - 0. is section 4911 - 0. is section 4911 - 0. is section 4912 - 0. is section 4912 - 0. is section 4915 - 0. is section 4912 - 0. is section 4915 - 0. is section 4912 - 0. is section 4915 - 0. is section 4915 - 0. is section 4912		·	3,2		
b if Yes,1 complete Schedule L, Part III and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4958 excess benefit fransaction during the year or did it engage in an excess senerit fransaction in a prior year final final not benefit on any of its prior Forms 990 or 990-EZ? If Yes, complete Sendedle I, Part I. Section 501(c)(2) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4956, and 4958 d Section 501(c)(2) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4956, and 4958 d Section 501(c)(2) and 501(c)(4) organizations. Enter amount of tax imposed on organization and enter the distributions of the states with which a copy of this returns still enter the states with which a copy of this returns still enter the states with which a copy of this returns still enter the states with which a copy of this returns still enter the states with which a copy of this returns the clump the calendary year, and the organization have an unterest in or a signature or other authority over a financial account in a foreign country! 422 The enganization's books are in care of the program of the foreign country: 528 be instructions for exceptions and filing requirements for form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts. 529 A 2	Ψ.	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Y
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tex imposed on the organization during the year ordical religious benefit fransaction during the year ordical religious benefit fransaction during the year ordical religious in an excess benefit fransaction or prior year that his not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule IL, Part I. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit fransaction during the year or did it engage in an excess benefit fransaction or prior year that his not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule IL, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization during the year under sections 4912, 4955, and 4958 O. All organization organization. All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8865-1 List the states with which a copy of this return is field. None 10 All organizations At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial accountly in a foreign country (such as a brank account, securities account, or other financial accountly? 11 Yes, enter the name of the foreign country: P 23 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of form 1041 — Check here. All organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-E2. 34 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of form 1041 — Check here. All organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead	1				
a initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 • 0 , section 4915 • 0 , section 4956 • 0 , 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 if engage in any excess to a 4958 excess benefit transaction during the year or did if engage in any excess to a 4958 excess benefit transaction during the year or did if engage in any excess to a 4958 excess benefit transaction or did in a prior year that has not been reported on any of its prior Forms 990 or 990-ET? If "Yes," complete Schedule (), Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization e All organizations at any time during the tax year, was the organization a party to a prohibited tax enter the ransaction? If "Yes," complete Form 8850-1 42a The organizations At any time during the tax year, was the organization a party to a prohibited tax enter the states with which a copy of this return is filed * None 42a The organization is beat a second in a foreign country (such as a bank account, securities account, or other authority over a financial account)? If "Yes," enter the name of the foreign country: * 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 * Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization preceive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a			!	Ţ,	
b Gross recepts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4955		1 1 1 1 A 1	r	٠. }	. :
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(\) 0,; section 4912 \(\) 0,; section 4955 \(\) 0, \$Section 501(c)(3) and 501(c)(4) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 \(\) 990-EZ? If If Yes, complete Schedule I, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4955 \(\)					_ ' }
section 4911 * 0 ; section 4912 * 0 ; section 4915 * 0 ; section 4955 * 0 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 Senedule I, Part I	ı	b Gross receipts, included on line 9, for public use of club facilities N/A			
b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction of any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. C Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax with mosed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax with mosed on organization by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelfer transaction? If "Yes," complete Form 8866-T 1 List the states with which a copy of this return is filed. None 142a The organization's book are in care of P DB Box 513 Rupert TD 150 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)? 150 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 161 Yes, enter the name of the foreign country: 162 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of orm 1041 — Check here. 163 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 175 Yes, enter the name of the foreign country: 176 At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 177 At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 187 At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 188 At a Did the organization maintain any donor advised fund	40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		. `	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction and a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part 1. 2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disciplating descense during the year under sections 4912, 4955, and 4958 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization • All organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8855-T 41 List the states with which a cepy of this return is filed > None 42 a The organizations books are in care of > Ky1.e Condie Located at > PO Box 513 Rupert ID Dot but 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: > 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. 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization receive any payments for indoor tanning services during the year? 45 If Yes, to line 44c, has the organization filed a Form 720 to report these payments? 46 If Yes, to line 44c, has the organization filed a Form 720 to report these payments? 47 If Yes, to line 44c, has the organization filed a Form 720 to r		section 4911 ► 0 .; section 4912 ► 0 .; section 4955 ► 0 .	3	,	
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of Form 990 EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,'	43	If 'Yes,' enter the name of the foreign country:▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here.		. بــا	N/A
instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,'		If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. بــا	N/A No
c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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,'		If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	,	. بــا	N/A No
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 45a Did the organization have a controlled entity of the organization 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,'	44 8	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44a	. بــا	N/A No X
If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 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,'	44 a	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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	, 44a 44b	. بــا	N/A No X X
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 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,'	44 a	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 ■ Lid the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?	, 44a 44b	. بــا	N/A No X 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,'	44 a	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44a 44b 44c	. بــا	N/A No X X 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-F7 (see instructions)	44 a	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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	44a 44b 44c	. بــا	N/A No X X X X
	44 a	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44a 44b 44c	. بــا	N/A No X X X X

Form 9	9 90-EZ (20	013) <u>N</u>	//////////////////////////////////////	a Heal	th Car	e Foundation	n Inc		82-05	31304	F	Page 4
						ctly, in political car Schedule C, Part		es on behalf (of or in opposition to	46	Yes	No X
Part	All for	section lines	on 501(d 50 and	51.	anizatio	only ns must answe e O to respond to			d 52, and complet	e the table	es	П
48 ls 49 a D b ls 50 C	Old the organized organize	ganizat Schedu inizatio ganizat as the r	non engag le C, Part on a schoo non make related orgole for the	e in lobbyi Il Il as descri any transfi ganization organizati	ing activit ibed in se ers to an a section on's five	ction 170(b)(1)(A) exempt non-charit 527 organization?	on 501(h) elec (ii)? If 'Yes,' co able related or 	otion in effect	during the tax year?	47 48 49 a 49 b ees and key		X X X
	(a) Na	ame and	title of each e	employee		(b) Average hours per week devoted to position	(c) Reportab (Forms W	ple compensation 1-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
	otal numb			loyees paid		_						
51 C	ompensat	ion fro	m the org	organization, anization, ss of each ind	If there is	none, enter 'None	ed independer		who each received monopole of service	ore than \$10		
None												
52 C	old the org	janizat trusts r	ion comple must attac	ete Schedu h a compl	ule A? No eted Sche	edule A	c)(3) organıza		17(a)(1) nonexempt	► X Yes		No_
Under per true, corr	nalties of perju ect, and com	iry, I decli plete De	are that I have	examined this reparer (other	return, include than officer	ding accompanying schedu) is based on all informa	iles and statements, tion of which prepai	and to the best of rer has any know	my knowledge and belief, it is ledge			
Sign Here	<u>I</u>	Kyle	of officer Condie						Date Treasurer			
Paid Prepar Use Or	er Kyl	• • • •		DIE STO BOX 513	KER &	Preparer: gnature Kyle D. Cono ASSOCIATES -0513	die, CPA	Date 85-18	Check 📙 if	PTIN P0102688 82-0422 08) 436-	523	
May th	e IRS disc	cuss th	is return v	vith the pre	eparer sh	own above? See ii	nstructions			► X Yes	<u> </u>	No (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2013

Open to Public Inspection ,

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization Employer identification number Minidoka Health Care Foundation Inc 82-0531304 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	Г	A church, convention of churches or association of churches described insection 170(b)(1)(A)(i).		
2		A school described in section 170(bX1XAXii). (Attach Schedule E.)		
3	П	A hospital or a cooperative hospital service organization described insection 170(bX1XAXiii).		
4		A medical research organization operated in conjunction with a hospital described insection 170(bX1XAXiii) Enter the hospital described insection 170(bX1XAXiii) Enter the hospital described insection 170(bX1XAXIII).	oital'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 is 170(bX1XAXiv). (Complete Part II.)	ction	
6		A federal, state, or local government or governmental unit described insection 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 publi in section 170(bX1XAXvi). (Complete Part II.)	c desc	rıbed
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and griftom activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organiz June 30, 1975. See section 509(a)(2). (Complete Part III)	from c	gross
10	Г	An organization organized and operated exclusively to test for public safety. Seeection 509(a)(4).		
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purpose more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sesection 509(aX3). Check the describes the type of supporting organization and complete lines 11e through 11h.	s of o box th	ne or at
		a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally	ıntegr	ated
e		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified perso other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(section 509(a)(2)	ns 1) or	
f		If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization check this box	n,	
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		
_		<u></u>	Yes	No
		(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?		

	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	organization in th		ou notify lization in (i) of your port?	organiz	is the zation in min (i) ed in the S?	(VII) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)				100						
Total			THE THE STATE OF T							

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

(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?

Schedule A (Form 990 or 990-EZ) 2013

11 g (ii)

11 a (iii)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale beg	endar year (or fiscal year Inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		Tolera Charles Co. 28 Charles Co. 28			And Andrews (1997)	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		$\mathcal{F}_{\mathcal{F}_{n}^{(i)}}(\mathcal{F}_{n}^{(i)}) = \mathcal{F}_{n}^{(i)}(\mathcal{F}_{n}^{(i)})$	A Comment			
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3	· [
	tion C. Computation of Pul						
	Public support percentage for 20			e II, column (f))	•	14	<u>%</u> %
	Public support percentage from			,		15	
	a 33-1/3% support test—2013. If t and stop here. The organization	qualifies as a pub	olicly supported or	ganization	1.1		▶ ∐
t	33-1/3% support test—2012. If the and stop here. The organization	ne organization di qualifies as a pul	d not check a box olicly supported or	on line 13 or 16a ganization	a, and line 15 is 3 ·	3-1/3% or more, o	heck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box andstop here	.Explain in Part I\	√how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box andstop here a publicly support	.Explain in Part I\ ed organization ,	/ how the
18	Private foundation.If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			
RAA					Sch	edule A (Form 99	0 or 990-EZ) 2013

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				, 		
Caler	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
ı	Gifts, grants, contributions and membership fees						
	received. (Do not include					00 716	00 716
2	any 'unusual grants.') Gross receipts from admis-					28,716.	28,716.
4	sions, merchandise sold or			I			
	services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities			***************************************			``
	that are not an unrelated trade					ĺ	•
4	or business under section 513 Tax revenues levied for the						0.
4	organization's benefit and						
	either paid to or expended on						
R	its behalf The value of services or			· · · · · · · · · · · · · · · · · · ·			0.
-	facilities furnished by a						
	governmental unit to the						0
_	organization without charge	<u>-</u>					0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	28,716.	28,716.
/ 2	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	_		_	_		_
	for the year .	0,	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)		. 10.20 E				20 716
Sac	tion B. Total Support	(A) (B) (A) (A)	ki farajaje 🚺 🔥 i afil	nt. "1. (1.15)	MARKET CHARMER STREET STREET	- 1	28,716.
	dar year (or fiscal yr beginning in)►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	0.	0.	0.	0.	28,716.	28,716.
	Gross income from interest,	<u> </u>				20,710.	20,710.
. • •	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources						0.
Ł	Unrelated business taxable						<u>.</u>
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0.
	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business	-					
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include	- -					
•	gain or loss from the sale of						
	capital assets (Explain in Part IV)					27,887.	27,887.
13	Total Support. (Add Ins 9,10c, 11 and 12)	0.	0.	0.	0.	56,603.	56,603.
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as		
							► X
<u>Sec</u>	tion C. Computation of Pul Public support percentage for 20			o 13 polymp (f)		15	
16	Public support percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	e 15, column (1)		15	
					-	. 16	
<u> 3ec</u>	tion D. Computation of Inv Investment income percentage for				an (f)	17	
18				-	"' (177 ·		
	Investment income percentage fi				ad lina 1E ia maria	. 18	
ıya	. 33-1/3% support tests – 2013. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	सावत ३३-1/३%, and ted organization	Intell
k	33-1/3% support tests— 2012. If line 18 is not more than 33-1/3%	the organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 16 ifies as a publiciv	5 is more than 33-1 supported organiza	/3%, and ► □
20							▶ 🗂

Schedule A	(Form 990	or 990-E	Z) 2013	Min	idoka	Health	Care	Foun	dation	Inc	82-0531304	Page 4
Part IV	Supplem or 17b; a (See inst	ental I nd Par ruction	nformat t III, line is).	ion. e 12. <i>i</i>	Provide Also co	e the exp implete t	lanation his par	ns req t for ar	uired by ny additi	Part onal ir	II, line 10; Part II, line 17a nformation.	
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Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990 EZ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

Open to Public Inspection at www.irs.gov/form990.

Name of the organization Employer identification number Minidoka Health Care Foundation Inc 82-0531304 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants е Internet and email solicitations f Solicitation of government grants b Special fundraising events Phone solicitations c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (IV) Gross receipts (v) Amount paid to (i) Name and address of individual (iii) Did fundraiser (vi) Amount paid to have custody or contro of contributions? (or retained by) or entity (fundraiser) from activity (or retained by) fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		•	Caring and Sha	Golf Scramble	None	(add column (a) through column (c))
R E			(event type)	(event type)	(total number)	tan dagar dolama (dy)
あことがくほ あ	1	Gross receipts	36,302.	13,446.		49,748.
Ĕ	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	36,302.	13,446.		49,748.
	4	Cash prizes				
D	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
X	8	Entertainment				
EXPERSES	9	Other direct expenses	8,471.	6,127.		14,598.
S	10 11	14,598. 35,150.				
Par	t III	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered 'Yes' to	Form 990, Part IV, I	ine 19, or reported	more than
		\$15,000 011 0111 990-Ez, lifte 0a.		(h) Dull toballostant	(-) (0)	(d) Total gaming
ルロスカスロカ			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
E	1	Gross revenue				
	2	Cash prizes				
E D X	2	Casii prizes				
DIRECT	3	Noncash prizes .				
T E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes%	Yes %	
	7	Direct expense summary, Add lines 2 thr	· · · · · · · · · · · · · · · · · · ·			
				.n (d)		
	8	Net gaming income summary. Subtract li	ne / from line 1, colum	in (a)		
а	Is th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain.	gactivities in each of th			Yes No
		e any of the organization's gaming license es,' explain		or terminated during the		Yes No
DAA			TEF 43702L 0		Schadula G (Fo	rm 990 or 990-F7) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 Minidoka Health Care Foundation Inc	82-0531304	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming?	formed to Yes	No
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility	13a	8
	b An outside facility	. [13b]	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and records.	
	Name •		
	Address •		
ı	a Does the organization have a contact with a third party from whom the organization receives gaming reverbeing the figure of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ to five some of the third party:		s No
	Name •		۲ ا
	Address •		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the	s No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the	
Da	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b,	solumns (w) an	4 (1)
Га	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	any additional	u (v),
		·	
			

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

Employer identification number

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/form990.

Mi	nidoka Health Care Foundation Inc	82-0531304	
	Form 990-EZ, Part III - Organization's Primary Exempt Purpose		
	Minidoka Health Care Foundation is a non-profit organization es	stablished to	
	promote quality health care in Minidoka County. Its mission is	to solicit, recei	ve
	and be responsible for gifts given to support and enhance healt	h-related causes.	
	Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments	· 	
	The most popular of the Foundation events is "Caring and Sharin	ng Christmas" a	
	decorated tree festival that occurs annually in conjunction wit	h the City of	
	Rupert-Christmas City USA events during Thanksgiving weekend. P	roduced by	
	volunteers the festival helps create a funding base for Foundat	ion programs. A	
_ _	spectacular showcase of decorated trees, wreaths and other item	s for sale,	
	non-stop entertainment a food court and Gift Shop. Admission is	always free.	.
	Sponsor spots are available.		
	The 2013 Theme is "100 Years of Christmas Cheer"	· 	
- -	Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contraction	cts	. -
_ _	(a) Did the organization, during the year, receive any funds,	directly or	.
	indirectly, to pay premiums on a personal benefit contract?		No
	(b) Did the organization, during the year, pay premiums, direc	tly or	
	indirectly, on a personal benefit contract?	·	No
			_
		· -	. _
		· 	-

2013

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Schedule O - Supplemental Information

Page 2

Minidoka Health Care Foundation Inc

82-0531304

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity: Donee's Name:

Donee's Address:

Minidoka Memorial Hospital

1224 8th Street Rupert, ID 83350 affiliated

Relationship of Donee: Cash Amount Given:

9,480.

Form 990-EZ, Part I, Line 16 Other Expenses

Employee Campaign

Total \$

\$

2013	Schedule A, Part IV - Supplemental Information									e 5
,	Minidoka Health Care Foundation Inc									304
40 01										
Part III, Line 12 - Othe										
<u>Nature</u> and Source		2013	2012		2011		2010		2009	-
	Total <u>\$</u>	27,887. 27,887.	\$	0. \$	(0. \$	0.	\$	0.	- '_
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