efile GRAPHIC print - DO NOT PROCESS As Filed Data -**Return of Organization Exempt From Income Tax**

DLN: 93493123007219

OMB No 1545-0047

2017

Internal Revenue Service

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Open to Public Inspection

For the 2017 c	alendar year, or tax year beginning 07-01-2017 , and ending 06-30-201	8
Check if applicable	C Name of organization FRIENDS OF IDAHO PUBLIC TELEVISION INC	D Employer identification number
Address change	TALENDS OF IDATO POBLIC PELLVISION INC	82-0400218
□ Name change □ Initial return	Doing business as	
☐ Final return/terminated		E Telephone number
Amended return	Number and street (or P O box if mail is not delivered to street address) Room/suite 1455 N Orchard St	
☐ Application pending	City or town, state or province, country, and ZIP or foreign postal code	(208) 373-7220
	Boise, ID 837062239	G Gross receipts \$ 5,803,811
	F Name and address of principal officer	d Gross receipts \$ 3,003,011
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Form 990 (rt III Statement of Program Service Accomplishments							
Part III	Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>						
. Ruef	fly describe the organization's mission.							
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(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2017 Cat No 52283D

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Part	t IV	Checklist of Required Schedules (continued)			
				Yes	No
20a	Did the	e organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes	to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		e organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic iment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22		e organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, in (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	current	e organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's t and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," etc Schedule J	23		No
	the las	e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and sete Schedule K If "No," go to line 25a	24a		No
b	Did the	e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		e organization maintain an escrow account other than a refunding escrow at any time during the year ease any tax-exempt bonds?	24c		
d	Did the	e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Did the	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. The organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," are schedule L, Part I	25a		No
	that th	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and e transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "" complete Schedule L, Part I	25b		No
	former	e organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? "complete Schedule L, Part II"	26		No
27	contrib	e organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial nutor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of these persons? If "Yes " complete Schedule I. Part III	27		No

orm	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
_		•	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	ng 1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	o		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?	r, a 4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-		
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		No
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?	m 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time dur	ıng		
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966°	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	No
4a	bld the organization receive any payments for indoor tanning services during the tax year r	144		140

Form 990 (2017)						Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	throug dule O	h 7b below, i See instruct	and for a "No ions	" resp	onse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI						✓
Section	A. Governing Body and Management						
						Yes	No
1a Enter	r the number of voting members of the governing body at the end of the tax year	1a		28			
body	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O						

2

3

4

5

7a

7b

Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization delegate control over management duties customarily performed by or under the direct supervision

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

b Each committee with authority to act on behalf of the governing body?

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization become aware during the year of a significant diversion of the organization's assets?

of officers, directors or trustees, or key employees to a management company or other person? .

Enter the number of voting members included in line 1a, above, who are independent

Did the organization have members or stockholders? . . .

the following

Part VII

(F)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax vear

(C)

(D)

(E)

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

/RI

(A) Name and Title	Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficer	ss pers	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊌≑	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
(1) Jeff Fox President	0			x				0	0	0
(2) Roy Schiele First Vice President	0			х				0	0	0
(3) Laura Little Second Vice President	1 0			х				0	0	0
(4) Sheri Freemuth Secretary	0			x				0	0	0
(5) Joy Fisher Treasurer	1 0			×				0	0	0
				l						Form 990 (2017)

(A)

compensation from the organization \blacktriangleright 0

Part VII

(F)

(E)

Page 8

	Name and Title	Average hours per week (list any hours for related	than o	ne b	ox, un of tor/t	inle: ficer rust		son	compe fron organiza	rtable nsation n the ation (W- 9-MISC)	Reportable compensatio from related organizations (2/1099-MISO	I W-	Estimated amount of otl compensatio from the organization a		
		for related organizations below dotted line) for director related organizations below dotted line) for director related organizations below dotted line line line line line line line line						relat organiza	ed						
														_	
c -	Sub-Total	Part VII, Sectio		· .			*			0		0		0	
2	Total number of individuals (includin of reportable compensation from the			e list	ed a	bove	e) who	rec	eived mor	e than \$1	00,000	•			
3	Did the organization list any former	officer director	or trust	ee k	ev e	mple	ovee (or hi	ahest com	nensated	emplovee on		Yes	No	
_	line 1a? If "Yes," complete Schedule			•	•	•	• •	•			• •	3		No	
4	For any individual listed on line 1a, i organization and related organization individual										n the	4		No	
5	Did any person listed on line 1a rece services rendered to the organization											5		No	
Se	ection B. Independent Contrac	tors												_	
1	Complete this table for your five high											mpen	sation		
	· · ·	(A) and business addre		,							(B) ription of services		(C Comper		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(D)

(C)

(B)

Part \			ponse or note to any	/ line in this Part VIII	:		\square
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	s 1a	0		revenue		512-514
unts	b Membership dues .	. 1b	0				
	c Fundraising events	10	0				
IS. r Aı	d Related organization	s 1d	0				
⊒ i≅	e Government grants (cor	ntributions) 1e	0				
unons, er Sin	f All other contributions, of and similar amounts not above	gifts, grants, t included 1f	5,685,903				
Contributions, Gins, Grants and Other Similar Amounts	g Noncash contribution in lines 1a-1f \$	21	<u>,191</u>				
ه د	h Total.Add lines 1a-1f		 -	5,685,903			
표	2a		Busines	s Code			
4 K							
بر 1	b ————						
P X	d —						
3	e ————						
Program Service Revenue	f All other program serv	vice revenue			0	0	0
& ∣	gTotal. Add lines 2a-2f		>	0			
	3 Investment income (inc		, interest, and other	147.00			117.000
	similar amounts)		hand musasada	117,908		0	0 117,908
1	4 Income from investment 5 Royalties	nt or tax-exempt		· <u> </u>		0	0
		(ı) Real	(II) Personal	1			
	6a Gross rents		.,				
	h Less rental expenses			_			
	D Less Telltal expelises						
	c Rental income or (loss)		0	0			
	d Net rental income or	(loss)		_			
	a Net rental income of	(ı) Securities	(II) Other				
	7a Gross amount	(1) 0000111100	(ii) Gailei				
	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses C Gain or (loss)		0	0			
	d Net gain or (loss)		•	-1			
	8a Gross income from fur						
ne	(not including \$ contributions reported	0 of					
Other Revenue	See Part IV, line 18	· · · ·	a				
Re	b Less direct expenses		b				
er	c Net income or (loss) f	_	events	_			
†	9a Gross income from ga See Part IV, line 19						
	,		a				
	b Less direct expenses		ь				
	c Net income or (loss) f		rities •				
1	10aGross sales of invento returns and allowance						
			a				
	b Less cost of goods so	old	ь				
	c Net income or (loss) f		ntory ►				
<u> </u>	Miscellaneous R	Revenue	Business Code				
	11a						
	b						
	с						
	d All other revenue .						
	e Total. Add lines 11a-	11d	•				
	12 Total revenue. See I	Instructions .		5,803,81		0	0 117,908
				3,003,61	*1	<u>~1</u>	Form 000 (2017)

Form 990 (2017)					Page 10
Part IX Statement of Section 501(c)(3) and 501(c)(4	Functional Expenses l) organizations must complete all co	lumns All other orga	anızatıons must comp	plete column (A)	
Check if Schedule (O contains a response or note to any	line in this Part IX			🗆
Do not include amounts rep 7b, 8b, 9b, and 10b of Part		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistant domestic governments Se	ce to domestic organizations and ee Part IV, line 21				
2 Grants and other assistant IV, line 22	ce to domestic individuals See Part				
	ce to foreign organizations, foreign individuals See Part IV, line 15				
4 Benefits paid to or for me	mbers				
5 Compensation of current of key employees	officers, directors, trustees, and				
6 Compensation not include defined under section 495 section 4958(c)(3)(B)	d above, to disqualified persons (as 8(f)(1)) and persons described in				
7 Other salaries and wages					
	contributions (include section 401				
9 Other employee benefits					
10 Payroll taxes					
11 Fees for services (non-em	ployees)				_
a Management	i. i. i.				
b Legal					
c Accounting		60,413		208	60,205
e Professional fundraising se	-				
f Investment management	· · · · · · · · · · · · · · · · · · ·	40,147			40,147
g Other (If line 11g amount	exceeds 10% of line 25, column	9,380		3,412	5,968
(A) amount, list line 11g e	·				
12 Advertising and promotion	۱				
13 Office expenses					
14 Information technology .					
15 Royalties					
16 Occupancy					
17 Travel					
18 Payments of travel or ente federal, state, or local pub					
19 Conferences, conventions,	and meetings	603		500	103
20 Interest					
21 Payments to affiliates .	[
22 Depreciation, depletion, a	nd amortization				
23 Insurance		1,294		1,294	_
miscellaneous expenses ir	expenses not covered above (List I line 24e If line 24e amount Iolumn (A) amount, list line 24e				
a Organizational Members	hips	31,200	0	31,200	0
		4.047		0	4.047
b Promotional		4,847	0	0	4,847
c Program Services		5,100,429	5,100,429	0	0
d					
e All other expenses					
25 Total functional expens	es. Add lines 1 through 24e	5,248,313	5,100,429	36,614	111,270
26 Joint costs. Complete this reported in column (B) join educational campaign and	nt costs from a combined				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form **990** (2017)

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23

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Liabilities 22

Fund Balances

Assets or 30

Net

Cash-non-interest-bearing .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments—program-related See Part IV, line 11

Less accumulated depreciation

1

349,109

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0 14

0

0 20

0 21

0 22

0

0

0 25

17,340

5.738.638

3.433.581

9,172,219

9.189.559

17,340

5.151.556

9.189.559

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Beginning of year

Page **11**

311,189

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662,301

6.603.716

3.439.994

10,043,710

10.706.011

Form **990** (2017)

5.402.967

10.706.011

662,301

End of year

	2	Savings and temporary cash investments	3,121,611	2	4,406,778
	3	Pledges and grants receivable, net	560,488	3	579,450
	4	Accounts receivable, net	6,795	4	5,627
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
⋖	•	Drawerd arranges and defermed shares		_	0

10a

10b

Check if Schedule O contains a response or note to any line in this Part IX

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

No

Form 990 (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: 17005980 Software Version: v1.00

EIN: 82-0400218

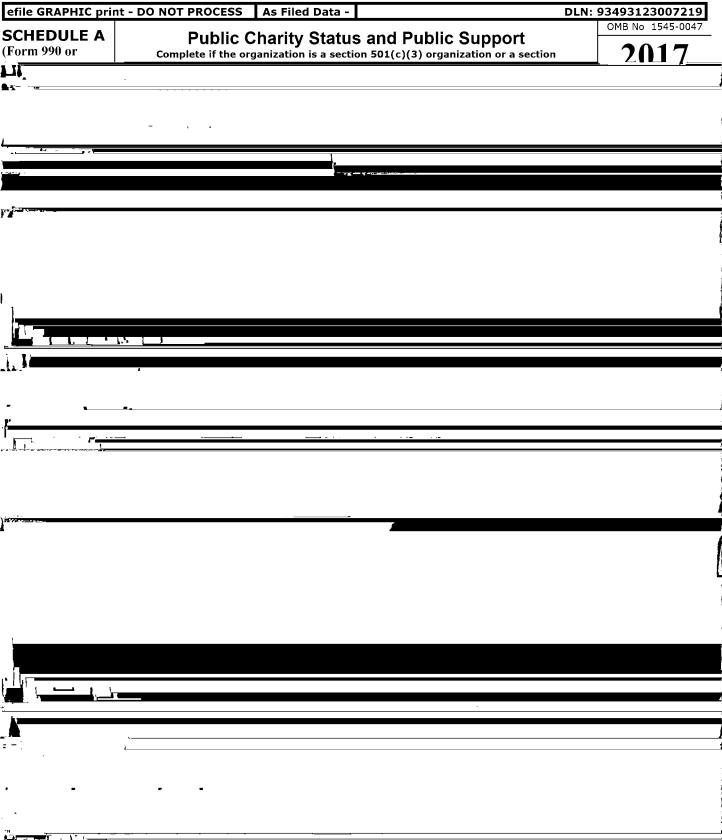
Form 990 (2017)

Form 990, Part III, Line 4a:

general operations

Name: FRIENDS OF IDAHO PUBLIC TELEVISION INC.

Program services include funding for personnel, operations, and capital purchases primarily related to local productions, TV content acquisitions, fundraising activities and



organization

instructions

supported organization

ightharpoons

▶□

Schedule A (Form 990 or 990-EZ) 2017

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fa	als to qualify und	der the tests list	ed below, please	e complete Part	III.)	
S	ection A. Public Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(-,	(-,	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-,	(1) 10001
•	Gifts, grants, contributions, and	5,117,496	5,508,758	5,519,006	5,475,655	5,685,903	27,306,818
	membership fees received (Do not include any "unusual grant")	3,117,490	3,300,730	3,319,000	3,473,033	3,063,903	27,300,010
2	Tax revenues levied for the	+					
•	organization's benefit and either paid						
	to or expended on its behalf						
}	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
ļ	Total. Add lines 1 through 3	5,117,496	5,508,758	5,519,006	5,475,655	5,685,903	27,306,818
	The portion of total contributions by	, ,					· · · · · · · · · · · · · · · · · · ·
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
,	Public support. Subtract line 5						27 206 916
	from line 4						27,306,818
S	ection B. Total Support						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
_	(or fiscal year beginning in) ▶	E 117 106	F F00 7F0	F F10 006	F 47F 6FF	E 60E 002	27 206 016
7	Amounts from line 4	5,117,496	5,508,758	5,519,006	5,475,655	5,685,903	27,306,818
8	Gross income from interest,						
	dividends, payments received on	130,233	101,078	106,723	111,185	117,908	567,127
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
0	Other income Do not include gain						
.0	or loss from the sale of capital						
	assets (Explain in Part VI)						
.1	Total support. Add lines 7 through						27.072.045
	10						27,873,945
2	Gross receipts from related activities,	etc (see instructio	ns)			12	
.3	First five years. If the Form 990 is fo	r the organization'	s fırst, second, thu	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nızatıon,
	check this box and stop here					<u></u> . ▶ □	
S	ection C. Computation of Public	Support Perce	entage				
.4	Public support percentage for 2017 (lin	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	97 965 %
5	Public support percentage for 2016 Sc	hedule A, Part II, li	ine 14			15	97 88 %
6a	33 1/3% support test-2017. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox
	and stop here. The organization quali						▶ ☑
h	33 1/3% support test—2016. If th				nd line 15 is 33 1/3	3% or more, check	
٠	box and stop here. The organization				,	•	ightharpoons
_	10%-facts-and-circumstances test				12 162 or 16h	and line 14	- -
/a	is 10% or more, and if the organization						
	in Part VI how the organization meets						

h 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

P	Support Schedule for	Organization	s Described in	Section 509(a)(2)		
	(Complete only if you c						er Part II. If
	the organization fails to ection A. Public Support	quality under t	ne tests listed i	below, please co	omplete Part II.)	
	Calendar year	() 2012	42224	() 2245	412 2046		(C) = 1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support				1		
	Calendar year	(-) 2012	(b) 2014	(a) 2015	(4) 2016	(-) 2017	(6) Tatal
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
i 🖳							
•					_		
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1 4.2							
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	1						
٠,							
C fr.——							

Page 4

5c

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7

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9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

	determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	40	()	

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	
С	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	40	
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	Part IV Supporting Organizations (continued)				
				Yes	No
11	11 Has the organization accepted a gift or contribution from any of the following persons	7			
а	a A person who directly or indirectly controls, either alone or together with persons des	cribed in (b) and (c) below, the			
	governing body of a supported organization?	1	1a		
b	b A family member of a person described in (a) above?	1	1b		
c	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or	c, provide detail in Part VI	1 c		
Se	Section B. Type I Supporting Organizations				
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations had elect at least a majority of the organization's directors or trustees at all times during the supported organization (s) effectively operated, supervised, or controlled to organization had more than one supported organization, describe how the powers to a trustees were allocated among the supported organizations and what conditions or repowers during the tax year	the tax year? If "No," describe in Part the organization's activities. If the appoint and/or remove directors or strictions, if any, applied to such	1		
2	Did the organization operate for the benefit of any supported organization other than operated, supervised, or controlled the supporting organization? If "Yes," explain in P	the supported organization(s) that	1		
	carried out the purposes of the supported organization(s) that operated, supervised o organization	or controlled the supporting	2		
56	Section C. Type II Supporting Organizations		Т	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a i	majority of the directors or trustees of	_	163	110
•	each of the organization's supported organization(s)? If "No," describe in Part VI hov	v control or management of the			
	supporting organization was vested in the same persons that controlled or managed t	he supported organization(s)	1		
Se	Section D. All Type III Supporting Organizations				
		_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided duri Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the prior tax year, (II) a copy of the the organization's governing			
			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e	lected by the supported organization			
he e	the exclusive purposes of this organization are (1) to benefit Idaho Public Television, an en	itity of the Idaho State Board of Education	n, wh	iich	~-
١	<u> </u>				
-					
•	<u> </u>				

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year

e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

7

4	Amounts paid to acquire exempt-use assets
5	Qualified set-aside amounts (prior IRS approval required)
6	Other distributions (describe in Part VI) See instructions
7	Total annual distributions. Add lines 1 through 6
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
9	Distributable amount for 2017 from Section C, line 6
10	Line 8 amount divided by Line 9 amount
	Section E. Distribution Allocations (see

8	Distributions to attentive supported organizations to who details in $\boldsymbol{Part\ VI})$ See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017 asonable cause required explain in Part VI) See instructions			

details in Fare FE) Bee instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			

d From 2015. e From 2016. f Total of lines 3a through e

instructions)

q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2

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

See instructio	ns		
lines 3h and 4	erdistributions for 2017 Subtract b from line 1 If the amount is greater blain in Part VI See instructions		
7 Excess distrib 31 and 4c	outions carryover to 2018. Add lines		
8 Breakdown of I	ine 7		
a Excess from 2	2013		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: 17005980 **Software Version:** v1.00

EIN: 82-0400218

Name: FRIENDS OF IDAHO PUBLIC TELEVISION INC.

Schedule A (Form 990 or 990-EZ) 2017	

Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V

instructions)	
Facts And Circumstances Test	

DLN: 93493123007219

OMB No 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Department of the Treasury

SCHEDULE D

(Form 990)

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection **Employer identification number**

	me of the organization ENDS OF IDAHO PUBLIC TELEVISION INC	Employer identification number				
FKI	ENDS OF IDAHO PUBLIC TELEVISION INC		82-0400218			
Pa	rt I Organizations Maintaining Donor Advi- Complete if the organization answered "Ye		r Accounts.			
	1	(a) Donor advised funds	(b)Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		vised funds are the			
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	conferring impermissible Yes No			
Pa	rt III Conservation Easements. Complete if th	ne organization answered "Yes" on Forn	n 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all that apply)				
	\square Preservation of land for public use (e g , recreation	n or education) \qed Preservation of an	historically important land area			
	Protection of natural habitat	Preservation of a c	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	m of a conservation Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified histori	c structure included in (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06, and not on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by	the organization during the			
4	Number of states where property subject to conservatio	on easement is located >				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations, Yes No			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co				
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conser-	vation easements during the year			
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 1	70(h)(4)(B)(ı)			
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	,			
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.			
_	<u> </u>					
<i>₽</i> ~~	lyes .					

Pal	Organization	s maintaining Coi	ections of Art, I	istori	cai ire	easur	es, or	Otner	Similar A	Assets (co	ontinued)	
3	Using the organization's items (check all that ap		n, and other records	check	any of t	he follo	owing th	nat are a	significani	t use of its	collection	
а	Public exhibition			d		Loan o	r excha	nge pro	grams			
b	Scholarly researc	h		e		Other						
c	Preservation for future generations											
4	Provide a description of Part XIII	the organization's col	ections and explain	how the	ey furthe	er the	organiz	ation's e	xempt pur	oose in		
5	During the year, did the assets to be sold to rais								nılar	☐ Yes		No
Pai		Custodial Arrange e organization answ		m 990	, Part 1	IV, lın	e 9, or	report	ed an am			
1a	Is the organization an a included on Form 990,	agent, trustee, custodia Part X?	an or other intermed	liary for	contrib	utions	or othe	r assets	not	Yes	. 🗆	No
Ь	If "Yes," explain the ari	rangement in Part XIII	and complete the fo	llowing	table					Amount		
С	Beginning balance	-	·	_				1c				_
d	Additions during the ye	ar						1d				
е	Distributions during the	vear						1e				
f	Ending balance	,						1f				
2a	Did the organization inc	clude an amount on Fo	rm 990, Part X, line	21, for	escrow	or cust	todial a	count li	ability?	☐ Yes	. 🗆	— No
h	-								,			NO
b	If "Yes," explain the arr			•							. ⊔	
-6	rt V Endowment	Funds. Complete if	(a)Current year		rior year			ars back	(d)Three y		(e) Four ye	ars hack
1a	Beginning of year balanc	e	5,447,679	(0)	5,076,			4,880,045		4,682,010		1,116,843
	Contributions		120,147			286		408,105	5	37,791		126,287
	Net investment earnings	. gains, and losses	430,493		567,			-27,513	В	70,650		621,980
	Grants or scholarships	- ·	0			0		(0		0
е	Other expenditures for fa		281,347		267,	166		184,123	3	-89,594		183,100
	Administrative expenses		0			0		(0		0
	End of year balance .		5,716,972		5,447,	678		5,076,514		4,880,045		1,682,010
2	Provide the estimated p		, , ,	/line 1								
a	Board designated or qu		12 %	(IIIIE I	y, coluit	III (a))	i ilelu as	•				
b	Permanent endowment											
U	Temporarily restricted e		0/2									
С	The percentages on line											
За			•	ion tha	t are he	ld and	adminis	stered fo	r the			
	organization by										Yes	No
	(i) unrelated organizati	ons								3a		No
	(ii) related organization						•			3a(No
b	If "Yes" on 3a(II), are the	-	·			•				. 3	Ь	<u> </u>
4	Describe in Part XIII the			wment	runas							
Pa		igs, and Equipmer e organization answ		m 990	Part 1	IV lın	e 11a	See Fo	rm 990 F	Part X line	10	
	Description of property	(a) Cost or oth (investme	er basıs (b) Cost		basis (ot				depreciation) Book val	ue
1a	Land											
	Buildings					\dashv						
	Leasehold improvements					+						
	Equipment					+						
	Other											
	al. Add lines 1a through 1		ual Form 990 Part	X. colu	nn (B)	line 10	2(c)) -		>			
	Indaco Id tillough I	= (co.a.m. (a) mast et	,	, colul	(5),	20	· (-/ / •	•			/ F 0	20) 2017

	See Form 990 Part Y line 12				
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tield equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990. P	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost or	end-or-year market value
(2)					
(3)					
4)					
5)					
6)					
(7)					
(8)					
(8)					
(9)	nn (b) must equal Form 990. Part X, col (B) line 13)				
(9) Fotal. (Colum	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
9) Total. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description		m 990, Part	IV, line 11d See	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization asserts.	on .			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, col (B) line 15	on .			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
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9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
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Part XI

2

3

2

Schedule D (Form 990) 2017

1

2e

Page 4

315,993

5,803,811

b d

Amounts included on line 1 but not on Form 990, Part IX, line 25

Add lines 2a through 2d . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d Add lines **2a** through **2d**

2a

2a 2b

2c

2d

2e 3

315.993

0

			1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0					
b	Other (Describe in Part XIII) 4b 0					
c	Add lines 4a and 4b	4c				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5				
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	Returi	n.			
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1				

4c	1
5	5,803,81
Returi	n.
1	5,248,31

Schedule D (Form 990) 2017

3 Subtract line 2e from line 1						3	5,248,313
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		0		
b	Other (Describe in Part XIII) .		4b		0		
c	Add lines 4a and 4b		٠.			4c	0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	5,248,313		
Pai	t XIIII Supplemental Info	ormation					
		art II, lines 3, 5, and 9, Part III, lines 1a and a 2d and 4b Also complete this part to provide				V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation			
See A	Additional Data Table						

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005980 **Software Version:** v1.00

EIN: 82-0400218

Name: FRIENDS OF IDAHO PUBLIC TELEVISION INC.

Supplemental Information

Return Reference Explanation

The purpose of the Endowment is to support local productions, programming and capital needs Schedule D, Part V, Line 4

efile GRAPHIC print - DO NOT PROCESS			93493123007219		
SCHEDULE O (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Department of the Treasur. Department of the Treasur. Department of the Treasur. Department of the Treasur.				2017 Open to Public Inspection	
	anization D PUBLIC TELEVISION INC E O, Supplemental Informatio	n		Employer identif 82-0400218	fication number
Return Reference			Explanation		
Form 990, Part VI, Section B, Line 11b	The tax forms are completed by a semember of the accounting departmenthen distributed electronically to evecussion are done electronically as the arterly board meetings. The general	nt, corrections are ma ry member of the boa ne timing of the tax ret	ade if necessary All tax forms are rd for review Questions and dis urns does not coincide with qu	e	

Return Explanation

Form 990,
Part VI,
Section B,
Line 12c

New employees and board members are required to complete a conflict of interest form at hi
re The human resources team requests changes and monitors records. The board is asked for
changes or updates annually. Additionally, conflicts of interest are reviewed during an a
nnual financial audit conducted by an outside audit team.

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	This organization does not have employees. However, through an operating agreement with Id aho Public Television, the general manager is hired by and reports to the Idaho State Boar d of Education. They conduct a national search and make all hiring decisions including com pensation, which conform to state laws and policies of the Idaho Division of Human Resourc es. All other officers and key employees are hired through a national search for candidate s. Hiring and compensation conform to state laws and policies of the Idaho Division of Human Resources.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 1a

Form 990,
Part VII,
Section A.

This organization does not have employees See http://idahoptv.org/about/friends/ for additional compensation information of Idaho Public Television officers and employees