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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	calen	dar year 2015 or tax year beginning , a	and ending				
	ame of fo				A Emplo	oyer identification number	
		HOS INC				1502000	
		THE FOUNDATION d street (or P O box number if mail is not delivered to street address)			<del></del>	-1583288 none number (see instructions	<u> </u>
		E RIVERS EDGE	Ro	om/suite	B Telepi	none number (see instructions	"
_		n, state or province, country, and ZIP or foreign postal code		······································			
_1	EAGL	E ID 83616			C If exer	nption application is pending,	check here
G	Check	all that apply Initial return Initial retur	n of a former public cha	arity	D 1 Fo	reign organizations, check he	re <b>•</b> [
		Final return Amended i	return	•	2. Fo	reign organizations meeting t	ne
		Address change Name char	nge		1	% test, check here and attach	
H	Check	type of organization Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was term	unated under
$\Box$		· · · · · · · · · · · · · · · · · · ·	e private foundation			n 507(b)(1)(A), check here	<b>▶</b> □
I F		ket value of all assets at J Accounting method	Cash X Acc	rual	F If the f	foundation is in a 60-month te	rmination
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check h	
	ne 16)		e on cash basis )		]		
F	art I	Analysis of Revenue and Expenses The total of	(a) Revenue and		1		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inco		(c) Adjusted net income	for charitable purposes
	T.	the amounts in column (a) (see instructions) )		:			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	50,000			-	
	2	Check ► if the foundation is <b>not</b> required to attach Sch B		<u></u>			
	3	Interest on savings and temporary cash investments	92		92		
	4 5-	Dividends and interest from securities		<u> </u>			
	5a	Gross rents					
e	b	Net rental income or (loss)					
ē	6a	Net gain or (loss) from sale of assets not on line 10		<b></b>	······		
Revenue	b	Gross sales price for all assets on line 6a		<u> </u>	0		
LE.	8	Capital gain net income (from Part IV, line 2)  Net short-term capital gain		<u> </u>		0	
	9	Income modifications				<u> </u>	
	10a	Gross sales less returns and allowances		<b></b>			
	Ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)				<u></u>	
	11	Other income (attach schedule)		·			
	12	Total. Add lines 1 through 11	50,092		92	0	
	13	Compensation of officers, directors, trustees, etc	0				<u></u>
penses	14	Other employee salaries and wages					<del></del>
Ĕ	15	Pension plans, employee benefits					
_	16a	Legal fees (attach schedule)			-		
Ш	b	Accounting fees (attach schedule) STMT 1	720		92		628
.≝	С	Other professional fees (attach schedule)					
ᇘ	17	Interest					
्ट्र	18	Taxes (attach schedule) (see instructions) RECEIV	ED 1		·		
뚪	19	Depreciation (attach schedule) and depletion	)SI				
綅	20	Occupancy Travel, conferences, and meetings	2016 191				
₹	21	Travel, conferences, and meetings	- 181				
a D	22	Printing and publications	1 104				
<u>-</u> 5	23	Other expenses (att sch.)  OGDEN	, 01				
9102 Operating and Administrative Ex	24	Total operating and administrative expenses.					
ě		Add lines 13 through 23	720		92	0	628
භී	25	Contributions, gifts, grants paid	3,600				3,600
2	26	Total expenses and disbursements. Add lines 24 and 25	4,320	ļ	92	0	4,228
ᇙ	27	Subtract line 26 from line 12		1			
	a	Excess of revenue over expenses and disbursements	45,772	ļ			
	b	Net investment income (if negative, enter -0-)		<b> </b>	0	_	
	L C	Adjusted net income(if negative, enter -0-)		ŧ		0	ł .

	Part I	Balance Sheets Attached schedules and amounts in the description col	lumn	Beginning of year	End o	f year
_	1 84111 1	should be for end-of-year amounts only (See instruction	ons )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		183,747	229,519	229,519
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶		]	1	
		Less allowance for doubtful accounts ▶		 		
	5	Grants receivable				····-
	6	Receivables due from officers, directors, trustees, and other		}		
	1	disqualified persons (attach schedule) (see				
i		instructions)		L		<u>-</u>
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ą	10a	investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis			•	
		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
i	13	Investments – other (attach schedule)				, , , , , , , , , , , , , , , , , , , ,
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				L
ı	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers – see the				
		instructions Also, see page 1, item l)		183,747	229,519	229,519
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ies	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ia	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶	)			
_	23	Total liabilities (add lines 17 through 22)			0	
		Foundations that follow SFAS 117, check here	► X	}		
ces		and complete lines 24 through 26 and lines 30 and 31.				
n n	24	Unrestricted		183,747	229,519	
Net Assets or Fund Balan	25	Temporarily restricted		<u></u>		
D E	26	Permanently restricted	-	ļ		
5		Foundations that do not follow SFAS 117, check here	▶ 📗			
F		and complete lines 27 through 31.		}		
S	27	Capital stock, trust principal, or current funds				
se	28	Paid-in or capital surplus, or land, bldg, and equipment fund		[		
As	29	Retained earnings, accumulated income, endowment, or other funds		100 545	000 510	
let.	30	Total net assets or fund balances (see instructions)		183,747	229,519	
	31	Total liabilities and net assets/fund balances(see		100 545	200 510	
Ш	PN	instructions)		183,747	229,519	<u> </u>
_	Part i				<del></del>	<del>,</del>
1		net assets or fund balances at beginning of year – Part II, column (a), lir	ne 30 (must	agree with		102 747
_		f-year figure reported on prior year's return)			1 1	183,747
_		amount from Part I, line 27a			2	45,772
3		increases not included in line 2 (itemize)			3	229,519
4		nes 1, 2, and 3			4	229,519
5		eases not included in line 2 (itemize)	anti-me (L)	lino 20	5	229,519
_6	lotal	net assets or fund balances at end of year (line 4 minus line 5) – Part II,	, column (b),	, iiile 30	6_	- 000 PE 1015

Forn	1 990-PF (2015) AGATHOS INC	61-1583288			P	age 4
Pi	art VI Excise Tax Based on Investment Income (Section 4940(a), 4	940(b), 4940(e), or 4948 - see instructions)				
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	f letter if necessary—see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, of	- 11	1 1			
	here ▶ and enter 1% of Part I, line 27b	1				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiza	tions enter 4% of	ł			
	Part I, line 12, col (b)		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	ations only Others onter ()	2			0
3	Add lines 1 and 2	alions only Others enter -0-)	3			
4	_		4			_ 0
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found	· -				<del></del> ö
5	Tax based on investment income. Subtract line 4 from line 3 If zero or les	s, enter -0-	5		<del></del>	
6	Credits/Payments	1 1	1			
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1			
b	Exempt foreign organizations – tax withheld at source	6b	1			
С	Tax paid with application for extension of time to file (Form 8868)	6c	- [			
d	Backup withholding erroneously withheld	6d				
7	Total credits and payments Add lines 6a through 6d		7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Fe	orm 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b> [	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	unt overpaid ▶ [	10			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	Refunded ▶	11			
Pa	ert VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state	e, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?	•		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	political purposes (see				
_	Instructions for the definition)?	vollious purposes (ose		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activitie	e and copies of any materials				
	published or distributed by the foundation in connection with the activities	s and copies of any materials				ĺ
_	•			4-		x
C	Did the foundation file Form 1120-POL for this year?			1c		-
d	Enter the amount (if any) of tax on political expenditures (section 4955) import					1
	(1) On the foundation ▶ \$ (2) On foundation	<del></del>	-			1
e	Enter the reimbursement (if any) paid by the foundation during the year for po	olitical expenditure tax imposed				1
	on foundation managers > \$				1	f
2	Has the foundation engaged in any activities that have not previously been re	eported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities					Ī
3	Has the foundation made any changes, not previously reported to the IRS, in				1	ŧ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	ormed copy of the changes		3	<b> </b>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more	during the year?	_	4a	L	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	L	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	ar?		5		X
	If "Yes," attach the statement required by General Instruction T					<b>-</b>
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) satisfied either <sup>.</sup>			•	ŧ
	By language in the governing instrument, or					1
	By state legislation that effectively amends the governing instrument so that	at no mandatory directions that				1
	conflict with the state law remain in the governing instrument?	•		6	х	[
7	Did the foundation have at least \$5,000 in assets at any time during the year	? If "Yes." complete Part II, col. (c), and Part XV		7	X	1
8a	Enter the states to which the foundation reports or with which it is registered					1
	ID	(COO MONDONO) P			1	Ī
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9	290-PE to the Attorney General				1
-	• •			04	x	Ť
۵	(or designate) of each state as required by General Instruction G? If "No," att	•		d8	<u> </u>	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the				1	1
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see	Instructions for Part XIV)? If "Yes,"		1.	1	
40	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes	s," attach a schedule listing their		[ ]	l	
	names and addresses			10		X
				Form 99	}0-PI	F (2015

	1990-PF (2015) AGATHOS INC			583288	<del></del>		Page 6
Pe	art VII-B Statements Regard	ing Activities for Which For	rm 4720 May Be Red	<b>quired</b> (contir	nued)	<del></del>	······
5a	During the year did the foundation pay o	r incur any amount to					I
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?	\\	∕es X No		1
	(2) Influence the outcome of any specific	c public election (see section 4955),	or to carry on,		=		
	directly or indirectly, any voter regist	ration drive?		ر لــا	∕es X No		1
	(3) Provide a grant to an individual for tr	• •		\ \ \\	∕es X No		
	(4) Provide a grant to an organization or	iher than a charitable, etc , organizat	tion described in				1
	section 4945(d)(4)(A)? (see instruction	ons)		\ \ \ \	res 🗶 No		
	(5) Provide for any purpose other than i	· · · · · · · · · · · · · · · · · · ·	y, or educational				
	purposes, or for the prevention of cr	•		لسسا	res 🗓 No		
b	If any answer is "Yes" to 5a(1)-(5), did a	ny of the transactions fail to qualify ι	under the exceptions desc	ribed in	/-		
	Regulations section 53 4945 or in a curr	• •	•		N/A	5b	
	Organizations relying on a current notice	• •			▶ 📙		1
C	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax	/			1
	because it maintained expenditure response	•		N/A 🗌	∕es ∐ No		1
	If "Yes," attach the statement required by	Regulations section 53 4945–5(d)			İ		
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly, to	o pay premiums		الم		1
	on a personal benefit contract?				res X No		ŧ
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870						1
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	x shelter transaction?	۱	res X No		1
	If "Yes," did the foundation receive any p				N/A	7b	
Pa		fficers, Directors, Trustees,	, Foundation Manag	ers, Highly P	aid Employees	ì,	
	and Contractors		<del></del>				
1 L	ist all officers, directors, trustees, for	undation managers and their con	npensation (see instruc	tions).	<del>,</del>		
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Eyr	ense account,
	(a) Name and	l address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
		<del> </del>	devoted to position	enter-0-y	compensation	<b></b>	
DA	NIEL J. VAN DUZOR	MERIDIAN	PRESIDENT				
87	1 EAST HANDEL STREET	ID 83646	0.00	0	0	<b>!</b>	0
GR	EG T. BURKHART	EAGLE	TREASURER		i		
44	8 E RIVERS EDGE	ID 83616	0.00	0	0	<u> </u>	0
					J		
						<b></b>	
					<u> </u>	<u> </u>	
2	Compensation of five highest-paid e	mployees (other than those inclu	ided on line 1 – see ins	tructions). If non	e, enter		
	"NONE."			<del></del>	<del>,</del>		
			(b) Title, and average		(d) Contributions to employee benefit	(a) Eyr	ense account,
	(a) Name and address of each employed	paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
		<del></del>			compensation	ļ	
NO	NE				Ì		
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				L		L	<del></del>
otal	number of other employees paid over \$5	0,000	<del></del>				0
					F	orm 996	0-PF (2015)

qualifies for the section 4940(e) reduction of tax in those years

- 12	art XIII Undistributed Income	(see instructions)				
			(a)	(p)	(c)	(d)
1	Distributable amount for 2015 from Part X	(I,	Corpus	Years prior to 2014	2014	2015
	line 7					9,196
2	Undistributed income, if any, as of the end	d of 2015			Į.	
а						·····
	Total for prior years 20 , 20					
3	Excess distributions carryover, if any, to 2	2015			1	
_	a From 2010				İ	
t					Ī	
C					1	
C		3,895			1	
e		7,451			İ	
	Total of lines 3a through e		11,346			
4	Qualifying distributions for 2015 from Part	t XII,			[	
_	line 4 > \$ 4,228				ŧ	
	Applied to 2014, but not more than line 2a					
L	Applied to undistributed income of prior ye	ears			Ī	
	(Election required – see instructions)					
C	Treated as distributions out of corpus (Ele	ection			•	
	required – see instructions)					
	Applied to 2015 distributable amount					4,228
e E	and an activity and activity activity and activity activity and activity activity and activity activity activity activity and activity activi		4 000			
5	Excess distributions carryover applied to		4,968			4,968
	(If an amount appears in column (d), the s	same			<u> </u>	
6	amount must be shown in column (a) )  Enter the net total of each column as				1	
U	indicated below:				ŧ	
2	Corpus Add lines 3f, 4c, and 4e Subtract	t lian E	6 370			
	Prior years' undistributed income Subtract		6,378			······································
	line 4b from line 2b	il .	1		Į.	
c	Enter the amount of prior years' undistribu	tod				***************************************
Ŭ	income for which a notice of deficiency ha			İ		
	been issued, or on which the section 4942				1	
	tax has been previously assessed	-(a)			1	
d	Subtract line 6c from line 6b Taxable			······		
_	amount – see instructions		į		1	
е	Undistributed income for 2014 Subtract lii	ne				······································
	4a from line 2a Taxable amount – see				[	
	instructions				ļ	
f	Undistributed income for 2015 Subtract lii	nes			<del></del>	
	4d and 5 from line 1 This amount must be	i i				
	distributed in 2016				1	0
7	Amounts treated as distributions out of co	rpus				
	to satisfy requirements imposed by section				[	
	170(b)(1)(F) or 4942(g)(3) (Election may b				1	
	required—see instructions)				į	
8	Excess distributions carryover from 2010	not				
	applied on line 5 or line 7 (see instructions				1	
9	Excess distributions carryover to 2010	· •				· · · · · · · · · · · · · · · · · · ·
	Subtract lines 7 and 8 from line 6a	1	6,378	j	<b>‡</b>	
10	Analysis of line 9		, , , , , , , , , , , , , , , , , , ,			······································
а	Excess from 2011				Ī	
b	Excess from 2012				1	
C	Excess from 2013				1	
d	Excess from 2014	6,378			<u> </u>	
e	Excess from 2015					

Part XV Supplementary Information (co	ontinued)			
Part XV Supplementary Information (cc 3 Grants and Contributions Paid During the	Year or Approved for Fut	ure Payment		
Recipient	If recipient is an individual,	Foundation	D	
	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BO DICKENS	1		ļ	
1417 N PRESTMONT DR	NONE	}	<b>\</b>	
MERIDIAN ID 83644	,	HARDSHIP AS	SISTANCE	3,600
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	(		<b>[</b> ]	
Total	L	L	<u> </u>	
Total	<del> </del>	<del></del>	<b>▶</b> 3a	3,600
<ul><li>b Approved for future payment</li><li>N/A</li></ul>	(			
N/A			(	
	(		(	
			1	
			1	
			}	
			)	
	}	}	}	
	}		}	
	}		<b>\</b>	
	}		<b>,</b>	
<del></del>	ļ	L	L	
Total			▶ 3b	

	Analysis of Income-Producing Ac	tivities			<del></del>	
Enter gross am	ounts unless otherwise indicated	Unrelated	d business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income
1 Program se	ervice revenue	Business code	Amount	code	Allowin	(See instructions)
-				1		
			<del>-</del>			
с						
d						
e						
f		_ \				
g Fees a	nd contracts from government agencies					
2 Membersh	p dues and assessments					
	savings and temporary cash investments	<u> </u>		14	92	
	and interest from securities					
	ncome or (loss) from real estate	<u> </u>				
	nanced property	<b></b>				
	bt-financed property	<b> </b>				
	ncome or (loss) from personal property	<del> </del>				
7 Other inves		<del> </del>	<del></del>		<del></del>	
	ss) from sales of assets other than inventory	<del> </del>	<del></del>			
	or (loss) from special events t or (loss) from sales of inventory	<del>  </del>				
•	· · · ·	\ <del></del>	<del></del>			
	nue a	-	<del></del>	+		
		-	<del></del>		<del></del>	<del></del>
е		-	<del> </del>			<del></del>
	dd columns (b), (d), and (e)	-	<del></del>	0	92	0
	line 12, columns (b), (d), and (e)		<del></del>		13	
	t in line 13 instructions to verify calculations)				<del></del>	
Part XVI-E	Relationship of Activities to the A	ccomplishme	nt of Exempt P	urposes		
Line No.	Transfers Balloni Barrior and Barrior I. Control of the	is reported in colu			d importantly to the	
	Explain below how each activity for which income					
<u>▼</u>	accomplishment of the foundation's exempt purpo		providing funds for	r such purpo		)
N/A			providing funds for	r such purpo		)
			providing funds for	r such purpo		)
			providing funds fo	r such purpo		)
			providing funds fo	r such purpo		)
			providing funds fo	r such purpo		)
			providing funds for	r such purpo		)
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			providing funds for	r such purpo		
			providing funds for	r such purpo		

Part XV		on Regarding Tr Organizations	ansfers To and	Transaction	s and Relationships With	Noncharitab	le		
1 Did th			e in any of the follow	waa wih aav alb	er organization described			Yes	No
	-		="	-	on 527, relating to political				
	nzalions?							, 1	
a Trans	sfers from the report	ling foundation to a no	ncharitable exempt	organization of.					
(1) C	ash						1a(1)		X
(2) C	Other assets						1a(2)		X
b Other	r transactions							1	
(1) S	Sales of assets to a	nonchantable exempt	organization				1b(1)	<b> </b>	X
. ,		from a noncharitable	· -	ı			1b(2)	<b></b>	X
		quipment, or other ass	ets				1b(3)		X
	Reimbursement arra	•					15(4)	<del>  </del>	÷
	oans or loan guarar	nees ices or membership oi	r fundmicina calicitat	hone			1b(5) 1b(6)	<u>-</u>	X
		pment, mailing lists, of	-				1c		X
	•	·	· ·	• •	(b) should always show the fair	market	ــــــــــــــــــــــــــــــــــــــ		
	•				e foundation received less than fa				
	-	-			e goods, other assets, or service:				
(a) Line i	no (b) Amount	i myched (c) Na	me of noncharitable exem	net organization	(d) Description of transfers	transactions and share	របន នាខេបជិទ្យារ	ants	
N/A									
····									
		<del></del>	<del></del>						
<del></del>		<del></del>	- <del></del>	<del></del>		<del></del>			
					<u> </u>				
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		<del></del>	<del></del>	<del></del>		······································			
					<del></del>				
	<del></del>		····						
· <del></del>			····			<del></del>			
				·			<del></del>		
descr	ribed in section 501( s." complete the foil		than section 501(c)(	(3)) or in section :	527?		Y	es X	No
N/A	(a) Name of orga	HZQ10H	(b) type of t	organization	(c) Desc	ription of relationship	<del></del>		
11/ 51			<del> </del>			<del></del>	<del></del>		
· <del></del>									
			<u> </u>						
<del></del>		· · _ · _ · _ · _ · _ · _ · _ · _ ·							
					dules and stalements, and to the best of	my knowledge and be	iled it is true		
Sign   "	direct, and complete by		utan taxpayer) is based	on an enormanon or 4	which preparer has any knowledge	1 '	S discuss this r operer shown b ctions)?		No
	Signature of or cor or	trustide	<b>\$</b>	Date	TRE	ASURER	<del></del>		
- i	Print/Type preparer's na			Properer's signatu			ato	Check	<u></u> 1
Pald	20ECADU ~ ~~	AIDI COS		CDECCOV -	C	111	110/10	self em	ployed
Preparer	REGORY J BE		DN C COMP		BRAUN, CPA		P01249	100E	
Use Only	Firm s name	RIPLEY DOO 217 W GEOR	GIA AVE S	ANY, P.L. PE 100	. u. u.		32-047		
ļ	Fum's adgress 🟲	NAMPA, ID	83686-283				208-46		
		HARLER, ID	0000-20.			Phone no Z			204

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

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

OMB No 1545-0047

Employer identification number

2015

AGATHOS INC  DBA THE FOUN	DATION	61-1583288
Organization type (check of	ne)	
Filers of:	Section:	
Form 990 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 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	X 501(c)(3) taxable private foundation	
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin or property) from any one contributor. Complete Parts I and II. See instructions for dete intributions.	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) that received from any one contributor, during the year, total contributions of the grea the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Pa	, Part II, line ter of <b>(1)</b>
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci that purposes, or for the prevention of cruelty to children or animals. Complete Parts I, I	entific,
For an organization contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were run exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., co	n any one received ess the
•	•	·
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Schedule ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form o certify that it does not meet the filing requirements of Schedule B (Form 990, 990-E2	orm 990-EZ or on its
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) (2015)

Name of organization AGATHOS INC

Employer identification number 61-1583288

Part I	Contributors (see instructions). Use di	uplicate copies of Pa	rt I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	GREG BURKHART 448 E RIVERS EDGE EAGLE II	83616	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	DAN VAN DUZOR 871 E HANDEL ST	83646	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	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)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

61-1583288	Federal S	Federal Statements			- , · · ·
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	art I, Line 16b - Accou	nting Fees		<b> </b>
Description	Total	Net Investment	Adjusted Net	Charitable Purpose	
INDIRECT ACCOUNTING FEES TOTAL	\$ 720	\$ 92	w w	\$ 628	
					<del>- : -</del>
				-	$\neg$

61-1583288	Federal State	ements	
Statement 2 - For	m 990-PF, Part XV, Line 1a - Man	agers Who Cont	ributed Over 2% or \$5,000
	Name of Manager		Amount
GREG BURKHART DANIEL VANDUZOR		\$	133,435 128,400
TOTAL		\$	261,835
NONE	Name of Manager	 \$	Amount
NONE TOTAL		\$ \$	0
Statement 3 - Fo	orm 990-PF, Part XV, Line 2b - Ap  Description	plication Format	t and Required Contents
NO PRESCRIBED FO DETERMINE PURPOS	RM - INFORMATION & MATERIALS	NECESSARY TO	
	Form 990-PF, Part XV, Line 2c -	Submission Dea	adlines
	Description		

NONE

NONE