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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

For	calend	dar year 2017 or tax year beginning	,	and ending		·			
Na	me of fou	undation	-			A Empl	oyer Identification number		
	IM_	AND GAYLE CHALFANT TRU	ST		•	82	-2907927		
		d street (or P O box number if mail is not delivered to street	address)		Room/suite		hone number (see instructions)	
		N. HACKBERRY WAY				20	8-466-9264		
_	y or town	i, state or province, country, and ZIP or foreign postal code E 1	83702			C If exe	mption application is pending,	check here	► X
_						1			. —
G	Check	all that apply X Initial return		rn of a former public o	ner public charity D 1 F		oreign organizations, check he	'	▶ □
			X Amended			1	oreign organizations meeting th		
		Address change	Name cha	ange		8:	5% test, check here and attach	computation	▶ ∐
H	Check t	type of organization \mathbf{X} Section 501(c)(3) ϵ	exempt private	foundation	, •	E If priv	ate foundation status was term	iinated under	
	Section	n 4947(a)(1) nonexempt charitable trust	Other taxab	le private foundation	:	section	on 507(b)(1)(A), check here		▶ ∐
IF	aır mar	rket value of all assets at J Accour	nting method	X Cash A	crual	F If the	foundation is in a 60-month ter	mination	
е	nd of ye	ear (from Part II, col (c),	ner (specify)			unde	section 507(b)(1)(B), check he	∍re	▶ ∐
	ne 16) l		umn (d) must	be on cash basis)					
20.0	an i			(a) Revenue and				(d) Disbursen	
E1E(3), (5)	en un mit die ente	amounts in columns (b), (c), and (d) may not necessarily	equal	expenses per books	(b) Net inv		(c) Adjusted net income	for chantab purposes	
		the amounts in column (a) (see instructions))				is analysis of the	le andre page nego na pala engla la pagabaga	(cash basis o	only)
	1	Contributions, gifts, grants, etc , received (attach s	chedule)	4,000,00	0				
	2	Check ► if the foundation is not required to	attach Sch B						
	3	Interest on savings and temporary cash inve	estments	15		154			
	4	Dividends and interest from securities		34,70	0	34,700			
	5a	Gross rents							
Revenue	b	Net rental income or (loss)			建建筑				
	6a	Net gain or (loss) from sale of assets not on line 10		27,17	8				
	b	Gross sales price for all assets on line 6a	27,178						
æ	7	Capital gain net income (from Part IV, line 2)			27,178			
	8	Net short-term capital gain					0		
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	Ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)					ale to all the property to be an and and an additional form	172767	
	11	Other income (attach schedule)		*****	to decided transferringston 4 met	eri-anto -FEE-All de			
	12	Total. Add lines 1 through 11		4,062,03	2	62,032	0		
	13	Compensation of officers, directors, trustees	etc —		0	<u>,</u>	<u> </u>	Leave, tid to accept and chief and	Salabilings for Arma
es	14	Other employee salaries and wages	, 0.0		-				
enses	15	Pension plans, employee benefits			+-				
· -	1	· · · ·	R	FCFIVED	+1			<u> </u>	
Zŭ	16a	Legal fees (attach schedule)	<u> </u>	COLIVED					
Ze	b	Accounting fees (attach schedule)	<u>ত</u> ′	OV 25 2019	lől –				
	C 47	Other professional fees (attach schedule)	189	UV ZO ZUIS	2				
Operating and Administrative Exp	17	Interest (f)	L] 				
ĽΞ	18	Taxes (attach schedule) (see instructions)		GDEN, UT					
Ë	19	Depreciation (attach schedule) and depletion	<u> </u>	3.5					
A	20	Occupancy			 				
Z P	21	Travel, conferences, and meetings							
갦	22	Printing and publications	. em - 1					 	
حق	23	المستقلية المستقلية	MT 1	7,39	<u> </u>	<u>√7,391</u>			
atii	24	Total operating and administrative exper	ises.		.1		_	ł	_
ē	1	Add lines 43 through 23		7,39	. SURBIAN IN PRESENCE	7,391	O	ļ	0
Q	25	Contributions, gifts, grants paid			DIPSES	在計畫的第			0
	26	Total expenses and disbursements. Add lines	24 and 25	7,39		7,391	0	Finally of the latter of the contract of the latter of the	0
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbur		4,054,64					
	b	Net investment income (if negative, enter-	•			54,641			
		Adjusted not income (if possitive enter 0.)				阿斯姆斯中 斯	l ∩		于直接的基础

<u>F</u>	orm 99	D-PF (2017) JIM AND GAYLE CHALFANT TRUST		82-29079	27	Page 2
	Part	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	of year
51.0	, D ; E-B 1 <u> 1</u> [67]	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			171,503	171,503
	2	Savings and temporary cash investments		Chica Special Company of the Company		
	3	Accounts receivable ▶				
	l	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 (att schedule)	0			
	8	Less allowance for doubtful accounts ► Inventories for sale or use	U			
Assets	9	Prepaid expenses and deferred charges				
ASS	10a	Investments – U.S. and state government obligations (attach schedule)		<u> </u>		
1	b	Investments – corporate stock (attach schedule) SEE STMT	2		3,883,138	3,953,566
	c	Investments – corporate bonds (attach schedule)	_		3,003,130	3,933,300
	11	Investments – land, buildings, and equipment, basis				
		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment. basis				
		Less accumulated depreciation (attach sch.)		erithet groupe reduced a residence i librativa i de Allia Piccia i descritare	Michael Marker (I. 1964) Amin alder Herbalde (Merba 1964) (Michael Marker) Michael	ADDRESS OF THE PROPERTY OF THE
ļ	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the				
\bot		instructions Also, see page 1, item I)		0	4,054,641	4,125,069
ļ	17	Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.</u>	21	Mortgages and other notes payable (attach schedule)				
7	22	Other liabilities (describe ▶)			
4	23	Total liabilities (add lines 17 through 22)	. (99)	0	0	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	► X			
Se		-			4 054 644	
ä	24	Unrestricted			4,054,641	
Net Assets or Fund Balances	25 26	Temporarily restricted				
힏	26	Permanently restricted Foundations that do not follow SFAS 117, check here	▶□			
킖		and complete lines 27 through 31.				
6	27	Capital stock, trust principal, or current funds				
ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS		Retained earnings, accumulated income, endowment, or other funds				
اک		Total net assets or fund balances (see instructions)		0	4,054,641	
ž	31	Total liabilities and net assets/fund balances (see				
	•	instructions)		o	4,054,641	
蘭	Part II			·	-,,	-wanter Liminitaria Maria dina di Promati il 1973 act
		net assets or fund balances at beginning of year - Part II, column (a), line 30		gree with		
		f-year figure reported on prior year's return)		-	1	0
2	Enter	amount from Part I, line 27a			2	4,054,641
3	Other	increases not included in line 2 (itemize) ▶			3	
4	Add lu	nes 1, 2, and 3			4	4,054,641
		ases not included in line 2 (itemize) ▶			5	
6	Total r	net assets or fund balances at end of year (line 4 minus line 5) – Part II, colu	mn (b), l	ine 30		4,054,641
						Form 990-PF (2017)

200	Losses for Tax on Investme		82-2301321	<u> </u>	Page .
(a) List and describe the	kind(s) of property sold (for example, real estate, ouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			D = Donation		
b					
С					
d					
<u>e</u>			<u></u>		1
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) () minus (g))
a 27,178		<u> </u>			27,178
b					
С	······································				
d		-		<u> </u>	
e		10/04/00			
Complete only for assets showing gain		1		1 '' '	(h) gain minus less than -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) i (ı), ıf any		om col (h))
a				 	27,178
b					
С					
d			····		
<u>e</u>				ļ	
2 Capital gain net income or (net capita	I loss) If gain, also enter in If (loss), enter -0- in				27,178
3 Net short-term capital gain or (loss) a		Part I, line /		2	21,110
If gain, also enter in Part I, line 8, colu		ter -0- in		}	
Part I, line 8	(5)			3	
	er Section 4940(e) for Reduc	ed Tax on Net I	nvestment Inco	me	
For optional use by domestic private four	ndations subject to the section 4940(a	a) tax on net investme	ent income)		
section 4940(d)(2) applies, leave this pa	rt blank				N/A
Vas the foundation liable for the section 4	1942 tay on the distributable amount of	of any year in the bac	o norod?		☐ Yes ☐ No
"Yes," the foundation does not qualify ur			e penou ·		
1 Enter the appropriate amount in each			anv entries		
(a)	(b)		(c)		(d)
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net valu	e of nonchantable-use asse		Inbution ratio divided by col (c))
2016					
2015					
2014					
2013					
2012					
2. Tatal of line 1. column (d)					
 Total of line 1, column (d) Average distribution ratio for the 5-yea 	ar hase period – divide the total on lin	e 2 hv 5 0 or hv the		2	
number of years the foundation has be		c z by c c, or by the		3	
Enter the net value of noncharitable-u	se assets for 2017 from Part X, line 5	;		4	
Multiply line 4 by line 3				5	
Enter 1% of net investment income (1	% of Part I, line 27b)			6	
Addings Food C				1 _ 1	
Add lines 5 and 6				7	
Enter qualifying distributions from Part	XII. line 4			8	
If line 8 is equal to or greater than line		and complete that part	t using a 1% tax rate		
Part VI instructions		Jampioto triat par	g & 170 tax tate		

Forn	1 990-PF (2017) JIM AND GAYLE CHALFANT TRUST	82-29079	27					ı	Page 4
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948 – see ins	truction	ns)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and ent	ter "N/A" on line 1		$\neg \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					
	Date of ruling or determination letter (attach copy of letter if necess	sary—see instruc	ctions)	1					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			•	1			1,	093
	here ▶ ☐ and enter 1% of Part I, line 27b			27.40					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	of		إل					
	Part I, line 12, col (b)								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other	rs, enter -0-)		L	2				0
3	Add lines 1 and 2				3			1,	093
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	rs, enter -0-)			4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5			1,	093
6	Credits/Payments			in line		建宝器			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6	a		, è					
b	Exempt foreign organizations – tax withheld at source	b							
C	Tax paid with application for extension of time to file (Form 8868)	С		149					
d	Backup withholding erroneously withheld 6			P. Caller					
7	Total credits and payments Add lines 6a through 6d TAX PAID W/ O.R.		1,09	3 [7			1,	093
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			▶ [9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶ [10				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶	Refu	ınded	>	11				
圖Pa	IntVII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislate	tion or did it						Yes	
	participate or intervene in any political campaign?						1a	Ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	? See the							
	Instructions for the definition						1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	iny materials							
	published or distributed by the foundation in connection with the activities								
С	Did the foundation file Form 1120-POL for this year?						1c	rati er tret	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye								
	(1) On the foundation ▶ \$ (2) On foundation managers ▶				_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	e tax imposed							
_	on foundation managers > \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	32					2	Manual Lange	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 ins		f						
_	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?				_	- /-	<u>4a</u>		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?				1	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5	HANKEL V	X
•	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	r							
	By language in the governing instrument, or Prostate logislation that offset with a monado the management and the description of the control of the co								
	By state legislation that effectively amends the governing instrument so that no mandatory described with the state law same in the government and the government.	rections that							
7	conflict with the state law remain in the governing instrument?	4- Dad III (-)	d D				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple		and Par	ιχν			7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ID								
ь		rnov Coressi							
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	mey General							
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	n 4049(i)(2)					8b	X	- 100 110
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(5) for calendar way 2017 or the tayable way beginning in 20172 See instructions for R	• • • •							
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for P complete Part XIV	ail Aiv II Yes,"							v
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ila lietina thair					9		_ <u>X</u> _
	names and addresses	ac astray taen	STM	гЗ	t		40	x	ı
			<u> </u>	~ ~	•		10	A DE	

	1 990-PF (2017) JIM AND GAYLE CHALFANT TRUST 82-29079	27			Р	age 5
P	Statements Regarding Activities (continued)			Trier, gang		
					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					l
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					l
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?		13	X	
	Website address ▶ N/A		000		~~~	
14		elephone no 🕨	208-4	100-	926	4
	217 W. GEORGIA AVE., STE. 100		0260	_		
	Located at ▶ NAMPA ID	ZIP+4 ▶	8368	b		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	s 1	1			▶ ∟
40	and enter the amount of tax-exempt interest received or accrued during the year	▶ ∟	15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	1745-647	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country ► The foreign country			Septem	Product.	细胞
		u			· ·	
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)	□ v	ਓ			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v	ਓ			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	□ v ₌₌	X No			
		Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after	Yes	X No			
h	termination of government service, if terminating within 90 days)	_	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulati section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	ons	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
·	were not corrected before the first day of the tax year beginning in 2017?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		11/11	1000		
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and					
-	6e, Part XIII) for tax year(s) beginning before 2017?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		٠٠٠ ت			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b	i i i i i i i i i i i i i i i i i i i	NOTE: PROPERTY
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		•			
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or		ليست			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2017)		N/A	3b		-a vantin
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	?	•	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	17?		4b		X
				99	A DE	

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		YLE CHALFANT TRUST		<u> 2907927</u>		Page 6
Pa	rt VII-B Statements Rega	rding Activities for Which F	orm 4720 May Be R	equired (conti	inued)	
5a	During the year did the foundation pay	or incur any amount to				
	(1) Carry on propaganda, or otherwis	e attempt to influence legislation (sec	ction 4945(e))?		Yes X No	
	(2) Influence the outcome of any spec	cific public election (see section 4955), or to carry on,			
	directly or indirectly, any voter regi		•		Yes 🗓 No	
	(3) Provide a grant to an individual for		ses?		Yes X No	
	(4) Provide a grant to an organization	• •				
	section 4945(d)(4)(A)? See instruc				Yes 🗓 No	
	(5) Provide for any purpose other than		no, or aducational		162 77 140	
	purposes, or for the prevention of	-	iry, or educational	т,	Yes X No	
b					Yes X No	
b	If any answer is "Yes" to 5a(1)–(5), did			cabea in	37/3	
	Regulations section 53 4945 or in a cu				N/A	5b
	Organizations relying on a current noti				▶ [_]	
С	If the answer is "Yes" to question 5a(4)	•	on from the tax	/- □		
	because it maintained expenditure res			N/A 🗌	Yes 🔲 No	
	If "Yes," attach the statement required	by Regulations section 53 4945-5(d))			
6a	Did the foundation, during the year, red	ceive any funds, directly or indirectly,	to pay premiums			
	on a personal benefit contract?				Yes 🔀 No	
b	Did the foundation, during the year, pa	y premiums, directly or indirectly, on	a personal benefit contract	?	_	6b X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was th	e foundation a party to a prohibited ta	ax shelter transaction?	Π,	Yes X No	
b	If "Yes," did the foundation receive any	proceeds or have any net income at	tributable to the transaction		N/A	7b
	Property of the state of the st	Officers, Directors, Trustee				
'ununatarum	and Contractors	,	•	3 - , 3 , .		,
1 L	ist all officers, directors, trustees, a	nd foundation managers and their	compensation. See inst	ructions.		 -
				Ĭ	(d) Contributions to	
	(a) Name a	nd address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Expense account,
	(-,		devoted to position	enter -0-)	plans and deferred compensation	other allowances
TA1	ÆS CHALFANT	POTCE	CO MDUICMER		Compensation	<u> </u>
		BOISE	CO-TRUSTEE	_	_	
	00 N HACKBERRY WAY	ID 83702	2.00		0	
	CLE CHALFANT	BOISE	CO-TRUSTEE			i
395	0 N HACKBERRY WAY	ID 83702	2.00	0		
						ĺ
	- · · · · · · · · · · · · · · · · · · ·		·			
						ļ
2	Compensation of five highest-paid ϵ	employees (other than those inclu	ded on line 1 – see instru	uctions). If none,	enter	
	"NONE."					
			(b) Title, and average		(d) Contributions to	
	(a) Name and address of each employe	e paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
			devoted to position		compensation	other allowances
NON	E					
					ı.	
			·			
				· · · · · · · · · · · · · · · · · · ·		
						
otal r	number of other employees paid over \$	50,000	····		>	0
			-		F	990-PF (2017)

Form 990-PF (2017) JIM AND GAYLE CHALFANT TRUST	82-2907927	Page 7
Information About Officers, Directors, Trustees, Foundat and Contractors (continued)	ion Managers, Highly Paid Empl	
3 Five highest-paid independent contractors for professional services. See instruction	ons. 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 X:A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as organizations and other beneficianes served, conferences convened, research papers produced, etc.	the number of	Expenses
1 CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCAT	!IONAL PURPOSES.	
2		
3		
		<u></u>
4		
Part XB Summary of Program-Related Investments (see instruction	ons)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		Allibuit
2		
All other program-related investments. See instructions		

Form 990-PF (2017)

▶

3

Total. Add lines 1 through 3

	1 990-PF (2017) STEP AND GATLE CHARLEANT TROST 62-290/92/		Page 8
₽P.	Minimum Investment Return (All domestic foundations must complete this part. Foreign	า foun	dations,
	see instructions)	Lat Marie	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		600 000
а	Average monthly fair market value of securities	1a	609,875
þ	Average of monthly cash balances	1b	21,754
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	631,629
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	631,629
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	9,474
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	622,155
6	Minimum investment return. Enter 5% of line 5	6	31,108
BP:	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	ound	ations
mikan poor	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	31,108
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1,093
3	Distributable amount before adjustments Subtract line 2c from line 1	3	30,015
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	30,015
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	30,015
וררביניהטו		<u> </u>	
P	Int XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	_1a	0
b	Program-related investments – total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	1
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b See instructions	5	0
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 foundation		
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2017)

	IT XIII Undistributed Income (see instructions)		<u> </u>	<u> </u>	raye s
id . Lique	Undistributed Income (see instructions)	<u> </u>	Γ		Τ
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				30,015
2	Undistributed income, if any, as of the end of 2017				
a	Enter amount for 2016 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2017				
а	From 2012				
b	From 2013				
С	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e	n r ha drawiterer de est aung 1 sight auge			
4	Qualifying distributions for 2017 from Part XII,				
•	line 4 > \$				
а	Applied to 2016, but not more than line 2a			หรือที่ที่การกับสามาชิธีให้เป็นก็สหรับ โดยได้ให้เป็นก็ตัดที่สัตโดยได้เกิด	
	Applied to undistributed income of prior years		mental for the continued arts at authors their and others for		
-	(Election required – see instructions)				
С					
•	required – see instructions)				
d	Applied to 2017 distributable amount				BEST 100 100 100 100 100 100 100 100 100 10
	Remaining amount distributed out of corpus	Albahasa and and and and and and and and a			
5	Excess distributions carryover applied to 2017				
•	(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:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
a h	Prior years' undistributed income Subtract		[\$\frac{1}{2} \rightarrow \frac{1}{2} \rightarrow \fra		
	line 4b from line 2b				
С	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 – see instructions				
е	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				30,015
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.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Form **990-PF** (2017)

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

factors N/A

DAA

Page **11**

									
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	Foundation status of	Purpose of grant or	Amount					
Name and address (home or business)	or substantial contributor	recipient	contribution						
a Paid during the year				· · · · · · · · · · · · · · · · · · ·					
a raid during the year									
N/A									
		İ		1					
				1					
	į –								
	İ								
	ļ								
		1							
ľ	ļ								
			ļ						
Total			▶ 3a						
b Approved for future payment N/A									
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	İ								
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	ł								
	ĺ								
Total			▶ 3b						
i i nel			— 3h l						

Enter gross am	nounts unless otherwise indicated	Unrelated b	usiness income	Excluded by s	ection 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
_	ervice revenue.		 			(See instructions)
				_		
g Fees a	ind contracts from government agencies					
2 Membersh	ip dues and assessments					
3 Interest on	savings and temporary cash investments			14	154	
4 Dividends	and interest from securities			14	34,700	
5 Net rental i	ncome or (loss) from real estate					
a Debt-fi	nanced property		···			
b Not de	bt-financed property					
6 Net rental:	ncome or (loss) from personal property					
7 Other inves	stment income			 		
•	ss) from sales of assets other than inventory			14	27,178	
	or (loss) from special events					· · · · · · · · · · · · · · · · · · ·
•	t or (loss) from sales of inventory	<u> </u>				
	nue a	_				
						- ·
						
		- 				
e	dd columns (b), (d), and (e)			O	62,032	0
				O LITERAL PROCESSES	13	62,032
DAA ICTAT FI	line 12 columns (h) (d) and (e)					
	line 12, columns (b), (d), and (e)				13	02,032
See workshee	t in line 13 instructions to verify calculations)	Accomplishmen	t of Exempt F	Purposes		02,032
	t in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ie is reported in colum	n (e) of Part XVI-A	A contributed im	nportantly to the	
See workshee Part XVI-E Line No.	t in line 13 instructions to verify calculations) Relationship of Activities to the	ie is reported in colum	n (e) of Part XVI-A	A contributed im	nportantly to the	
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See workshee Part XVI-E Line No.	t in line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ie is reported in colum	n (e) of Part XVI-A	A contributed im	nportantly to the	
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Form 99	90-PF (201	7) JIM A	ND G	AYLE (CHALFANT '	TRUST	82-29	07927			Pa	ge 13
Part,		Information Exempt Org			insfers To an	d Transaction	ns and Relation	ships With	Noncharitable	е		
1 D					In any of the follo	wing with any oth	ner organization descri	ibed		7	Yes	No
	_	-			organizations) or in	•	•	.504				1.10
	ganizations		. 000.,07,	. 001(0)(0)	organization to a	. 0000011 021, 1010	ing to political					1.75
	•		e							. *. 1		40.
a H					nchantable exempt	_					. ES	-1.
(1) Cash .									1a(1)		X
(2) Other a	ssets								1a(2)		X
bО	ther transa	actions:									4.3	. 5 \$
(1) Sales of	assets to a non	charitab!	le exempt d	organization					1b(1)		X
(2) Dumbac	as of assats from	m a non	charitable e	vemet emenization	···· ··· · ·	•••••					X
(2) Part-L	es or assers nor			skempt Olyanization	"				1b(2)		
) Rental C	a raciliues, equip	ment, or	rother asse	as					1b(3)		X
(4	•	sement arrange								1b(4)		X
(5) Loans o	r Ioan guarantee	s							1b(5)		X
(6) Performa	ance of services	or mem	nbership or	fundralsing solicita	ations				1b(6)		X
c SI	- haπno of fa	acilities, equipme	nt. madu	na lists, oth	er assets, or paid	amalasaaa			• •	1c		X
	_			-	•		(b) should always st					
							e foundation received					
							e goods, other assets					
	lne no	(b) Amount invo	lyed	(c) Nan	ne of nonchantable exem	npt organization	(d) Descriptk	on of transfers, tra	nsactions, and sharing a	rangemer	rts	
N/A												
									-			
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		<u> </u>					L					
		_	•				xempt organizations			_	F===	,
de	scribed in	section 501(c) (d	other tha	ın section 5	i01(c)(3)) or in sec	tion 527?				Y€	s X	No
b If	"Yes," com	plete the following	ng sched	tule.								
) Name of organization			(b) Type of	organization		(c) Descript	ion of relationship			
N/							·					
11/	<u> </u>						 					
												
							ļ					
	Under pena	alties of perjury, I dec	dare that I	have examine	ed this return, including	accompanying schedu	les and statements, and to	the best of my k	nowledge and belief, it is	s true,		
ļ							nich preparer has any know					
		(May the IRS disc with the preparer			
Sign		1 /		1					Seo instructions.	X		۱۰۰۱
Here			r / c	ر /(ن	11 1	, , , ,	~ m.		L	<u> </u>		لتي
		for	- (w	1MI	/ /	-15-19	CO-TI	RUSTEE			
J	Sjgga	ture of officer or truste	19			Date	· /	Title	·			
1				/ -		1 5	 		T			
	PrintTyp	e preparer's name		/		Preparer's signatur	Ð		Date	, 1	Check	₩
Pald	1								\.,=	119	self-emp	ployed
	MICHA	EL E. HUT	ER, C				. HUTER, CPA		11/12	111		
Prepare	Firm's na	ıme ► RI	PLEY	DOOR	N & COMPA	ANY, P.L.	L.C.		PTIN PO	0003	918	
Jse Oni	y Firm's ac	idress ▶ 21	7 W	GEORG	IA AVE ST	TE 100			Firm's EIN ▶ 82-	047	5132	2
			MPA,		83686-283			F		-46		
								L		Form 99		
										ruma 95	· • - 1	(4017)

Schedule of Contributors

Schedule of Continuous

OMB No 1545-0047

2017

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule B

(Form 990, 990-EZ,

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

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

JIM AND GAIL	E CHALFANT TRUST	82-2907927
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-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	
	covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total or property) from any one contributor. Complete Parts I and II. See instructions for de ontributions.	
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 ¹ /3% supposections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E that received from any one contributor, during the year, total contributions of the graph the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete	EZ), Part II, line eater of (1)
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fine year, total contributions of more than \$1,000 exclusively for religious, charitable, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I	scientific,
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 fine 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 nexclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., appreciation of the parts unless to this organization because it received nonexclusively religious, charitable, etc., appreciation of the parts.	h e received less the
990-EZ, or 990-PF), but it mi	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E cust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-E	Form 990-EZ or on its

PAGE 1 OF 1

Page 2

Name of organization

JIM AND GAYLE CHALFANT TRUST

Employer identification number 82–2907927

Parti	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES CHALFANT 3950 N HACKBERRY WAY BOISE ID 83702	\$ 2,000,000	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	GAYLE CHALFANT 3950 N HACKBERRY WAY BOISE ID 83702	\$ 2,000,000	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
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tunio, audi oos, and an	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135.	المالي المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية	\$	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)

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82.	· /U	! I / L	J' / /
()/:	-/ -		7 <i>7 I</i>

Federal Statements

Form 990-PF - Reason for Amending Return

Description

THIS RETURN IS BEING AMENDED TO CORRECT THE AVERAGE MONTHLY FAIR VALUES AND CASH BALANCES REPORTED ON LINES 1A AND 1B IN PART X, AND USED IN CALCULATING THE MININIMUM INVESTMENT RETURN.

AS A RESULT OF THE THESE CHANGES, THE DISTRIBUTABLE AMOUNT CALCUATED IN PART XI, LINE 7 HAS DECREASED TO \$30,015.

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	US _Obs (\$ or %)_
	\$ 154		14	
TOTAL	\$ 154			

Taxable Dividends from Securities

 Description		Amount	Unrelated Business Code	Exclusion Code	US Obs (\$ or %)
	\$_	34,700		14	
TOTAL	\$	34,700			

82-2907927	Federal S	Statements	As Amended	led	
Statement 1	- Form 990-PF,	Part I, Line 23 - Other Expenses	r Expenses		
Description	Total	Net Investment	Adjusted Net	ted it	Charitable Purpose
EXPENSES BROKERAGE FEES TOTAL	\$ 7,391 \$ 7,391	\$ 7,391	w w	0	w w
Statement 2 - F	- Form 990-PF, Part II, L	Line 10b - Corporate	Stock Investments	nents	
Description	Beginning of Year	End of Year	Basi	Basis of Valuation	Fair Market Value
1		2		מנוסוו	אמומט
ACCENTURE FEC IRELAND AMERICAN TOWER CORP.	w-	, 98, 99,	951 COST 930 COST		\$ 42,712 39,805
AMERISOURCE BERGEN CORP.			38		47
AI'A', INC. BLACKBOCK, INC.		_	<u> </u>		50
CISCO SYSTEMS, INC.			33.		0.4
COLGATE-PALMOLIVE CO.			m		30
ECOLAB, INC.			27		4,0
OBILE CORF) O		000
RESEARCH			00		, 86
CORE			5.0		24
ISHARES CORE S&P MIDCAP ISHARES CORE SED SON INDEX		α C 4 C	9 0		29,88
CORE US AGGRE			n (0		, 7,
迅		66,	54		68,08
JM SMUCKER CO.		_	30		08
COHNSON & COHNSON			9 0		89
COLL CORP.			o ~		ο α Ο α
NEXTERA ENERGY, INC.			22		9 0
NIKE INC.			39		41
1		_	30		, 53
SOUTH JERSEY INDS, INC.			9 1		22
SIKINEK COKK. TEXAS INSTRUMENTS, INC.			~ 10		9,0
			3 F		96
UNITED PARCEL SERVICES			04		,27
					1-2

Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Fair Market	Value	\$ 42,481	93,944	40,248	89,115	34,756	73,726	114,302	55,196	37,806	128,269	90,237	987,894	109,317	76,769	88,651	<u></u>	\$ 3,953,566
Basis of	Valuation	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	
End of	Year	39,907	94,573	39,608	85,400	34,000	73,800	115,400	55,400	38,200	140,000	87,200	1,000,000	107,000	77,400	89,200	40,000	3,883,138
Beginning	of Year	\$																\$ 0
	Description	UNITED TECHNOLOGIES CORP.	VANGUARD INTERMEDIATE CORP. BOND	3M CO.	ABERDEEN US SMALL CAP EQ FUND	DEUTSCHE SECS TR ENHANCED COMMODITY	BLACKROCK FUNDS II STRATEGIC INCOME	FIDELITY ADVISORS STRATEGIC INCOME	JOHN HANCOCK FUNDS II STRATEGIC INC	MAINSTAY FD HIGH YIELD CORP BD FD	JP MORGAN TR I US LARGE CAP	BROOKFIELD INVT FUNDS GLOBAL R.E.	PUTNAM ABSOLUTE RETURN	OPPENHEIMER DEV MKTS	PIMCO FDS PAC INVT MGMT SER	SMALLCAP WORLD FD INC	TEMPLETON INCOME TR GLOBAL BD FD	TOTAL

Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

		BOISE ID	BOISE ID
Address		3950 N. HACKBERRY WAY	3950 N. HACKBERRY WAY
	; ;	3950 N.	3950 N.
	JAMES CHALFANT	GAYLE CHALFANT	
	JAME	GAYI	

Name

83702	83702
ID	ID
BOISE	BOISE

City, State, Zip

82-2907927

Federal Statements

As Amended

Statement 4 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
JAMES CHALFANT GAYLE CHALFANT	\$ 2,000,000 2,000,000
TOTAL	\$ 4,000,000