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OMB No 1545-0052

2017

**Return of Private Foundation** 

Department of the Treasury

Internal Revenue Service

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

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.

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number ALEXA ROSE HOWELL CULTURAL FOUNDATION 46-4333614 Number and street (or P O box number if mail is not delivered to street address) 817 W FRANKLIN ST B Telephone number (see instructions) (208) 512-4066 City or town, state or province, country, and ZIP or foreign postal code BOISE. ID 83702  ${f C}$  If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here ☐ Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization under section 507(b)(1)(A), check here  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) \$ 1,227,015 (Part I, column (d) must be on cash basis ) Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment Adjusted net for charitable (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per income purposes books equal the amounts in column (a) (see instructions) ) Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . . Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 10 Enter the amount of line 10 to be Credited to 2018 estimated tax 11 11 Part VIII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did No it participate or intervene in any political campaign? **1**a No Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions **1**b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1c No Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ \_\_\_\_\_\_0 (2) On foundation managers ▶ \$ \_\_ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers 🕨 \$ 0 Has the foundation engaged in any activities that have not previously been reported to the IRS? Contributions, gifts, grants, etc , received (attach 100,000 schedule) Check ► ☐ If the foundation is **not** required to attach 2 . . . . . . . . . . . . . . Interest on savings and temporary cash investments 1.516 1.516 3 Dividends and interest from securities 149,767 149,767 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a\_ Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . h

	3	Accounts receivable ►		
		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 (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule) ▶		
		Less allowance for doubtful accounts ▶		
2	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach schedule)		
	ь	Investments—corporate stock (attach schedule)		
	С	Investments—corporate bonds (attach schedule)		

1,227,015

11,172

1,215,843

1,215,843

1,227,015

2

3

4

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6

1,190,279

1,215,843

Form **990-PF** (2017)

25,564

0 1.215.843

1,190,279

1,190,279

1.190.279

## Investments—land, buildings, and equipment basis ▶ \_\_\_ 11 Less accumulated depreciation (attach schedule) ▶ 103,606 1.022.403 996,394 12 Investments—mortgage loans . . . . . 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > \_ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 1,190,279 1,227,015 17 11,172 Accounts payable and accrued expenses . . . . 18 Liabilities 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

21

22

23

24

25

26

28

29

31

Part III

2

**Fund Balances** 

5

Assets 27

Net 30 Other liabilities (describe -\_

Unrestricted

Temporarily restricted Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . . .

Decreases not included in line 2 (itemize) ▶

Page **3** 

List and describe 2-story brick war	(a) the kınd(s) of property sold (e g , rea ehouse, or common stock, 200 shs l	(b) How acquired P—Purchase D—Donation	(mo_day_vr_)	(d) Date sold (mo , day, yr )	
1a					
	(f)		(a)		
(e)	Depreciation allowed		(g) other basis		or (loss)
Gross sales price	(or allowable)	plus expe	ense of sale	(e) plus (	f) minus (g)
a					
b					
<u>c</u>					
d					
e					
Complete only for assets	s showing gain in column (h) and owi	<u> </u>			(I)
(i)	(j) Adjusted basis		( <b>k)</b> of col(i)		(h) gain minus t less than -0-) <b>or</b>
F M V as of 12/31/69	as of 12/31/69		(j), if any		rom col (h))
a					
b					
С					
d					
e					
2 Capital gain net income		If gain, also enter in P If (loss), enter -0- in F		} 2	
·	rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0	-	} 3	
Part V Qualification	Jnder Section 4940(e) for Re	duced Tax on Net	Investment	Income	
(For optional use by domestic p	private foundations subject to the sec	tion 4940(a) tax on ne	t investment inc	come )	
If another 4040(4)(3) annihar is	ance the mark blank				
	re section 4942 tax on the distributation of qualify under section 4940(e) Do	, ,	in the base peri	od?	Yes 🔽 No
	nount in each column for each year,		making any ent	ries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution ra (col (b) divided by	
2016	68,629		1,143,261		0 060029
2015	62,330		1,200,539		0 051918
2014	4,273		1,182,258		0 003614
2013					
2012			<u> </u>	<u>,                                     </u>	0.115561
,	d)		· · · · —	2	0 115561
number of years the four	oror the 5-year base period—divide t ndation has been in existence if less t ncharitable-use assets for 2017 from	than 5 years 🔒 🐍	`	3 4	<u>0 038520</u> 1,141,472
<b>5</b> Multiply line 4 by line 3			🗀	5	43,970
	ent income (1% of Part I, line 27b)		🗀	6	629
<b>7</b> Add lines 5 and 6			🗔	7	44,599
If line 8 is equal to or gre	ions from Part XII, line 4    ,    . eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part u	8 using a 1% tax rate S	107,240 ee the Part VI
instructions					orm <b>990-PF</b> (2017)

Forn	n 990-PF (2017)		Page <b>5</b>
	Irt VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	No
17	and the fermidely and the end of the end of the end of the fermidely and a discount field of the fermidely and a discount field of the fermidely and the fer	1 1	l
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If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Part VIII	and Contractors

1 List all officers, directors, trustee	es, foundation managers a	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KENNETH G HOWELL	TRUSTEE AND GRANT COMMITTE	0	(	0
1020 MAIN STREET SUITE 270	1 00			
BOISE, ID 83702  Compensation of five highest-pai	id amployees (ather than t	hose included on line 1	_see instructions) If no	ne enter "NONE "
2 Compensation of five highest-pai	d employees (other than t	nose included on line 1		ne, enter NONE.
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
	<del> </del>			
Total number of other employees paid over	l er \$50,000		<b>•</b>	0
3 Five highest-paid independent co	<u> </u>			
(a) Name and address of each persor	•	· · · · · · · · · · · · · · · · · · ·	e of service	(c) Compensation
NONE	T paid more than \$50,000	(6) 199	e or service	(c) compensation
NONE		1		
		+		
		1		
		1		
		-		
<b>Fotal</b> number of others receiving over \$50	000 for professional services			0
Part IX-A Summary of Direct C	·			
List the foundation's four largest direct charitable		lude relevant statistical inform	nation such as the number of	F
organizations and other beneficiaries served, conf	ferences convened, research pape	rs produced, etc		Expenses
1				
2				
3				
4				
Part IX-B Summary of Program	n-Related Investments	(see instructions)		
Describe the two largest program-related inve	estments made by the foundation of	during the tax year on lines 1	and 2	Amount
1				
2				
AU				
All other program-related investments	See instructions			
3				
Fotal Add lines 1 through 2				
Total. Add lines 1 through 3 .				C 000 PE (2017)

2

3a 3h

4

5

107.240

106.611

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629

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2017 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

56.445

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0

(d)

2017

Page 9

-PF	(20	17	')	
			-	_

Form 990-PF (20	017)	
Part XIII	Undistributed Income (see instruc	tions)

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . .

(a)

Corpus

11.037

11,037

11,037

11.037

(b)

Years prior to 2016

(c)

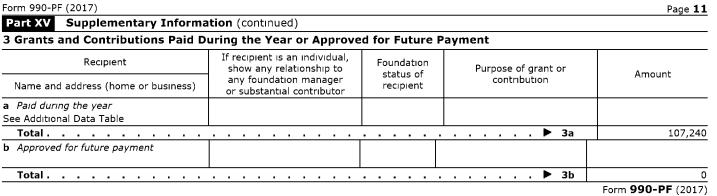
2016

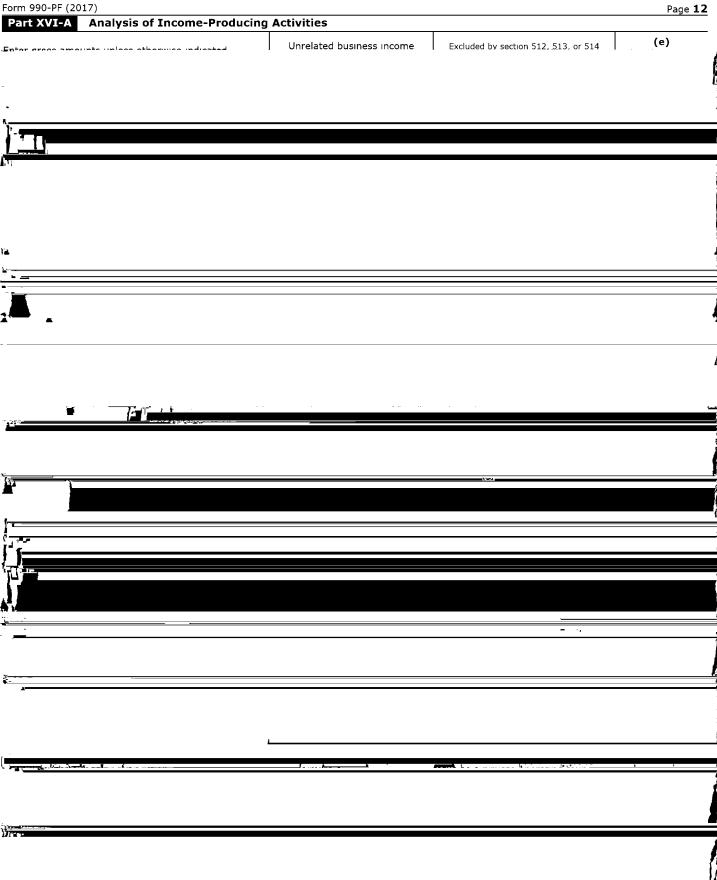
39,758

39,758

Forr	n 990-PF (2017)					Page <b>10</b>	
P	art XIV Private Operating Found	l <b>ations</b> (see instru	uctions and Part \	/II-A, question 9)			
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	termination letter tha 117, enter the date o	at it is a private ope f the ruling	erating			
b	Check box to indicate whether the organization	ion is a private opera	ating foundation des	scribed in section L	ط 4942(را)(3) or L	ط 4942(را)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total	
	income from Part I or the minimum investment return from Part X for each	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(5) 151	
	year listed						
	85% of line 2a						
	Qualifying distributions from Part XII, line 4 for each year listed						
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the alternative test relied upon						
а	"Assets" alternative test—enter						
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>						
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3						
	of minimum investment return shown in Part X, line 6 for each year listed						
c	"Support" alternative test—enter						
	(1) Total support other than gross investment income (interest, dividends, rents, payments						
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orm 9	90-PF	F (2017)							Pa	ge <b>13</b>
Pari	: XVI	Information Re Exempt Organi		fers To a	and Transacti	ons and	Relationships With Nonchari	table		
		organization directly or in e Code (other than sectio					ganızatıon described ın section 501 political organizations?		Yes	No
a Tra	nsfer	s from the reporting foun	dation to a noncha	arıtable exe	empt organizatio	n of				
(1	) Cas	sh						1a(1)		No
(2	) Oth	ner assets						1a(2)		No
<b>b</b> Oth	ner tra	ansactions								
(1	) Sal	es of assets to a nonchar	ıtable exempt orga	nızatıon.				1b(1)		No
(2	<b>)</b> Pur	chases of assets from a r	oncharitable exen	npt organiz	ration			1b(2)		No
•	•	ntal of facilities, equipmer	•					1b(3)		No
•	•	mbursement arrangemen						1b(4)		No
•	•	ns or loan guarantees.						1b(5)		No
•		ormance of services or m	·	_				1b(6)		No
	_	of facilities, equipment, r					should always show the fair market	1c		No
	any tr			column (d	<b>l)</b> the value of th	ie goods, ot	n received less than fair market valu ther assets, or services received cription of transfers, transactions, and sha		naemer	nts
(-,	0.10	(2) ranount involved	(c) Hame of Honor	antable exe	pc organization	(2) 500	orprior of diamond of transactions, and one	g a.r.a	gee.	
de	scribe	oundation directly or indirect of in section 501(c) of the complete the following s (a) Name of organization	Code (other than chedule	section 50	*	ction 527?		☐ Yes	<b>✓</b>	No
				-						
	111-	ader penalties of porgram	I declare that I ha	Ve evamin	ed this return	cluding ass	l companying schedules and statemer	tc and	to the	hes+
Sign	of wh	my knowledge and belief nich preparer has any kno	, it is true, correct		plete Declaration	n of prepare	er (other than taxpayer) is based on		rmatioi	n of
Here		*****  Signature of officer or t	rustee		2018-07-27 Date	<u> </u>	return with to	n the prepa !	rer shov	wn
						<u>'</u>	(see	nstr )?	<b>⊻</b> Yes	⊔ No

MERIDIAN, ID 83642

	Under of my which Sig	-				+				
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desc	rıbed ır	dation directly or indired in section 501(c) of the 0 mplete the following sch	Code (other	•		•				🗆 Yes 🛂 No
י יי ע	es, co	(a) Name of organization		1	(h	Type of organiza	tion	1	(a) December	on of relationship
		(a) Name of organization	1		(D	<b>)</b> Type of organiza	LION		(c) Descripti	on of relationship
								_		
	of my		it is true, co							statements, and to the best based on all information of
Sign Here	*	****				2018-07-27		*****		May the IRS discuss this return with the preparer shown
	Signature of officer or trustee					Date		Title		below (see instr )? Yes No
		Print/Type preparer's i	name	Preparer	's Signa	ature	Date		Check if self-	PTIN
Paid		ROBERT SHAPPEE					201	.8-07-27	employed ▶ □	P00447940
Prepa Use C		Firm's name ► HARR	IS & CO PLL	Lc					•	Firm's EIN ▶26-4022510
-	•	Firm's address ▶ 2289 S BONITO WAY STE 100								

Phone no (208) 333-8965

Form 990PF Part XV Line 3 - Grar	nts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ANDERSON MELISSA 151 S LANGER LAKE WAY STAR, ID 83669	N/A	I	MATERIALS FOR SCULPTURE AS PART OF NEW BODY OF WORK ON CANCERS	1,033
ARTHUR ARIN 809 E WARM SPRINGS AVE APT 3 BOISE, ID 83712	N/A	I	PURCHASE OF UPRIGHT STEAMER AND UPGRADED REGISTRATION SYSTEM FOR PRINT TABLE	1,991
BENNING KAREN 2901 N CRANE CREEK RD BOISE, ID 83702	N/A	I	LIVING EXPENSES FOR A SABBATICAL TO WRITE BOOK OF ESSAYS ON GEORGE GURDJIEFF	2,000
BROWN KELLI 2602 HARRISON HILLS DRIVE BOISE, ID 83702	N/A	I	TRAVEL AND TUITION EXPENSES FOR FLAMENCO INTENSIVE IN GRANADA SPAIN	2,750
CARDENO JEAN500 N ATLANTIC ST BOISE, ID 83706	N/A	I	ATTENDANCE AT YOSEMITE SONGWRITING RETREAT	1,065

Total . 3a 107,240

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLAASSEN GARTH N/A PURCHASE OF MYLAR AND 1823 FILLMORE STREET TYVEK FOR UPCOMING SHOWS

736

2,500

1,600

107,240

CALDWELL, ID 83605				
CLAFFEY MICAH417 W BASS STREET BOISE, ID 83705	N/A	I	PURCHASE OF A PROFESSIONAL LEVEL CELLO BOW	
DETWILER MICHELE3514 WINDSOR DR	N/A	I	EXPENSES FOR MUSIC/ACTING	

ETWILER MICHELE3514 WINDSOR DR OISE, ID 83705	N/A		EXPENSES FOR MUSIC/ACTING LESSONS AND FALL AUDITION TRAVEL	
RAKE JENNIFER	N/A	I	ATTENDANCE AT TWO	

Total.

			IRAVEL	
DRAKE JENNIFER 4104 WEST GARNET STREET BOISE, ID 83703	N/A	I	ATTENDANCE AT TWO CONDUCTING SYMPOSIUMS	

4104 WEST GARNET STREET BOISE, ID 83703		CONDUCTING SYMPOSIUMS	
EDSON LAUREN341 MCGUFFIN LANE	N/A	 TUITION FOR CERTIFICATION	

DRAKE JENNIFER 4104 WEST GARNET STREET BOISE, ID 83703	N/A	I	CONDUCTING SYMPOSIUMS	2
EDSON LAUREN341 MCGUFFIN LANE	N/A	I	TUITION FOR CERTIFICATION	1

		_		
PRAKE JENNIFER 104 WEST GARNET STREET SOISE, ID 83703	N/A	I	ATTENDANCE AT TWO CONDUCTING SYMPOSIUMS	4,

104 WEST GARNET STREET CONDUCTING SYMPOSIUMS BOISE, ID 83703		N/A		ATTENDANCE AT TWO CONDUCTING SYMPOSIUMS	4
--	--	-----	--	---	---

AKE JENNIFER 04 WEST GARNET STREET ISE, ID 83703	N/A	I	ATTENDANCE AT TWO CONDUCTING SYMPOSIUMS	4,668

BOISE, ID 83703				
EDSON LAUREN341 MCGUFFIN LANE	N/A	I	TUITION FOR CERTIFICATION	1,500
			Lucanical can the	1

EDSON LAUREN341 MCGUFFIN LANE	N/A	I	TUITION FOR CERTIFICATION	1,50
BOISE, ID 83712			WORKSHOP IN	
			COUNTERTECHNIQUE	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FRANCIS JOHN711 PEARL STREET BOISE, ID 83705	N/A	I	PURCHASE OF PRINTER TO WORK MORE FLEXIBLY AND MAKE EDITIONS OF PRINTS	1,195
GITTINGS CODY1412 W HAYS ST A2 BOISE, ID 83702	N/A	I	FILMING AND POST PRODUCTION OF IS EVERYTHING OK?	2,500
GUIOTTO DAVID2822 TARTAN PLACE BOISE, ID 83702	N/A	I	LIVING EXPENSES FOR WRITING SABBATICAL	2,000
HARDESTY NOBLE2710 W JEFFERSON BOISE, ID 83702	N/A	I	MATERIALS, DOCUMENTATION AND TRAVEL TO CREATE NEW WORK	4,500
HARGIS KRIS3918 W TAFT STREET BOISE, ID 83703	N/A	I	CAMERA AND LIGHT KIT TO DOCUMENT WORK	1,000

BOISE, ID 83702	N/A	I	LIVING EXPENSES FOR WRITING SABBATICAL	2,000
HARDESTY NOBLE2710 W JEFFERSON BOISE, ID 83702	N/A	I	MATERIALS, DOCUMENTATION AND TRAVEL TO CREATE NEW WORK	4,500
HARGIS KRIS3918 W TAFT STREET BOISE, ID 83703	N/A	I	CAMERA AND LIGHT KIT TO DOCUMENT WORK	1,000

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	any foundation manager recipient		
a Paid during the year				
HARWOOD KELLY 2758 TABLE ROCK ROAD BOISE, ID 83712	N/A	I	ATTENDANCE AT WRITING CONFERENCE IN VERMONT AND 2 PROFESSIONAL MANUSCRIPT REVIEWS	2,600
HOLLAND STUART603 1/2 N 23RD ST BOISE, ID 83702	N/A	I	FRAMING FOR UPCOMING SOLO EXHIBIT AT THE VISUAL ARTS COLLECTIVE	1,000
HURD DEREK112 E 33RD GARDEN CITY, ID 83714	N/A	I	TUITION AND TRAVEL EXPENSES FOR WILSON CHAIR FURNITURE COURSE IN BOSTON	2,200
JIMENEZ VICTOR1318 LONGMONT BOISE, ID 83706	N/A	I	TRAVEL EXPENSES FOR STUDY WITH ODD NERDRUM IN NORWAY	5,000

	HURD DEREK112 E 33RD GARDEN CITY, ID 83714	N/A	I	TUITION AND TRAVEL EXPENSES FOR WILSON CHAIR FURNITURE COURSE IN BOSTON	2,20
	JIMENEZ VICTOR1318 LONGMONT BOISE, ID 83706	N/A	I	TRAVEL EXPENSES FOR STUDY WITH ODD NERDRUM IN NORWAY	5,00
ı١		1			1

BOISE, ID 83706		•	WITH ODD NERDRUM IN NORWAY	3,000
KAHNLE MEG2810 W REGAN AVE	N/A	I	MATERIALS FOR CONNECT WITH	598

BOISE, ID 83706			WITH ODD NERDRUM IN NORWAY	
KAHNLE MEG2810 W REGAN AVE	N/A	I	MATERIALS FOR CONNECT WITH	

BOISE SERIES

BOISE, ID 83702

107,240 За

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
KISTNER LAUREN 10382 LAKE SHORE DR NAMPA, ID 83686	N/A	I	PURCHASE OF WOOD ROUTER/SUPPLIES TO PRODUCE TONDOS EXHIBIT AT ART SOURCE GALLERY IN OCTOBER	466				
KYLE CATHERINE1820 N 12TH ST BOISE, ID 83702	N/A	I	ATTENDANCE AT THE TWO EIGHT WRITERS RESIDENCY IN OAKLAND, SUBMISSION FEES, BOOK TOUR EXPENSES	1,500				
	,	† <u>-</u>	<u> </u>					
원 <u>=====</u>								
<u>; —                                   </u>								
<del></del>								

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LUNSTRUM AMY1208 N 16TH ST N/A PURCHASE OF A KILN TO FIRE 1,740 POICE ID 92702

BUISE, ID 83702			AT LOWER TEMPERATURES	
MANNION KRIS8783 W SLOAN ST BOISE, ID 83714	N/A	I	FUNDING FOR THE DESIGN OF AN EXPANSION TO HOME STUDIO	1,500
MORCK KYLE622 W GETTYSBURG ST	N/A	I	PURCHASE OF GIMBLE	2,696

MORCK KYLE622 W GETTYSBURG ST BOISE, ID 83706	N/A	I	PURCHASE OF GIMBLE STABILIZER AND FOLLOW FOCUS FOR DANCE FILM	
NAYLOR HEIDI3824 SHELDON PLACE	N/A	I	ATTENDANCE AT MEMOIR WRITING CONFERENCE AND	

NAYLOR HEIDI3824 SHELDON PLACE BOISE, ID 83704	N/A	I	ATTENDANCE AT MEMOIR WRITING CONFERENCE AND EXPENSES FOR 3-DAY WRITING RETREAT	1,500
NELICTAEDTED LETABORR NI SETH	N/A	1	THITTON FOR MUSIC CLASSES	1 500

BOISE, ID 83/04			EXPENSES FOR 3-DAY WRITING RETREAT	
NEUSTAEDTER LETA2822 N 26TH BOISE, ID 83702	N/A	I	TUITION FOR MUSIC CLASSES AT BSU	1,500

B013E, 1D 63704			EXPENSES FOR 3-DAY WRITING RETREAT	
NEUSTAEDTER LETA2822 N 26TH	N/A	I	TUITION FOR MUSIC CLASSES	1

NEUSTAEDTER LETA2822 N 26TH BOISE, ID 83702	N/A	I	TUITION FOR MUSIC CLASSES AT BSU	1,500
Total				107,240

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OSGOOD MELISSAPO BOX 140786 N/A PURCHASE OF A FUME 722 BOISE, ID 83714 EXTRACTOR FOR HOME STUDIO RAPTOSH DIANE N/A 1,500 TRAVEL EXPENSES TO THE 4891 BITTERBRUSH DRIVE NANTUCKET WHALING MUSEUM

BOISE, ID 83/03			NEW NOVEL	
REEDER ZACHARY DIG 1615 2ND ST S APT 8 NAMPA, ID 83651	N/A	I	EXPENSES TO PRODUCE NEW PLAY AT THE DEATH RATTLE WRITERS FESTIVAL	2,000
REICHERT RACHEL1903 RESSEGUIE ST BOISE, ID 83702	N/A	I	MATERIALS AND EQUIPMENT TO CREATE A NEW BODY OF SCULPTURAL WEARABLE ART BASED ON JAMES CASTLE	4,296
RODABAUGH HANNAH 722 VILLAGE LANE	N/A	I	PAID TIME TO WRITE AND SUBMISSION FEES TO DEVELOP	1,506

BOISE, ID 83702 CURRENT CHAPBOOK INTO FULL

MANUSCRIPT AND PUBLISH

107,240 Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	recipient		
a Paid during the year					
RODGERS ELIZABETH 2855 NORTH MOUNTAIN ROAD BOISE, ID 83702	N/A	I	PRODUCTION COSTS FOR SHORT FILM MEDIATION	2,500	
ROGGENBUCK LISA 2914 WOODLAWN AVE BOISE, ID 83702	N/A	I	SUPPLIES AND LIVING EXPENSES TO CREATE A NEW BODY OF WORK	4,998	
ROTHWELL COLTON 10 SPRING CREEK DR HORSESHOE BEND, ID 83629	N/A	I	TRAVEL EXPENSES TO CHILE TO CREATE A TRAVEL DOCUMENTARY	1,600	
ROWE SUSAN 520 W HIGHLAND VIEW DRIVE	N/A	I	ATTENDANCE AT THE FISHTRAP GATHERING OF WRITERS IN	1,525	

ROTHWELL COLTON 10 SPRING CREEK DR HORSESHOE BEND, ID 83629	N/A	I	TRAVEL EXPENSES TO CHILE TO CREATE A TRAVEL DOCUMENTARY	1,600
ROWE SUSAN 520 W HIGHLAND VIEW DRIVE BOISE, ID 83702	N/A	I	ATTENDANCE AT THE FISHTRAP GATHERING OF WRITERS IN OREGON	1,525

SAENZ JOSE2312 W JUDITH ST N/A PURCHASE OF CAMERA 2,000

EQUIPMENT TO PRODUCE ARTIFACTS AND TETHER BOISE, ID 83705

Total .

107,240 За

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SCHIFFLER CASSANDRA 20 S WHEELER ST BOISE, ID 83705	N/A	I	TUITION AND TRAVEL EXPENSES FOR MONOTYPE PRINTING WORKSHOP AT ANDERSON RANCH	2,485
SHAW ELLIE450 W COTTONWOOD CT EAGLE, ID 83616	N/A	I	JAZZ MENTORSHIP IN LA AND PRODUCTION COSTS FOR NEW CD	3,240
SUNDERLAND TRACY 6411 W NORTHVIEW STREET BOISE, ID 83704	N/A	I	TRAVEL TO SEE PHYSICAL AND DANCE THEATRE COMPANIES AS TOUCHSTONES OF INSPIRATION FOR SMALL MATTERS, I E 600 HIGHWAYMEN, HOFESH SCHECTER	1,500
TALBUTT BRAD8041 ARAPAHO CT BOISE, ID 83714	N/A	I	TUITION AND LODGING ASSOCIATED WITH PRINTING WORKSHOP IN MONTANA	3,000

,			CD	
SUNDERLAND TRACY 6411 W NORTHVIEW STREET BOISE, ID 83704	N/A	I	TRAVEL TO SEE PHYSICAL AND DANCE THEATRE COMPANIES AS TOUCHSTONES OF INSPIRATION FOR SMALL MATTERS, I E 600 HIGHWAYMEN, HOFESH SCHECTER	1,50
TALBUTT BRAD8041 ARAPAHO CT BOISE, ID 83714	N/A	I	TUITION AND LODGING ASSOCIATED WITH PRINTING	3,00

TRAVEL EXPENSES FOR

RESEARCH/TRANSLATION IN MADRID, AND TRANSLATION WORKSHOP IN LA

TEST MAC4285 N SANDCASTLE PL

BOISE, ID 83703

Total . За

N/A

2,729

107,240

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
TOMOROWITZ ELENA 67 HIGH CORRAL RD BOISE, ID 83716	N/A	I	EXPENSES FOR TRAVEL TO VISIT 5 IDAHO TOWNS AS INSPIRATION FOR NEW BOOK OF POETRY	2,700	
VAN DE GRAAFF ELLIE 1808 W SUGARBERRY ST EAGLE, ID 83616	N/A	I	PURCHASE OF CAMERA EQUIPMENT TO ADVANCE PHOTOGRAPHY SKILLS	3,000	
VOSS ZACH9 S JACKSON ST BOISE, ID 83705	N/A	I	VIDEO EDITING COSTS FOR PRODUCTION OF SHORT FILM SERIES CALLED VOLCANOES <sup>1</sup>	1,000	
WEITZ OLIVIA602 N 19TH ST BOISE, ID 83702	N/A	I	ATTENDANCE AT TRANSOM RADIO WORKSHOP IN CAPE COD	3,000	
WINN CHRISTIAN919 W PUEBLO BOISE, ID 83702	N/A	I	TRAVEL EXPENSES TO CONDUCT RESEARCH FOR 2 NOVELS AND	2,500	

			SERIES CALLED VOLCANOES!	
WEITZ OLIVIA602 N 19TH ST BOISE, ID 83702	N/A	I	ATTENDANCE AT TRANSOM RADIO WORKSHOP IN CAPE COD	
WINN CHRISTIAN919 W PUEBLO BOISE, ID 83702	N/A	I	TRAVEL EXPENSES TO CONDUCT RESEARCH FOR 2 NOVELS AND LIVING EXPENSES FOR WRITING SABBATICAL	

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DL	N: 93491208001208	
TY 2017 Accounting Fees Schedule						
Name: ALEXA ROSE HOWELL CULTURAL FOUNDATION						
<b>EIN:</b> 46-4333614						
Accounting Fees Schedule						
Category	Amoi	unt Net	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

ACCOUNTING FEES

# **TY 2017 Depreciation Schedule**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: ALEXA ROSE HOWELL CULTURAL FOUNDATION

**EIN:** 46-4333614

Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
A-BUILDING	2014-01-01	93,581	7,100	SL	39 000000000000	2,400	2,400		
LAND	2014-01-01	153,299		L		0	0		
BUILDING IMPROVEMENTS	2014-01-01	4,064	308	SL	39 000000000000	104	104		
CEDAR SHAKE ROOF	2014-01-01	15,219	1,154	SL	39 000000000000	390	390		
REMODEL	2014-01-01	130,593	9,907	SL	39 000000000000	3,349	3,349		
REMODEL	2014-01-01	134,470	10,200	SL	39 000000000000	3,448	3,448		
ELECTRICAL	2014-01-01	6,814	517	SL	39 000000000000	175	175		
STAIR RAILS	2014-01-01	16,960	1,287	SL	39 000000000000	435	435		

DLN: 93491208001208

	efile GRAPHIC print - DO NOT PROCESS   As Filed Data -					
TY 2017 Investments - Land Schedule						

Name: ALEXA ROSE HOWELL CULTURAL FOUNDATION

DLN: 93491208001208

ETN: 46 4222614

	EIN: 46-4333614	•		
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
A-BUILDING	93,581	9,500	84,081	
LAND	153,299	0	153,299	
BUILDING IMPROVEMENTS	4,064	412	3,652	
CEDAR SHAKE ROOF	15,219	1,544	13,675	
REMODEL	130,593	13,256	117,337	
REMODEL	134,470	13,648	120,822	
ELECTRICAL	6,814	692	6,122	
STAIR RAILS	16.960	1.722	15.238	

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLI	N: 93491208001208
TY 2017 Legal Fees Sched	ule			_
Na	me: ALEXA ROSE	HOWELL CULTUR	RAL FOUNDATION	
E	<b>EIN:</b> 46-4333614			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL EXPENSES - FOUNDATION	1,958	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491208001208
TY 2017 Other Expenses Sche	dule			_
Name:	ALEXA ROSE HO	OWELL CULTURAL	FOUNDATION	
EIN:	46-4333614			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

UTILITIES

INSURANCE

CONSULTING

REPAIRS AND MAINTENANCE

OTHER COSTS 756 0

DUES AND SUBSCRIPTIONS 140 0 OFFICE EXPENSES 997 0

CHARITABLE GIVING FOUNDATION 18,702 0 **ADVERTISING** 3,507

OFFICE EXPENSE 17 17 ACCOUNTING, TAX PREPARATION, AND

4,793

1,551

8,753

4,793

1,551

8,753

0

0

Description
Revenue and Expenses per Books
Revenue and Income
Income
Disbursements for Charitable Purposes

4,366

7,272

662

50

53

3,522

4,366

7,272

50

662

53

INSURANCE 607 607	UTILITIES	4,000	4,000	
	INSURANCE	607	607	

Other Expenses Schedule

REPAIRS AND MAINTENANCE

REPAIRS AND MAINTENANCE

OFFICE EXPENSE
UTILITIES

OFFICE EXPENSE

INSURANCE

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491208001208
TY 2017 Other Professional Fees Schedule				
Name: ALEXA ROSE HOWELL CULTURAL FOUNDATION				
<b>EIN:</b> 46-4333614				
Catagoriu		Not Tourselment	Adiusted Not	Dishuusamanta
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	1,805	1,805		(

4,995

3,519

4,995

PROFESSIONAL FEES

PROFESSIONAL FEES

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491208001208
TY 2017 Taxes Schedule				,
				,
Nam	e: ALEXA ROSF	E HOWELL CULTUR	AL FOUNDATION	,
EI	N: 46-4333614	,		1
Catanami	<b>A</b>	Not Tourselment		Dishuwaamanta
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	ļ		<u> </u>	Purposes
FEDERAL INCOME TAXES	745	0	<u> </u>	0
TAXES	6,103	6,103		0
TAXES	4,979	4,979	· · · · · · · · · · · · · · · · · · ·	0
TAXES	5,372	5,372	·	0

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491208001208
Schedule B		Sched	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (I	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>I</i>rs <i>gov/form</i>990</u>		ons is at	2017
Name of the organizati ALEXA ROSE HOWELL CU		N			Employer id	lentification number
Organization type (che	ck one)				46-4333614	
2	,					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization			
	☐ 4947(a)(	1) nonexempt cha	ritable trust <b>not</b> treated a	s a private founda	tion	
	☐ 527 politi	ical organization				
Form 990-PF	√ 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation					
			PF that received, during complete Parts I and II S			
Special Rules						
under sections 5 received from ar	09(a)(1) and 170(b)	)(1)(A)(vı), that che lurıng the year, tot	g Form 990 or 990-EZ th ecked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year,	total contributions o	f more than \$1,00	, or (10) filing Form 990 o 0 <i>exclusively</i> for religious r animals Complete Part	s, charitable, scien		
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the p	sively for religious, e total contributions parts unless the <b>G</b>	, or (10) filing Form 990 of charitable, etc., purpose is that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an nis organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No	o" on Part IV, line 2	ale and/or the Special Ru 2, of its Form 990, or che at it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)

Name of organiza	ation	Employer identification	number
ALEXA ROSE HOW	ELL CULTURAL FOUNDATION	46-4333614	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	KEN HOWELL 1925 MONTCLAIR  BOISE, ID83702	\$ 100,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-		\$	Person

dame of organization	Employer identification number
lame of organization LEXA ROSE HOWELL CULTURAL FOUNDATION	
	46-4333614
Par . Exclusively religious_charitable_etc_contribu	outions to organizations described in section 501/c)(7). (8). or (10) that total more
L Pro	
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the state of the s	AC
With the second	
TZ-	
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