

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

19 Depreciation (attach schedule) and depletion . 20 Occupancy	,
Number and street (or P O box number if mail is not delivered to street address) 1892 W HENDRICKS CT City or town, state or province, country, and ZP or foreign postal code MERIDIAN, ID 83646 G Check all that apply Initial return Amended return Amended return Address change Name change H Check type of organization Section 501(c)(3) exempt private foundation Final return Other taxable private foundation Final return Other (specify) Final return Other (specify) Other (specify) Final return Other (specify) Final	
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Final return	►□
Address change Name change H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$2949182 Part II Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents 5b Net rental income or (loss) 33400 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales pinc for all assets not on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances 10a Gross profit or (loss) (attach schedule) 10a Gross profit or (loss) (attach schedule) 10b Compensation of officers, directors, trustees, etc 11d Other income (attach schedule) 12 Total, Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14d Other employee salanses and wages 15d Compensation of officers, directors, trustees, etc 14d Other employee salanses and wages 15d Compensation of officers, directors, trustees, etc 15d Compensation of offic	_
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12 Total. Add lines 1 through 11	. 唐"。
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14 Other employee salaries and wages	1. 学
T h Accounting tees (attach schedule)	
T h Accounting tees (attach schedule)	
T h Accounting tees (attach schedule)	
T h Accounting tees (attach schedule)	50
C Other professional fees (attach schedule) 17 Interest	300
17 Interest	
18 laxes (attach schedule) (see instructions)	
Depreciation (attach schedule) and depletion	5019
Travel, conferences, and meetings Printing and publications Other expenses (attach schedule) Total operating and administrative expenses.	- T
Printing and publications Other expenses (attach schedule) Total operating and administrative expenses.	
23 Other expenses (attach schedule)	
23 Other expenses (attach schedule)	1482
ET Total Operating and administrative expenses.	<u> </u>
2 Add lines 13 through 23	6851
25 Contributions, gifts, grants paid 9782	9782
Contributions, gifts, grants paid 9782 1 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	6633
27 Subtract line 26 from line 12	2033
a Excess of revenue over expenses and disbursements 15928	124
b Net investment income (if negative, enter -0-) . 394	<u> 4</u>
c Adjusted net income (if negative, enter -0-) .	***************************************

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Form **990-PF** (2017)

Form 990-PF (2017)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) (a) Book Value (b) Book Value (c) Fair						year
Fe	Í	should be for end-of-year amounts only. (See instructions.)	(b) Book Value	, [(c) Fair Market Value	
	1	Cash—non-interest-bearing	214	156	21456	
	2	Savings and temporary cash investments	140559	1389	26	138926
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►	ı			
		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 ▶				
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges				
Ä	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)		<u> </u>		
	11	Investments—land, buildings, and equipment: basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				·
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ►364000				
		Less. accumulated depreciation (attach schedule) ► 180000	184000	1840	000	2788800
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers—see the			}	
		ınstructions. Also, see page 1, item I)	328930	3443	382	2949182
	17	Accounts payable and accrued expenses				! !
Se	18	Grants payable				
ij	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	2225			i
Lis	21	Mortgages and other notes payable (attach schedule)	98272	848	372	
	22 23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	00070	0.4.0	777	
-	23		98272	848	372	
es		Foundations that follow SFAS 117, check here ► 🗵 and complete lines 24 through 26, and lines 30 and 31.				}
Balances	24	Unrestricted	328930	3443	382	
ᇣ	25	Temporarily restricted	320330	3333	102	
_	26	Permanently restricted				
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □				Ī
교		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds				
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund				1
SSe	29	Retained earnings, accumulated income, endowment, or other funds				
Ä	30	Total net assets or fund balances (see instructions)	328930	3443	382	
Ę	31	Total liabilities and net assets/fund balances (see				1
		254				
	Instructions)					
1						
	end-	1 2	328930			
2	2 Enter amount from Part I, line 27a					15928
3		er increases not included in line 2 (itemize)			3_	
		lines 1, 2, and 3			_4_	344858
5	Decr	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—			5	
6	Lota	il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	_6_	344858

Form 990-PE (2017)

		d(s) of property sold (for example, rea se, or common stock, 200 shs. MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo., day, yr)
1a		·				
b			·			_
C				ļ		-
<u>d</u>						
е_				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	r other basis ense of sale		ın or (loss) (f) mınus (g))
a			<u> </u>			
b						
<u>c</u>						
d	···		 			
е	Complete only for accets char	wing gain in column (h) and owne	d by the formulation	n n 10/21/60		
	Complete only for assets snow					ol. (h) gain minus ot less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) I (j), if any		from col. (h))
а						
b						
c			<u> </u>			
<u>d</u>						
e_		/ 15				
	Capital gain net income or		n, also enter in Pa s), enter -0- in Pa		2	
i	Net short-term capital gair	n or (loss) as defined in sectio	ns 1222(5) and (6	i):		
	If gain, also enter in Part	I, line 8, column (c). See inst	ructions. If (loss), enter -0- ın (
	9 . ,					
		<u> </u>		· · · · · ·	3	
ro	Part I, line 8	er Section 4940(e) for Revate foundations subject to the	duced Tax on	Net Investmen	Income	
ro ect	Part I, line 8	er Section 4940(e) for Recovate foundations subject to the this part blank.	duced Tax on le section 4940(a	Net Investment tax on net invest of any year in the	t Income tment income.)	☐ Yes 🏽
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Form **990-PF** (2017)

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Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	istru	ction	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter. / (attach copy of letter if necessary—see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			4
С	here ► ☒ and enter 1% of Part I, line 27b			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			4
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 4			
b	Exempt foreign organizations—tax withheld at source 6b			
2	Tax paid with application for extension of time to file (Form 8868) . 6c			
_d	Backup withholding erroneously withheld			4
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 11	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded 11			
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>x</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	<u></u> -1		
_	Instructions for the definition	1b		Х
	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.	1	. 1	1
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.	· _		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either)		
	By language in the governing instrument, or			ı
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► ID		}	l
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		v

Form 990-PF (2017)

Part	VII-A Statements Regarding Activities (continued)			
•			Yes	No
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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
10	Website address ► GWMATTISON@GMAIL.COM	13		L
14	***************************************			
14	The books are in care of ▶ GERRY MATTISON Telephone no. ▶ (208) 88	88-7	282	
	Located at ▶ 1892 W HENDRICKS CT MERIDIAN, ID ZIP+4 ▶ 83646-			
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041—check here		•	▶ □
	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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			Г
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		····	
	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):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No]]
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		 	1
	disqualified person?		İ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		į	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
				1
	— — — — — — — — — — — — — — — — — — —		İ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		l	1
	foundation agreed to make a grant to or to employ the official for a period after	1		1 1
	termination of government service, if terminating within 90 days.)		1	1 1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		<u> </u>	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □	Ì		1 1
C	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?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		ł	1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1	1	
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?		Ì	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20, 20	ļ	l	1 !
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
	(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.)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	l	†	
-	► 20, 20, 20, 20	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
•	at any time during the year?		1	!
L		}	1	
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	!	1	1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the]	1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1	1	1
	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.)	- <u>-</u> -		1
_		3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		<u> </u>	ļ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	<u></u>	X
QNA	Fo	rm 9 9	10-PF	(2017)

_	Statements Regarding Activitie			4/20	way be H	equire	a (conti	nueu)			
5a	Dunng the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt		•	•	, ,	•	☐ Yes	🗵 No			
	(2) Influence the outcome of any specific publi		on (see secti	on 495	5); or to ca	arry on,					
	directly or indirectly, any voter registration d	rıve?					☐ Yes	🗓 No			
	(3) Provide a grant to an individual for travel, stu	udy, or o	other similar p	ourpose	es?		Yes	X No]	
	(4) Provide a grant to an organization other tha	n a cha	ritable, etc., o	organız	ation desc	ribed in				1	
	section 4945(d)(4)(A)? See instructions						Yes Yes	X No			
	(5) Provide for any purpose other than religious	s, chant	able, scientıfi	c, litera	ary, or educ	cational			}		
	purposes, or for the prevention of cruelty to	childrer	n or animals?				☐Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e transa	actions fail to	qualify	under the	excepti	ons desc	ribed in			
	Regulations section 53.4945 or in a current notice	regardı	ng disaster as	sistanc	e? See inst	ructions	s		5b		Х
	Organizations relying on a current notice regard	ing disa	ister assistan	ce, che	ck here .			▶□			
C	If the answer is "Yes" to question 5a(4), does	the fou	ndation claim	exem	ption from	the tax					
	because it maintained expenditure responsibility							X No			
	If "Yes," attach the statement required by Regu										
6a	Did the foundation, during the year, receive any					emiums					
							Yes	X No	1		
b	Did the foundation, during the year, pay premiu					henefit			6b	- 1	X
_	If "Yes" to 6b, file Form 8870.	ino, uno	ony or mand	, OII	a pordona	DOM	COMMISSION	•	100		 -
7a	At any time during the tax year, was the foundation	a narty	to a prohibited	l tay sh	elter transad	ction?	∏Yes	x No	1		
b	If "Yes," did the foundation receive any proceed								7b		X
_	VIII Information About Officers, Direct										
	and Contractors	,	,			-9,	·g,			,	
1	List all officers, directors, trustees, and found	dation i	managers an	d their	compens	ation. S	See instr	uctions			
			e, and average		mpensation	(d)	Contribution	s to	(e) Expe	neo ac	count
	(a) Name and address		rs per week ed to position		not paid, iter -0-)		yee benefit erred comp			allowan	
HA	NS BRUJIN	PRESID				Line son	5// CG GG///p				
	7 AIRPORT RD NAMPA, ID 83651		_	0							
	ALLEN	VICE PR	RESIDENT				.				
	5 OVERLAND RD MERIDIAN, ID 83642		2	o							
	RRY MATTISON	SECRE	ARY TREASURER			 					
	2 W HENDRICKS CT MERIDIAN, ID 83642	OLONE.	2	n							
	RY JOHNSON	BRD ME				<u> </u>					
	8 W USTICK RD MERIDIAN, ID 83642	DIVE INC	2	0							
2	Compensation of five highest-paid employe	es (oth			uded on li	ne 1 –	see insti	uctions	s) If n	one	entel
-	"NONE."	,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uucu on n		occ man	douom	., ··	J.1.0,	01110
			T		T		(d) Contrib	utions to			
	(a) Name and address of each employee paid more than \$50,0	000	(b) Title, and a		(c) Compe	nsation	employee	benefit	(e) Expe		
	1 - 7 - 1		devoted to po	osition	`` '		plans and compen		otner	allowar	ices
NO	NE		<u> </u>		 		-				
			1				1	i			
					 		<u> </u>				
								į			
			1		1						
							1				
			1		-		 				
		·——	-		<u> </u>		-				
atal	number of other employees paid over \$50,000 .		<u> </u>		<u> </u>		L				
ONA	number of other employees paid over \$30,000 .	 -	• • • • •	• •		<u> </u>			Form 9 9	n pr	(001

	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
376	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NC	NE .	

tal	number of others receiving over \$50,000 for professional services	
	number of others receiving over \$50,000 for professional services	
ar	IX-A Summary of Direct Charitable Activities	
Lief	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	I
	anizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	Mendian Dairy Days Parade - this activity is open to the public and	
•	provides educational information about the dairy industry. Approximately	[
•	30 thousand people attend the scheduled activities and events each year.	8916
2		
3		
4		
	IX-B Summary of Program-Related Investments (see instructions)	
_	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 .		
		}
_		-
2	······································	
		ļ
		<u> </u>
	they arrange volated investments. Can instruction	
All	other program-related investments. See instructions	
	other program-related investments. See instructions	
All	other program-related investments. See instructions	
All i	Add lines 1 through 3	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
ď	Total (add lines 1a, b, and c)	1d	
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	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
_	instructions)	4	
5 6	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
	Minimum investment return. Enter 5% of line 5	6	-4
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► x and do not complete this part.)	ounda	ations
1	Minimum investment return from Part X, line 6	1 4	
и 2а	Tax on investment income for 2017 from Part VI, line 5	1	
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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,		
	fine 1	7	
		<u> </u>	
Part	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	66633
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	
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	66633
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	66629
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whe	ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		
QNA			Form 990-PF (2017)

Form 990-PF (2017) Part XIII Undistributed Income (see instructions)

•		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI, line 7	Corpus	Years prior to 2016	2016	2017
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				1
а	From 2012				
b	From 2013				
С	From 2014				
d e	From 2015				,
f	Total of lines 3a through e	-			
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$ 66633		,		
а	Applied to 2016, but not more than line 2a .				}
b	Applied to undistributed income of prior years (Election required—see instructions)		/		!
С	Treated as distributions out of corpus (Election				
•	required—see instructions)			! !	1
d	Applied to 2017 distributable amount		,		
e	Remaining amount distributed out of corpus		,		
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:	/			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract	/	1		
	line 4b from line 2b	/			
C	Enter the amount of prior years' undistributed	7			
	income for which a notice of deficiency has	,'	,		i
	been issued, or on which the section 4942(a)	,/			j
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2016. Subtract line				1
	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				1
	required—see instructions)				l I
8	Excess distributions carryover from 2012 not				
Ū	applied on line 5 or line 7 (see/instructions).				!
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from/line 6a				
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014	1			1
С	Excess from 2015 ,	1			
d	Excess from 2016	1			
е	Excess from 2017 /]			

Form 0	MERIDIAN DAIRY & STOO	CK SHOWS IN	C		84-	1415321 Page 10
Part		tions (see instru	tions and Dart	VII A guartian O	\	Page 10
	If the foundation has received a ruling				}	
14	foundation, and the ruling is effective for				01/01/2012	
h	Check box to indicate whether the four		_			3) or (4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	oporating rounder	Prior 3 years	7011011 <u>[24</u> 10 12())(
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed					
b	85% of line 2a		 			
	Qualifying distributions from Part XII,					
	line 4 for each year listed	66633				66633
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	66633			1	66633
3	Complete 3a, b, or c for the					
	alternative test relied upon:					ß
а	"Assets" alternative test—enter	· \				
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)			<u> </u>		
	of minimum investment return shown in Part X, line 6 for each year listed.					
C	"Support" alternative test-enter.	1		į.		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	394	470			1922
Pari	XV Supplementary Information			he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		s.)			
1_	Information Regarding Foundation			/ .		
а	List any managers of the foundation was before the close of any tax year (but o					by the foundation
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
2	Information Regarding Contribution					_ :
	Check here ▶ ☐ If the foundation unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See in	oundation makes g				
			roop of the resure	n to tubor!	المالية المالية	Idrana a d:
а	The name, address, and telephone nu	imber or email add	ress of the perso	n to whom applica	LUORIS SROUID DE AC	iaressea.

SEE STATEMENT

- **b** The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Par 3.	Supplementary Information (continuous Grants and Contributions Paid During t	nued)	ed for Eur	ture Dayment	
		If recipient is an individual	Ed for Ful	ture rayment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
SI	EE STATEMENT				
	•				
		ļ			
					ļ
		<u> </u>			
					l i
		ļ	ļ		
			1		
			ļ		
		ļ			
			į		
	Total			▶ 3a	9782
b	Approved for future payment				
			1		
		ļ			
			Ì		
			1	}	
			1		
	Total			> 3b	

		PF (2017) VI-A Analysis of Income-Producing Ad	ativition				Page 12
		ass amounts unless otherwise indicated.	~	isiness income	Excluded by secti	on 512, 513, or 514	
Line	gic	ass amounts unless otherwise indicated.	(a) Business code	(b)	(c)	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Pro a b	gram service revenue:					
	С						
	đ						
	e f						
	g	Fees and contracts from government agencies		<u> </u>			
	Mei	mbership dues and assessments					
		rest on savings and temporary cash investments	900099	394	14		
		dends and interest from securities rental income or (loss) from real estate:	1,71 277	2	7 1 5 2 2 5		
-		Debt-financed property	1 1 1 1	81.		<u> </u>	177
		Not debt-financed property	900099		16	33400	
		rental income or (loss) from personal property					
		er investment income			-	-	
		income or (loss) from special events	531190	<u> </u>	06		-5430
		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	b .				<u> </u>		
	c d				}-		
	е						
		ototal. Add columns (b), (d), and (e)		394		33400	
		al. Add line 12, columns (b), (d), and (e)				13	28364
		71-B Relationship of Activities to the A		ent of Exemp	t Purnoses		·
Line	No. ▼					-A contributed in oses). (See instru	mportantly to the ctions.)
	10	FUNDS THE EDUCATIONAL ACTIVITIES					
	6_	HELPS FUND THE EDUCATIONAL ACTIVITIES AND MAINTA	AIN THE LOCATION O	OF THE EDUCATIONAL	ACTIVITIES		
			- 		· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·		
						· · · · · · · · · · · · · · · · · · ·	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		<u> </u>					
							
							
							.,
ONA		1		 			orm 990-PF (2017)

Part	XVII	Information Organization	n Regarding Tra	ınsfers to	o and Trans	actions	and R	elationshi	ps Wi	th N	onchar	itabl	е Ехе	mpt
1	ın se	ne organization d	lirectly or indirectly ther than section										Yes	No
а	Trans	sfers from the rep	orting foundation	to a noncl	haritable exen	npt orgar	nization (of:						1
												1a(1)		X
		ther assets .										1a(2)	ļ	Х
b		r transactions.												37
			a noncharitable ex	_					• •			1b(1)		X
			its from a nonchari equipment, or oth						• •			1b(2) 1b(3)		X
			rangements							• •		1b(3)		X
			rantees									1b(5)		X
			rvices or members									1b(6)		Х
	Shari	ng of facilities, ed	quipment, mailing	lists, other	r assets, or pa	aid emplo	yees .					1c		Х
d	If the	answer to any o	of the above is "Y	es," comp	olete the follo	wing sch	edule. C	Column (b)	should	l alwa	ays show	v the	fair n	arket
	value	of the goods, of	ther assets, or sen	vices give	n by the repo	rting four	ndation.	If the found	dation	recei	ved less	than	fair n	narket
(-)			on or sharing arran											
(a) Line	no (b) Amount involved	(c) Name of non	chantable ex	cempt organizatio	n	(d) Descrip	ption of transfe	ers, trans	saction	s, and shar	ring arr	angem	ents
	_	~												
		77.1.51		-			~~~	··· ···						
					*		···			··· · · · · ·				
		<u> </u>												
	+													
		<u></u> .	- · <u>·</u> ·		_						······			
														
	-		· · · · · · · · · · · · · · · · · · ·					.						
2a	Is the	foundation dire	ctly or indirectly a	ffiliated w	/ith, or related	to, one	or more	e tax-exem	pt org	anıza	tions			
	desci	ibed in section 5	01(c) (other than s	ection 50°	1(c)(3)) or in se	ection 52	7ን				[] Yes	s 🗵	No
b	If "Ye	s," complete the	following schedul	е										
		(a) Name of organi	zation		(b) Type of orga	nızatıon			(c) Des	cription	of relation	nship		
				+										
				 										
	Unde	r penalties of perjury, I	declare that I have exami	ned this return	n, including accom	panying sch	edules and	statements, and	d to the b	nest of i	my knowled	ge and	belief.	t is true.
Sign	corre	ct, and complete Deela	declare that I have exami aration of preparer (other t	taxpayer)	is based on all info	ormation of v	which prepa	arer has any kno	wledge		May the I	S dies	use the	rotum.
Here		44/ /	Meth	~>	6-211	₹	E. 7	dens	_	l	May the IF with the pr	eparer	shown	below?
	-	atere of officer or trus	itee		Date	Title				— I	See instruc	tions	⊠Yes	□No
Paid	• • •	Print/Type preparer	s name	Prepare	ssignature			Date	ا رم	Chack	(X) if P	TIN		
Prepa	arer	MICHELLE R	LAMBRIGHT	1	<u> </u>			U211	%	self-er	mployed]	P002	3345	54
Use (Firm's name ▶	MICHELLE R L	AMBRIGI	НТ СРА				Firm's	EIN ►	•			
		Firm's address ▶	23640 LANSIN	IG LANE	MIDDLETO	N, ID	83644		Phone	no.	(208)			
ONA											Fo	.m 90	n-Pi	(2017)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2017

Employer identification number

MERI	DIAN DAIRY &	STOCK SHO	WS INC	84-1415321			
Organization type (check one)							
Cilere -f		Continu					
Filers of	•	Section:					
Form 99	0 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		☐ 527 political organization					
Form 99	0-PF						
		4947(a)(1) no	nexempt charitable trust treated as a private founda	tion			
		501(c)(3) taxa	able private foundation				
Check if	your organization is	covered by the G	eneral Rule or a Special Rule.				
	nly a section 501(c)(7	•	nization can check boxes for both the General Rule a	and a Special Rule. See			
General	Rule						
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unle General Rule applies to this organization because it received nonexclusively religious, charitable, etc., co totaling \$5,000 or more during the year			tes, but no such tutions that were received of the parts unless the aritable, etc., contributions				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,							

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

MERIDIAN DAIRY & STOCK SHOWS INC

Employer identification number

84-1415321 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 MOUNTAIN AMERICA CREDIT UNION Person **Payroll** 5000 55 E FRANKLIN RD Noncash (Complete Part II for noncash contributions.) MERIDIAN, ID 83642 (a) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
MERIDIAN DAIRY & STOCK SHOWS INC

Employer identification number 84-1415321

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CASH	\$5000	06/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) **Employer identification number** Name of organization MERIDIAN DAIRY & STOCK SHOWS INC 84-1415321 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I Educational support of dairy days parade and related (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee NONE (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

990PF SUPPORTING STATEMENTS FOR 84-1415321

MERIDIAN DAIRY & STOCK SHOWS INC 84-1415321 1892 W HENDRICKS CT MERIDIAN, ID 83646

**** Schedule of Part I - Gross Profit or (Loss)

Description MERIDIAN DAIRY DAYS	Per Books	Income	Adj. Net Income -5430	Purposes		
	16052	21482	~5430			
**** Schedule of Part I - Lega	l Fees					
Description	Rev. & Exp.	Net Inv.	Adj. Net Income	Charitable Purposes		
LEGAL FEES	50	THEOME		50		
	50			50		
**** Schedule of Part I - Acco						
Description	Rev. & Exp.	Net Inv.	Adj. Net Income	Charitable		
PROFESSIONAL FEES	300	THEOME	THCOME	300		
	300			300		
**** Schedule of Part I - Taxe	s					
Description	Rev. & Exp.	Net Inv.	Adj. Net Income	Charitable		
PROPERTY AND IRRIGATION	35019	THEOME	THEOME	35019		
	35019			35019		
**** Schedule of Part I - Other Expenses						
Doggrintian	Rev. & Exp.	Net Inv.	Adj. Net	Charitable		
Description DAIRY DAYS EXPENSE	Per Books 21482		Income	Purposes 21482		
	21482			21482		

990PF SUPPORTING STATEMENTS FOR 84-1415321

MERIDIAN DAIRY & STOCK SHOWS INC 84-1415321 1892 W HENDRICKS CT MERIDIAN, ID 83646

**** Schedule of Part II - Land, Etc.

	BOY Book	EOY Book		
Description	Value	Value	EOY	FMV
BLEACHERS AND FAIR GROUNDS	184000	184000		2788800
	184000	184000		2788800

**** Schedule of Part II - Mortgages & Other Notes Payable

Description	Amount
DON NEWMAN	84872
	84872