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# Form **990-PF**

**Return of Private Foundation** 

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

In beginning JUL 1, 2014 and ending JUN 30, 2

	calen	dar year 2014 or tax year beginning JOL	1, 2014	, and ending	JUN 30, 201.	<u> </u>
Na	me of	foundation			A Employer identificatio	n number
F	RU	CE MITCHELL FOUNDATION			94-310782	)
Nu	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
_1	20	38 W. MESQUITE DR.			(208) 322-	-4711
	,	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
		SE, ID 83713				
G	Check	all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	is, check here
		Final return	Amended return		2 Foreign organizations m check here and attach of	neeting the 85% test,
	Shook	type of organization X Section 501(c)(3) ex	Name change	··· ·· · · · · · · · · · · · · · · · ·		
ָר <u>י</u>			Other taxable private founda	tion	E If private foundation st under section 507(b)(1	
l F		irket value of all assets at end of year   J Accounting		Accrual	F If the foundation is in a	
		· 1 ——	ther (specify)		under section 507(b)(1	
	- \$	5,944,687. (Part I, colu	mn (d) must be on cash b	pasis)		
P	art 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	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	158,608.		N/A	
	2	Check If the foundation is not required to attach Sch B				
>	3	Interest on savings and temporary cash investments				
? Э	4	Dividends and interest from securities	158,181.	158,181.		STATEMENT 1
-	5a	Gross rents	44,901.	44,901.		STATEMENT 2
>	b	Net rental income or (loss) 38,166.				STATEMENT 3
リたし venue	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
」りたし Revenue	7	Capital gain net income (from Part IV, line 2)	,	0.		
٦œँ	8	Net short-term capital gain				
SCANNED	9	Income modifications				
Ź	10a	Gross sales less returns and allowances				
$\preceq$	b	Less Cost of goods sold				
<b>V</b>		Gross profit or (loss)				
	12	Other income Total, Add lines 1 through 11	361,690.	203,082.		
	13	Compensation of officers, directors, trustees, etc	5,000.	1,250.	-	3,750.
	14	Other employee salaries and wages		<u> </u>		
	15	Pension plans, employee benefits				
Expenses	16a	Legal fees STMT 4	917.	0.		917.
neu	b	Accounting fees STMT 5	1,300.	0.		1,300.
EX	C	Other professional fees				
tive	17	Interest RECEIVED TMT 6	10 700	0.		6,535.
tra	18	1 1 1()1	10,798.			0,333.
į	19	Deprediation and depletion OccupancyNOV 2 5 2015	2,200.	0.		2,200.
Adn	20 21	Travel conferences, and meetings	2/2001			
7	22					
Operating and Administrative	23	Printing and publications Other expenses DEN, UTSTMIT 7	15,689.	9,735.		5,954.
atin	24	Total operating and administrative				
) Jee		expenses. Add lines 13 through 23	35,904.	10,985.		20,656.
O	25	Contributions, gifts, grants paid	259,725.			259,725.
	26	Total expenses and disbursements.	205 620	10 005		200 201
_	-	Add lines 24 and 25	295,629.	10,985.		280,381.
		Subtract line 26 from line 12	66,061.			
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	00,001.	192,097.		
	1	Adjusted net income (if negative, enter -0-)		= - <b>- , , -</b>	N/A	

Page 2

10	· · · · · · · ·	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	30,207.	12,373.	12,373.
	2	Savings and temporary cash investments	478,577.	361,296.	361,296.
	3	Accounts receivable -		1	
		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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	4,440.	4,280.	4,280.
Ä	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			··· · · · · · · · · · · · · · · · · ·
	13	Investments - other STMT 9	4,030,005.	4,238,076.	5,566,738.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			<u></u>
	15	Other assets (describe			<u> </u>
	16	Total assets (to be completed by all filers - see the			
		Instructions Also, see page 1, Item I)	4,543,229.	4,616,025.	5,944,687.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	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			
un.		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
lar	25	Temporarily restricted			
ä	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.	4 506 101	4 706 101	
tso	27	Capital stock, trust principal, or current funds	4,706,131.	4,706,131.	
sse	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	00 106	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	-162,902.	-90,106.	
ž	30	Total net assets or fund balances	4,543,229.	4,616,025.	
			4 5 4 2 2 2 2	4 616 005	
	31	Total liabilities and net assets/fund balances	4,543,229.	4,616,025.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_		I net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	
'		t net assets or fund balances at beginning of year * Fart II, column (a), line stagree with end-of-year figure reported on prior year's return)	••	1	4,543,229.
•	-	st agree with end-or-year ligure reported on prior year's return? r amount from Part I, line 27a		2	66,061.
_		r increases not included in line 2 (itemize)	SEE STA	1	6,735.
		lines 1, 2, and 3		4	4,616,025.
4 5		eases not included in line 2 (itemize)		5	0.
_		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	4,616,025.
<u> </u>	· vla	the about of land balances at one of your time a finite of Tart II, or			

Page 3

(a) List and desc	and Losses for Tax on li ribe the kind(s) of property sold (e g irehouse, or common stock, 200 sh	, real estate,	tincome	(b) How acquir P - Purchase D - Donation	1 1%	Date acquired no , day, yr )	(d) Date sold (mo , day, yr )
1a							
b NO	NE						· · · · · · · · · · · · · · · · · · ·
<u>C</u>							ļ <u>.</u>
<u>d</u>					-		
<u>e</u>	(0.0)	(=) 0=	-445 5			(h) 0 (l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss ) plus (f) minus	
<u>a</u>	<u> </u>	ļ					
<u>b</u>				<del></del>			
<u>c</u>				<del></del> -			-
<u>d</u>		·		<del></del>			
Complete only for assets showing	ig gain in column (h) and owned by	the foundation	n on 12/31/69	<del></del>	(I) Ga	ıns (Col (h) gaın	minue
Osmpiete emy for assets showing	(j) Adjusted basis		cess of col (I)		col (k),	, but not less tha	n -0-) <b>or</b>
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any		Lo	sses (from col (	(h))
a		<u> </u>					
<u></u>	<del></del>						
C						· · · · · · · · · · · · · · · · · · ·	
d							
e	<del></del>	_					
	C If gain, also ente	rın Dart I line	7	7			
Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -0	)- in Part I, line	7	2			
, ,	•		•				
<ul> <li>Net short-term capital gain or (los if gain, also enter in Part I, line 8,</li> </ul>		וט (ס)		1			
If (loss), enter -0- in Part I, line 8	55.d (0)			<b>引 3</b>			
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Investmen	t Incom	ne	
vas the foundation liable for the sect "Yes," the foundation does not qual Enter the appropriate amount in e		mplete this pa	ırt				Yes X N
(a) Base period years Calendar year (or tax year beginnii	(b) ng in) Adjusted qualifying dis		Net value of no	(c) ncharitable-use a			(d) oution ratio vided by col (c))
2013		5,698.		5,567,	322.		.04413
2012		4,445.		5,140,			.04755
2011		9,472.		5,148,			.04845
2010		6,445.		5,023,		· <del>-</del>	.04507
2009	24	2,112.		4,620,	294.	<del></del>	.05240
							22762
Total of line 1, column (d)					}_	2	.23762
Average distribution ratio for the		on line 2 by 5,	or by the number	of years			04752
the foundation has been in exister	ice it less than 5 years					3	.04752
Fator Manager and Control of the	1 D. A.V.	b <b>F</b>					5,845,685
Enter the net value of noncharitab	ie-use assets for 2014 from Part X,	line 5			-	4	3,043,003
M. Bartalian di atau o						_	277,810
Multiply line 4 by line 3					-	5	211,010
- Feb. 40/ 26 - 24 - 20 - 24 - 24 - 24 - 24 - 24 - 24	(40) Po-+   line 07h)				{		1 021
Enter 1% of net investment incom	ie (176 01 Part I, IINE 27D)				-	6	1,921
Add lines 5 and 6					1	7	279,731
Add lines 5 and 6					 	7_	213,131
Enter qualifying distributions from	n Part XII. line 4					8	280,381
		4h and	ulata that and	n n 10/ tau == t	L.	<u> </u>	200,001
See the Part VI instructions	line 7, check the box in Part VI, line	r io, and comp	nete mat halt new	ya 170 tax rate			

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	rt.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see I	nstru	ctio	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter *N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	ļ	***********	1,9	21.
	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)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3	<b>└</b>		1,9	21.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>		1,9	21.
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4, 280.					
	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	7			4,2	80.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,3	59.
	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 2,359. Refunded ▶	11				0.
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials publish					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation $\blacktriangleright$ \$ 0. (2) On foundation managers $\blacktriangleright$ \$ 0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				
_	managers ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X_
	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 incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?			6	<u> X</u>	
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 X	/		7	<u>X</u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		<del></del>			
_	ID					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

;

061016 20147				£ .	1
If "Yes," list the years ▶,					1
b Are there any years listed in 2a for which the found	dation is not applying the provisions of section	4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed inc	ome? (If applying section 4942(a)(2) to <b>all</b> yea		- / -		
statement - see instructions )		T.	I/A	2b	
c If the provisions of section 4942(a)(2) are being a	pplied to $any$ of the years listed in $2a$ , list the $y\epsilon$	ears here			
<b>&gt;</b>					
Ba Did the foundation hold more than a 2% direct or	indirect interest in any business enterprise at a		_		
during the year?		☐ Yes 🖸	√ No   √    I  ✓   ✓   ✓   ✓   ✓   ✓   ✓   ✓   ✓		
b If "Yes," did it have excess business holdings in 20	114 as a result of (1) any purchase by the found	dation or disqualified persons after			
May 26, 1969, (2) the lapse of the 5-year period (	or longer period approved by the Commissione	er under section 4943(c)(7)) to dispose	<b>)</b>		
of holdings acquired by gift or bequest, or (3) the	lapse of the 10-, 15-, or 20-year first phase hol	lding period? (Use Schedule C,			1
Form 4720, to determine if the foundation has	ad excess business holdings in 2014)	Ţ	A/N	3b	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a

section 512(b)(13)? If "Yes," attach schedule (see instructions)

N/A

The books are in care of ► CARI MAGETTE

securities, or other financial account in a foreign country?

1a During the year did the foundation (either directly or indirectly)

for the benefit or use of a disqualified person)?

before the first day of the tax year beginning in 2014?

defined in section 4942(j)(3) or 4942(j)(5))

termination of government service, if terminating within 90 days )

If "Yes," attach statement (see instructions)

Website address 🕨

foreign country

a disqualified person?

Form 990-PF (2014) BRUCE MITCHELL FOUNDATIO	N		94-31078	20 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to		<del></del>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o		ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described	ın Regulations		
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	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	ined		
expenditure responsibility for the grant?		- /	s No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	•	Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			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	heiter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Trusto		nagers, Highly	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.	12. 3. 2		
(-) Nome and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
SEE STATEMENT 10		5,000.	0.	0.
	!			
				<u> </u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	and deferred compensation	allowances
NONE				
Total number of other employees paid over \$50,000			<b>&gt;</b>	0

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Part-VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
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	(c) Compensation
NONE		
	-	
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<b>&gt;</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 SCHOLARSHIPS	000,00	
		259,725.
2		
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A		
2		
All about a second and a second a second and		
All other program-related investments See instructions  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	<del> </del>	

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	5,493,479.
	Average of monthly cash balances	1b	5,493,479. 441,227.
	Fair market value of all other assets	1c	0.
	Total (add lines 1a, b, and c)	1d	5,934,706.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,934,706.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	89,021.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,845,685.
6	Minimum investment return. Enter 5% of line 5	6	292,284.
P	foreign organizations check here and do not complete this part.)	ons and certain	
1	Minimum investment return from Part X, line 6	1	292,284.
	1 02	21.	
 b	0 ( 0 0 1 4 (T) ) A ( 1 4 (1 4 (1 4 (1 4 (1 4 (1 4 (1 4 (		
_	,	2c	1,921.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,921. 290,363.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	290,363.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	290,363.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		200 201
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	280,381.
	Program-related investments - total from Part IX-B	1b	<u>U.</u>
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		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	200 201
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	280,381.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	1 021
	income Enter 1% of Part I, line 27b	5	1,921. 278,460.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundated 4940(e) reduction of tax in those years	ition qualifies for	Ine section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	·			
line 7				290,363.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			271,070.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years		•		
		0.	<u>'</u>	
3 Excess distributions carryover, if any, to 2014				
a From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012				
e From 2013	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶\$ 280, 381.				
			271,070.	
a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior				
i i		0.		
years (Election required - see instructions) c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		The Control of the Control
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		THE WEST STREET		9,311.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				201 052
be distributed in 2015		t in the control	,	281,052.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.	1p.g.s.p.sqd-q., 17,11	<del>,,, b ,, . , . , . , . , . , . </del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7		· · · · · · · · · · · · · · · · · · ·		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9		t	<del> </del>	<del>Hinemidta zame militare</del>
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
423581			·	Farm 000 DE (0014)

APRIL 15TH FOR FALL SCHOOL YEAR

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

PREFERENCE FIRST TO GRADUATES OF PARMA HIGH SCHOOL, PARMA, ID

b The form in which applications should be submitted and information and materials they should include CONTACT GLENDA LEIGH, ADDRESS ABOVE FOR DETAILS

c Any submission deadlines

Part-AV Supplementary information	n (continued)			·
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE ATTACHED SCHEDULE	NONE	NONE	SCHOLARSHIPS	
SEE ATTACRED SCREDULE	HONE	NONE		259,725
				-
				1
	,			
		-		
Total			<b>▶</b> 3a	259,725
b Approved for future payment				
NONE				
		ł		
		<del></del>		
		<u> </u>		
Total		<del></del>	<b>▶</b> 3h	

# Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated	Unrelated	business income		section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b	_				
C	_				
d					
е		·			
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	158,181.	
Net rental income or (loss) from real estate					
a Debt-financed property			15	38,166.	
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b					
C					
d	I I				····
e					
Subtotal Add columns (b), (d), and (e)			).	196,347.	
3 Total. Add line 12, columns (b), (d), and (e)				13	196,34
ee worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities	to the Accor	mplishment of	Exempt Pu	irposes	
Line No. Explain below how each activity for which in			I-A contributed	importantly to the accomp	olishment of
the foundation's exempt purposes (other than the foundation).	an by providing fund	is for such purposes)			

e No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
<del>*  </del>	the foundation of our property of the first
-	
21 -14	Form <b>990-PI</b>

Firm's address > 2289 S. BONITO WAY, STE. 100 MERIDIAN, ID 83642

Form 99	0-PF (2014) BRUCE	MITCHELL FOUR	NDATION	94-310	)/82 <u>0</u>	<u>Pa</u>	ge 13
Part ·	XVII Information R Exempt Organ		o and Transactions ar	nd Relationships With Nonch	aritable	9	
1 Dic	I the organization directly or ind	rectly engage in any of the follo	owing with any other organization	described in section 501(c) of		Yes	No
			n 527, relating to political organiz				
a Tra	insfers from the reporting found	ation to a noncharitable exemp	t organization of				
(1)	Cash				1a(1)		X
(2)	Other assets				1a(2)		Χ
	ner transactions						
	Sales of assets to a noncharita	ible exempt organization			1b(1)		X
٠,,	Purchases of assets from a no		n		1b(2)		X
	Rental of facilities, equipment,				1b(3)		Х
	Reimbursement arrangements				1b(4)		X
	Loans or loan guarantees				1b(5)		Х
	Performance of services or me	embership or fundraising solici	tations		1b(6)		Х
٠,	aring of facilities, equipment, ma	·			10		Х
d If t	he answer to any of the above is	"Yes," complete the following s	schedule. Column (b) should alwa	rys show the fair market value of the goods in any transaction or sharing arrangement,		sets,	
col	umn (d) the value of the goods,	other assets, or services receiv	ved	I			
( <b>a)</b> Line n	(b) Amount involved		table exempt organization	(d) Description of transfers, transactions, an	d sharing ar	rangeme	nts
	<u> </u>	N/2	<u> </u>			<del></del>	<del></del>
•	<u> </u>						
							<del></del>
						<del></del>	
	·						
	<del></del>						
	<del></del>		<del></del>				
						<del></del>	
ın s	the foundation directly or indirectly or indirectly or indirectly or some code (otherwise), "complete the following sch	r than section 501(c)(3)) or in	one or more tax-exempt organiza section 527?		Yes	X	] No
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relation	ship		
	N/A						
	<del></del>						
	<del></del>				<del></del>		
Sign Here	and belief, it is true, correct, and co	mplete Declaration of preparer (othe	r than taxpayer) is based on all informat	atements, and to the best of my knowledge tion of which preparer has any knowledge  Trus kc	May the IRS eturn with the hown below X Yes	(see ins	this er tr)? <b>No</b>
	Print/Type preparer's n	<del></del>		Date Check If PTIN			
Paid	RICHARD A.	$\subseteq \mathcal{O}_{\mathcal{O}}$	OA Maria	self- employed	)0436	625	
Prepare				Firm's EIN ► 26-4			
Use (		acto a co., Ph.	<u></u>	FIIII SEIN P 20	. <i></i> J		

Phone no

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

Department of the Treasury Internal Revenue Service

## **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

Name of the organization

Employer identification number

	BR	UCE MITCHELL FOUNDATION	94-3107820
Organiz	ation type (check on	e):	
Filers of	<b>:</b>	Section:	
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-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	
	nly a section 501(c)(7	covered by the <b>General Rul</b> e or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le See instructions.
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special	Rules		
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amountine 1. Complete Parts I and II.	or 16b, and that received from
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a lons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc.,
but it mi	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo 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) (2014)

Name of organization

Employer identification number

#### BRUCE MITCHELL FOUNDATION

94-3107820

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRUCE MITCHELL FAMILY TRUST  12038 W MSEQUITE DR  BOISE, ID 83713	\$ 148,766.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRUCE MITCHELL FAMILY TRUST  12038 W MSEQUITE DR  BOISE, ID 83713	\$ 9,842.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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

## BRUCE MITCHELL FOUNDATION

94-3107820

Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if		
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
arti	ASSETS OF BRUCE MITCHELL FAMILY TRUST		
1	WERE MERGED INTO BRUCE MITCHELL		
<del></del>	FOUNDATION.		
	FOUNDATION.	\$ 148,766.	12/15/14
		140/1001	_12/13/14
(a)			<u> </u>
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see instructions)	
<del></del>			
		\$	
(a)	<i>(</i> 1.5)	(c)	<i>1.4</i> 1
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
		<del>                                     </del>	
<del></del>		-	
		\$	
(-)		ļ	<del></del>
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I	bescription of noncessir property given	(see instructions)	Date received
		\$	<u> </u>
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see instructions)	
		\$	
(a)	<i>n</i> ,	(c)	t .n
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
arti		1	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number 94-3107820 BRUCE MITCHELL FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once). Use duplicate copies of Part III if additional space is needed. (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 ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

First Name	Last Name	College	Address	City	State	Zip	
	<u> </u>	<u> </u>					
Areli	Arteaga	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Crystal	Arteaga Juarez	USU	1800 Old Main Hıll	Logan	UT	84322-1800	2400
Dustin	Bahem	NNU	623 S University Blvd.	Nampa	ID	83686	3150
Sarah	Barbour	TVCC	31134 Circle Dr	Parma	ID	83660	1325
Deidra	Barnard	BSU	1910 University Drive	Boise	ID	83725-1315	3150
Owen	Barolı	U of I	875 Perimeter Dr., MS-4291	Moscow	ID	83844-4291	1350
Kyler	Beck	ISU	Campus Box 8391	Pocatello	ID	83209-8391	3150
Deborah_	Blanscet	U of I	875 Perimeter Dr., MS-4291	Moscow	ID	83844-4291	1200
Paul	Blanscet	ISU	Campus Box 8391	Pocatello	ID	83209-8391	3150
Rebecca	Blanscet	EOU	One University Blvd	La Grande	OR	97850-2899	3150
Madison	Blaylock	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	1575
Mariah	Blaylock	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	3150
Makeesha	Boyum	BSU	1910 University Drive	Boise	ID	83725-1315	2400
Chelsey	Brutsman-Rice	CWI	6056 Birch Lane	Nampa	ID	83653-3010	2400
Hailey	Brutsman-Rice	U.of Mont	9120 Hanley Place	Eagle	ID	83616	3150
Elizabeth	Case	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Logan	Case	U ofWyo.	1000 E University Avenue	Laramie	WY	82071	2400
Amanda	Chaney	USU	1800 Old Main Hıll	Logan	UT	84322-1800	3150
Kylie	Chastain	BSU	1910 University Drive	Boise	ID	83725-1315	3150
Keith	Condie	USU	1800 Old Main Hill	Logan	UT	84322-1800	3150
Matthew	Condie	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	3150
Sarah	Cox	CorbanUn	5000 Deer Park Drive SE	Salem	OR	97317-9392	3150
Christian	Cullen	U of I	33190 Fort Lane	Parma	ID	83660	1250
Jonathon	Dawson	ISU	Campus Box 8391	Pocatello	ID	83209-8391	2400
Jocelyn	Doramus	Westminster	1840 S 1300 E	Salt Lake City	UT	84105	2400
Alex	Eells	C of I	2112 Cleveland Blvd , #393	Caldwell	ID	83605-4432	2400
Rachel	Eguia	Whitman	345 Boyer Avenue	Walla Walla	WA	99362	3150
Devin	Erickson	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	3150
Mariza	Fernandez	TVCC	650 College Blvd	Ontario	OR	97914	1400
Brody	Fuller	ISU	Campus Box 8391	Pocatello	ID	83209-8391	3150
Irma	Gallegos	C of I	2112 Cleveland Blvd., #393	Caldwell	ID	83605-4432	3150
Karına	Gallegos	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Marisol	Gallegos	NNU	623 S University Blvd.	Nampa	ID	83686	2400
Maximo	Gallegos	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Jelso	Gallegos	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Juan Max	Godina	LCSC	500 8th Avenue	Lewiston	ID	83501-2698	3150
Joshua	Hamby	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Christian	Hampton	BSU	1910 University Drive	Boise	ID	83725-1315	2400
Mıranda	Harrington	C of I	2112 Cleveland Blvd., #393	Caldwell	ID	83605-4432	2400
Stephanie	Harrington	CWI	6056 Birch Lane	Nampa	ID	83653-3010	2400
Andrew	Hayes	U of I	875 Perimeter Dr., MS-4291	Moscow	ID	83844-4291	2400
Emily	Hensley	BSU	1910 University Drive	Boise	ID	83725-1315	1200
Holli Ann	Hezeltine	BSU	1910 University Drive	Boise	ID	83725-1315	2650
Samantha	Horan	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	2400
Nikole	ineck	USU	1800 Old Main Hill	Logan	UT	84322-1800	2400
Ethan	Jackson	BYU-ID	100 Kımball Bldg 1610	Rexburg	ID	83790-1610	3150
Megan	Johnson	U of I	875 Perimeter Dr., MS-4291	Moscow	ID	83844-4291	3150
Samuel	Johnson	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Felicia	Jones	BSU	1910 University Drive	Boise	ID	83725-1315	2400
Kurt	Jorgensen	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	1575
Trevor	Kıser	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Jarna	Knickerbocker	BYU	151 Abraham Smoot Bldg	Provo	UT	84602-1128	2400
Rex	Knickerbocker	U.of Utah	201 S 1460 E ,Rm 105	Salt Lake City	UT	84112-9055	3150
Chelsey	Knott	NNU	623 S University Blvd	Nampa	ID	83686	2400
	Laird	UCLA	405 Hilgard Ave	LosAngeles	CA	90095-7089	3150
Garrett							

First Name	Last Name	College	Address	City	State	Zip	I
Jace	Laub	BYU-ID	100 Kimball Bldg. 1610	Rexburg	ID	83790-1610	1200
Anna	Leavitt	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Kylianne	Lowe	U.ofPhoenix	PO Box 29887	Phoenix	AZ	85038-9887	2400
Tianna	Metcalf	BSU	1910 University Drive	Boise	ID	83725-1315	2400
Iris	Mıranda	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	2400
Allison	Morris	CSI	315 Falls Ave Box 1238	Twin Falls	ID_	83303-1238	2400
Cody	Negri	U of Wyom	1000 E University Avenue	Laramie	WY	82071	2400
Dora	Nelson	TVCC	650 College Blvd	Ontario	OR	97914	3150
Erika	Nichols	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	3150
Alison	Nielsen	BYU-ID	100 Kımball Bldg 1610	Rexburg	ID	83790-1610	3150
Nathan	Nielsen	BYU-ID	100 Kımball Bldg 1610	Rexburg	ID	83790-1610	3150
Dennis	Nunez	U,Nev/Reno	1664 N Virginia St	Reno	NV	89557	1200
Irene	Olivo	TVCC	650 College Blvd	Ontario	OR	97914	2100
BoDene	Pınz	ISU	Campus Box 8391	Pocatello	ID	83209-8391	2400
Kassity	Polensky	TVCC	650 College Blvd	Ontario	OR	97914	3150
Kaitlyn	Proctor	ISU	Campus Box 8391	Pocatello	ID	83209-8391	2400
Heather	Renfro	LCSC	500 8th Avenue	Lewiston	ID	83501-2698	3150
Danielle	Rider	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	3150
Kaylee	Riley	EOU	One University Blvd	La Grande	OR	97850-2899	2100
Nyssa	Rodriguez	EOU	One University Blvd	La Grande	OR	97850-2899	1050
Cassidy	Rueth	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	1575
Chelsey	Rueth	TVCC	650 College Blvd	Ontario	OR	97914	2400
Courtney	Rueth	BSU	1910 University Drive	Boise	ID	83725-1315	3150
Jenelle	Schilling	Bellevue College	3000 Landerholm Cir SE	Bellvue	WA	98007	2400
Kaitlynne	Skinner	BSU	1910 University Drive	Boise	ID	83725-1315	2400
Alisha	Sparling	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	1900
Karissa	Spencer	BYU-ID	100 Kimball Bldg, 1610	Rexburg	ID	83790-1610	3150
Michaela	Spoolstra	NNU	623 S. University Blvd	Nampa	ID	83686	1200
Hannah	Stark	BSU	1910 University Drive	Boise	ID	83725-1315	1900
Lucille	Stevenson	USU	1800 Old Main Hill	Logan	UT	84322-1800	2400
Makayla	Stockett	TVCC	650 College Blvd	Ontario	OR	97914	2400
Clara	Thompson	BYU-ID	100 Kımball Bldg 1610	Rexburg	ID	83790-1610	3150
Leslie	Thompson	U of I	875 Perimeter Dr , MS-4291	Moscow	ID	83844-4291	2400
Sharlynn	Thompson	BSU	1910 University Drive	Boise	ID	83725-1315	2400
Landri	Timmons	BYU	151 Abraham Smoot Bldg	Provo	UT	84602-1128	3150
Terrell	Timmons	BYU	151 Abraham Smoot Bldg.	Provo	UT	84602-1128	3150
Andrew	Trent	EOU	One University Blvd	La Grande	OR	97850-2899	3150
Nathan	Turner	Co MesaUn	1100 North Avenue	Grand Junction	со	81501-3122	2400
Jade	Tyler	NNU	623 S University Blvd	Nampa	ID	83686	2400
Isabella	Villalpondo	U of I	875 Perimeter Dr., MS-4291	Moscow	ID	83844-4291	2400
Laura	Wagstaff	BYU-ID	100 Kımball Bldg 1610	Rexburg	ID	83790-1610	2400
Nicole	Wagstaff	BYU-ID	100 Kimball Bldg 1610	Rexburg	ID	83790-1610	3150
Mackenzie	Whittaker	CWI	6056 Birch Lane	Nampa	ID	83653-3010	3150
Hannah	Winchester	NNU	623 S University Blvd	Nampa	ID ID	83686	3150
Prior Year Schola			SEC S SHOON, SITU		<del></del>	-	1500
						<del> </del> -	1000
<u> </u>	<del></del>	<del>- </del>	·	<del></del>		<del>                                     </del>	259,725 00
	<u>. L </u>					<b>⊥</b>	200,720 00

	DIVIDENDS	AND INTE	REST FROM	M SECUR	ITIES	STATEMENT
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
DIVIDENDS - VARIOUS INTEREST - VARIOUS	158,145. 36.		0. 1!	58,145. 36.		5.
TO PART I, LINE 4	158,181.		0. 1!	58,181.	158,18	31.
FORM 990-PF		RENTAL I	NCOME			STATEMENT
KIND AND LOCATION OF	PROPERTY				ACTIVITY NUMBER	GROSS RENTAL INCOM
MINERAL RIGHTS - KAN	ISAS				1	44,901
TOTAL TO FORM 990-PF	', PART I, I	LINE 5A				44,901
FORM 990-PF	I	RENTAL EX	PENSES			STATEMENT
DESCRIPTION			ACTIVITY NUMBER	A	MOUNT	TOTAL
DEPLETION OF MINERAL		l5% BTOTAL -	1		6,735.	6,735
	- 501					
TOTAL RENTAL EXPENSE						6,735
TOTAL RENTAL EXPENSE	ES		I, LINE !	5B		
	ES	PF, PART	I, LINE ! L FEES	5B		6,735
TOTAL RENTAL EXPENSE	ES D FORM 990-1	PF, PART	L FEES (B NET IN	) VEST-	(C) ADJUSTED NET INCOM	6,735 38,166 STATEMENT (D) CHARITABL
TOTAL RENTAL EXPENSE NET RENTAL INCOME TO FORM 990-PF	ES D FORM 990-1	PF, PART  LEGA  (A)  EXPENSES	L FEES (B NET IN' MENT II	) VEST-	ADJUSTED	6,735 38,166 STATEMENT (D) CHARITABL

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,300.	0.		1,300.
TO FORM 990-PF, PG 1, LN 16B	1,300.	0.		1,300.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAXES INCOME TAX	6,535. 4,263.	0.		6,535.
TO FORM 990-PF, PG 1, LN 18	10,798.	0.		6,535.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES CLERICAL OFFICE AND MISCELLANEOUS AMORTIZATION	3,000. 4,800. 1,154. 6,735.	3,000. 0. 0. 6,735.		0. 4,800. 1,154. 0.
TO FORM 990-PF, PG 1, LN 23	15,689.	9,735.		5,954.

FORM 990-PF OTHER INCREASES I	IN NET ASSETS OR F	UND BALANCES	STAT	EMENT 8
DESCRIPTION			A	MOUNT
DIFFERENCE BETWEEN TAX/BOOK DEP	PLETION ON MINERAL	RIGHTS		6,735
TOTAL TO FORM 990-PF, PART III,	LINE 3			6,735
FORM 990-PF	OTHER INVESTMENTS	3	STAT	EMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUI		MARKET ALUE
EQUITY FUND	COST	4,238,07	76. 5	,566,738.
TOTAL TO FORM 990-PF, PART II,	LINE 13	4,238,07	76. 5	,566,738.
	LIST OF OFFICERS, AND FOUNDATION MAN			EMENT 10
			2	
			EMPLOYEE BEN PLAN	
TRUSTEES A	AND FOUNDATION MAN	COMPEN-	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS PAT GOTSCH 29752 SABIN ROAD	TITLE AND AVRG HRS/WK TRUSTEE	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS  PAT GOTSCH 29752 SABIN ROAD PARMA, ID 83660  CARI MAGETTE 12038 W. MESQUITE DR.	TITLE AND AVRG HRS/WK TRUSTEE 1.00 TRUSTEE	COMPEN- SATION 1,000.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS  PAT GOTSCH 29752 SABIN ROAD PARMA, ID 83660  CARI MAGETTE 12038 W. MESQUITE DR. BOISE, ID 83713  ED JOHNSON 24007 HIGHWAY 20-26	TITLE AND AVRG HRS/WK  TRUSTEE 1.00  TRUSTEE 1.00	COMPEN-SATION 1,000.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0.
NAME AND ADDRESS  PAT GOTSCH 29752 SABIN ROAD PARMA, ID 83660  CARI MAGETTE 12038 W. MESQUITE DR. BOISE, ID 83713  ED JOHNSON 24007 HIGHWAY 20-26 PARMA, ID 83660  LARRY SORENSON 25247 MARKET RD.	TITLE AND AVRG HRS/WK  TRUSTEE 1.00  TRUSTEE 1.00  TRUSTEE 1.00	COMPEN- SATION 1,000.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENSE ACCOUNT 0.