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2015

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
IDAHO CHAPTER OF THE YOUNG PRESIDENTS' ORGANIZATION INCNumber and street (or P. O. box, if mail is not delivered to street address)
401 W FRONT STREET NO 201Room/suite
City or town, state or province, country, and ZIP or foreign postal code
BOISE, ID 83702**D Employer identification number**

82-0365006

E Telephone number

(208) 947-1130

F Group Exemption Number ► 7096**G Accounting Method** Cash Accrual Other (specify) ►**H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► N/A**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) ► (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 116,541**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

| | | |
|------------|--|------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 10,000 |
| | 2 Program service revenue including government fees and contracts | 2 1,500 |
| | 3 Membership dues and assessments | 3 105,000 |
| | 4 Investment income | 4 29 |
| | 5a Gross amount from sale of assets other than inventory | 5a |
| | b Less cost or other basis and sales expenses | 5b |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| | 6 Gaming and fundraising events | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |
| | c Less direct expenses from gaming and fundraising events | 6c |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d |
| | 7a Gross sales of inventory, less returns and allowances | 7a |
| | b Less cost of goods sold | 7b |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| | 8 Other revenue (describe in Schedule O) | 8 12 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 116,541 |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 |
| | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits | 12 |
| | 13 Professional fees and other payments to independent contractors | 13 600 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 |
| | 15 Printing, publications, postage, and shipping | 15 1,027 |
| | 16 Other expenses (describe in Schedule O) | 16 128,614 |
| | 17 Total expenses. Add lines 10 through 16 ► | 17 130,241 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 -13,700 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 21,513 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 0 |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 ► | 21 7,813 |

Part II Balance Sheets (see the instructions for Part II)

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 21,513 | 22 7,813 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 21,513 | 25 7,813 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 21,513 | 27 7,813 |

Part III Statement of Program Service Accomplishments (see the in

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

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations, optional for
others)

What is the organization's primary exempt purpose?

THE IDAHO CHAPTER OF THE YOUNG PRESIDENT'S ORGANIZATION IS A MEMBER-LED ORGANIZATION THAT HAS A PRIMARY MISSION OF ENHANCING THE LIVES OF ITS MEMBERS THROUGH EDUCATION AND SHARED EXPERIENCES AND PROGRAMS FOCUSED ON LEADERSHIP, PERSONAL GROWTH, AND FAMILY WELL-BEING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here . . . ►

28a

29

(Grants \$)

If this amount includes foreign grants, check here . . . ►

29a

30

1

(Grants \$.) If this amount includes fees, enter the amount of fees.

1

If this amount includes foreign grants, check here **30a**

| 32 Total program service expenses (add lines 28a through 31a) ► | | | | 32 |
|---|--|--|---|--|
| Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. □ | | | | |
| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| THOMAS COLEMAN CHAPTER CHAIR | 5 00 | 0 | 0 | 0 |
| KURT GUSTAVEL TREASURER | 5 00 | 0 | 0 | 0 |
| ROB SWEIKERT EDUCATION CHAIR | 10 00 | 0 | 0 | 0 |
| SARAH WOODLEY MEMBERSHIP CHAIR | 3 00 | 0 | 0 | 0 |
| CHRIS TAYLOR FORUM CHAIR | 3 00 | 0 | 0 | 0 |

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

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | No |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | No |
| 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 lines 2, 6a, and 7a, among others)? | 35a | No |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | No |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | No |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 37a | 0 |
| b Did the organization file Form 1120-POL for this year? | 37b | |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | No |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations Enter | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ | 40b | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ | 40b | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization | 40b | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 List the states with which a copy of this return is filed ► _____ | | |
| 42a The organization's books are in care of ► KURT GUSTAVEL TREASURER Telephone no ► (208) 338-8002 Located at ► 401 W FRONT STREET SUITE 200 BOISE, ID ZIP + 4 ► 83702 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ | 42b | No |
| 42c | | No |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 | 43 | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | No |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | 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 | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | |

| | | |
|---|------------------------------|-----------------------------|
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 46 | No |

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a

b If "Yes," was the related organization a section 527 organization? Yes No

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" Yes No

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 Yes No

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" Yes No

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. Yes No

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

| | |
|---|--------------------|
| ***** Signature of officer | 2017-01-09 Date |
| THOMAS COLEMAN CHAPTER CHAIRMAN Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|-------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name KIM HUNWARDSEN CPA | Preparer's signature | Date 2017-01-09 | Check <input type="checkbox"/> if self-employed | PTIN P00484560 |
| | Firm's name ► EIDE BAILLY LLP | | Firm's EIN ► 45-0250958 | | |
| | Firm's address ► 877 W MAIN ST STE 800 BOISE, ID 83702 | | Phone no (208) 344-7150 | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 82-0365006

Name: IDAHO CHAPTER OF THE YOUNG PRESIDENTS' ORGANIZATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |
|---|--|
| <p>28 WE SERVE OUR MEMBER ORGANIZATIONS BY EDUCATING AND SUPPORTING THEIR LEADERS BY WORKING WITH PROFESSIONAL RESOURCES TO ENHANCE MEMBERS' BUSINESS RELATIONSHIPS (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p> | <p>28a 0</p> |

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: IDAHO CHAPTER OF THE YOUNG PRESIDENTS'
ORGANIZATION INC

EIN: 82-0365006

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**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.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015**Open to Public
Inspection**Name of the organization
IDAHO CHAPTER OF THE YOUNG PRESIDENTS'
ORGANIZATION INC**Employer identification number**
82-0365006**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INTEREST INCOME AMOUNT 29 |
| FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE | DESCRIPTION MISCELLANEOUS INCOME AMOUNT 12 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION EDUCATION MEETING EXPENSE AMOUNT 102,366 DESCRIPTION ADMINISTRATOR TRAINING AMOUNT 1,173 DESCRIPTION YPO PACIFIC DUES AMOUNT 6,200 DESCRIPTION CHAPTER ADMINISTRATION SERVICES/EVENT PLANNING AMOUNT 18,875 TOTAL TO FORM 990-EZ, LINE 16 128,614 |
| FORM 990-EZ, PART V, LINE 35 | THE BUSINESS INCOME REPORTED BY THE ORGANIZATION IS EXEMPT UNDER 501(C)(6) AS IT DIRECTLY RELATES TO THE IMPROVEMENT OF BUSINESS CONDITIONS. INCOME IS NOT REPORTED ON FORM 990-T AS IT WAS GENERATED THROUGH THE PRESENTATION OF INFORMATION AND THE PROMOTION OF COMMON BUSINESS INTERESTS |