Form 9.90-PF

Return of Private Foundation

1912

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

For calendar year 2019 or tax year beginning 2019, and ending A Employer identification number L & M WILLIAMS FAMILY FOUNDATION 26-2029619 Number and street (or P.O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO BOX 0634 503-464-3580 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . MILWAUKEE, WI 53201-0634 G Check all that apply: Initial return of a former public charity Initial return D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach X Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method: X Cash I Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > **16**) ▶ \$ 13, 958, 101. (Part I, column (d), must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes income ıncome may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 12,000,000 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to 2 Check ▶ attach Sch B. 3 Interest on savings and temporary cash investments. STMT. 8,600 8,600 Dividends and interest from securities 4 Gross rents Net rental income or (loss) 453 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a THE STATE 272,803 4,453 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. 4267 Income modifications Gross sales less returns and allowances . . . 10a Less Cost of goods sold . krighdialliai SCANNED APR Gross profit or (loss) (attach schedule) STMT 121 121 11 Other income (attach schedule) . . . 174 ,174 12.013 12 Total. Add lines 1 through 11 2.720 302 13 Compensation of officers, directors, trustees, etc . . . NONE NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits 35,812 NONE NONE 35,812 Legal fees (attach schedule) . . . STMT . 3 . 16a 3,000 NONE NONE 3,000 Accounting fees (attach schedule) STMT 4. inistrative C Other professional fees (attach schedule) . . . 17 Taxes (attach schedule) (see instructions). 5. 5,846 2,350 18 19 Depreciation (attach schedule) and depletion. Admi Occupancy 20 NONE NONE Travel, conferences, and meetings. 21 NONE NONE Printing and publications 22 73 24 510 Other expenses (attach schedule) STMT. 6. 510 Total operating and administrative expenses. 48,191 5,070 NONE 39,624: Add lines 13 through 23. Ö 25 797,517. 797,517 Contributions, gifts, grants paid . . . ! . : . 845,708 5,070 NONE 837,141 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 10,167,466 网络欧洲科斯 b Net investment income (if negative, enter -0-) 8,104 TAL 数型的数字数据数 c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions

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Form **990-PF** (2019)

	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	of year
			description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\exists	1	Cash - non-interest-beari	ng	127.		
1			cash investments	1,683,679.	104,333.	104,333.
			3	Carlottan Carlottan and and and and an analysis and a		
			otful accounts >	2,413.		
						English Carlotte Company
İ			otful accounts >	,	11.77	1
l						
			officers, directors, trustees, and other	•		
ı			ach schedule) (see instructions)			
		•	eceivable (attach schedule)		F	
			btful accounts ► NONE			
छ			se			
Assets			eferred charges			
As			government obligations (attach schedule)			,
		•	stock (attach schedule) . STMT .7		,	•
.	С	investments - corporate	bonds (attach schedule) . STMT .8	212,378.		
	11	Investments - land, building and equipment basis				
		Less accumulated deprecia (attach schedule)	ation >			
		•	loans			
	13	Investments - other (atta	ach schedule) STMT .9	1,844,707.	2,073,631.	13,853,631
- 1		Land, buildings, and equipment basis	>	37 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chilards Many 1	
		Less accumulated deprecia (attach schedule)	ation			, <u> </u>
			O00000000 MISCELLANEOUS ENTRY)		137	137
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see p	age 1, item l)	3,790,626.	2,178,101.	13,958,101
	17	Accounts payable and a	accrued expenses			
	18	Grants payable			<u> </u>	
es	19	Deferred revenue				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ξ	20	Loans from officers, directo	ors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other no	otes payable (attach schedule)			
ij	22	Other liabilities (describe	e ▶)			
_	23	Total liabilities (add line	es 17 through 22)		NONE	
S			v FASB ASC 958, check here			
nces		and complete lines 24,	25, 29, and 30.			
ala	24	Net assets without done	or restrictions		<u> </u>	4" "" "" "" " " " " " " " " " " " " " "
or Fund Bala	25	Net assets with donor re				
ur			allow FASB ASC 958, check here			
Ę,		and complete lines 26 thr		2 700 606	0 170 101	
		•	cipal, or current funds	3,790,626.	2,178,101	· 医一种 · · · · · · · · · · · · · · · · · · ·
Assets			r land, bidg , and equipment fund	 ,	· - ·	
SS		_	lated income, endowment, or other funds	2 700 606	2 170 101	
t A	29		d balances (see instructions)	3,790,626.	2,178,101	
Net	30		net assets/fund balances (see	2 700 (26	2 170 101	
				3,790,626.	2,178,101	A CLASSE AND ADDRESS CONTRACTOR
	art III		nges in Net Assets or Fund Bala		must seres with	T
1			balances at beginning of year - Part d on prior year's return)			3,790,626.
•				10,167,466.		
_			line 27a		3	9.
3			ded in line 2 (itemize) - SEE SIA			13,958,101.
4			n line 2 (itemize) ► FMV/COST ADJ ON C			11,780,000.
5			alances at end of year (line 4 minus			2,178,101.
_6	TOTA	i net assets of fulld D	aidines at end of year time 4 minus	inio oj - i art ii, colulim (i	O), IIII 23 0	Form 990-PF (2019)

	t IV Capital Gains	and Losses for Tax on Inve	estment Income		-	rage U
ı aı	(a) List and des	cribe the kind(s) of property sold (for e ick warehouse, or common stock, 200	xample, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		D - Donation		
Ь						
<u> </u>						
<u>d</u>						
<u>e</u>	 	(0 B	(g) Cost or other basis		(5) Cara as (1a	1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	ıs (g))
<u>a</u>			268,350.			4,453.
<u>b</u>						
		 		<u> </u>		
<u>d</u>				<u> </u>		
<u>е</u>		owing gain in column (h) and owned b	the foundation on 12/31/69		C /C-1 /h)	
		(j) Adjusted basis	(k) Excess of col. (i)		Gains (Col. (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	
a						4,453.
b		_				
c						
d						
<u> e</u>				· ·		
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		4,453.
3		ain or (loss) as defined in sections	•			
	<u> </u>		tructions. If (loss), enter -0- in			
		1.0		3		
			uced Tax on Net Investment In section 4940(a) tax on net investn		·-····	-
Was			outable amount of any year in the b o not complete this part.	ase perio	d?	Yes X No
1	Enter the appropriate an	nount in each column for each yea	r; see the instructions before making	ng any en	tries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col. (b) divided by	
	2018	845,128.	4,236,101.			0.199506
	2017	411,920.	3,898,558.			0.105660
	2016	481,026.	4,101,596.			0.117278
	2015	651,730.	4,884,418.			0.133430
	2014	1,014,810.	5,586,252.	ļ _r		0.181662
2				2		0.737536
3	•	·	le the total on line 2 by 5.0, or by			0 145505
	the number of years the	foundation has been in existence	if less than 5 years	3		0.147507
4	Enter the net value of no	oncharitable-use assets for 2019 fr	rom Part X, line 5	4	8,	392,100.
5	Multiply line 4 by line 3.			5	1,	237,893.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		81
7	Add lines 5 and 6			7	1,	237,974.
8	Enter qualifying distribut	ions from Part XII, line 4		8		837,141.
	If line 8 is equal to or g Part VI instructions.	reater than line /, check the box	in Part VI, line 1b, and complete	tnat part	using a 1% tax	rate. See the

5		
	26-2029619	

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	81.
	here X and enter 1% of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
•	Part I, line 12, col. (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
3	Add lines 1 and 2	81.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	81.
6	Credits/Payments Credits/Payments	
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,380.	
b	Exempt foreign organizations - tax withheld at source	
С	Tax paid with application for extension of time to file (Form 8868) 6c NONE	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	2,380.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	2,299.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 84 . Refunded ▶ 11	2,215.
Pari	VII-A Statements Regarding Activities	
1a	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 X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	,
	instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	
	published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	(1) On the foundation ► \$(2) On foundation managers ► \$	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers. • \$	Section 1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS7	2 X
	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	and district and district and district
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
_	If "Yes," attach the statement required by General Instruction T.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6 X
_	conflict with the state law remain in the governing instrument?	7 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	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	1
,	If the appropriate North to have 7 here the foundation formulated a population of Farm 000 PF to the American Constitution	and the same of th
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b X
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation	
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"	mes-sensit multi-sum-us fac-diminal
	•	9 X
	complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10 X
	names and addresses	orm 990-PF (2019)

Pari	VII-A Statements Regarding Activities (continued)			
		. 1	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		-	1
-	person had advisory privileges? If "Yes," attach statement See instructions	. 12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ▶N/A			
14	The books are in care of ▶ US BANK Telephone no ▶ (503) 464	<u>1 - 358</u>	10	·
	Located at ► 555 SW OAK, PORTLAND, OR ZIP+4 ► 97204			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		1	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authorit	у	Yes	No
	over a bank, securities, or other financial account in a foreign country?			X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	f 智力的	, , , 1631 L	1 1 1
	the foreign country		-17.753	" 13" I
_Par	_VII-B_ Statements Regarding Activities for Which Form 4720 May Be Required	ير دوريا داري	1 1/2-	- I
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1,4	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	1, 1,	<u>.</u> L.J.,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	2 1 10,5		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
	disqualified person?			r 1, "
	7	*, *,		2 1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	the benefit or use of a disqualified person)?	, "u,i_," ii	30 40° 13	,
	foundation agreed to make a grant to or to employ the official for a period after	10.75	12.71	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	termination of government service, if terminating within 90 days.)	3 , 4	,-,,,	30
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	* # i i p	1,5 1,5,5	3.49(1)
b	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b	i ilmi unitika	X
	Organizations relying on a current notice regarding disaster assistance, check here	F 11 3	1 t z 1	-, 'F #
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 -	,	
_	were not corrected before the first day of the tax year beginning in 2019?	. 1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	" " 117	in hand	13-34
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1,113 3	24,	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	- "J" _{[1} ", "	1,2-1,5	, reserve
	6d and 6e) for tax year(s) beginning before 2019?	,; "r=5	\$100 PM	
	If "Yes," list the years \blacktriangleright	11.11		
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	Jan P		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	- 15 J ^b	الأدادة.	
	all years listed, answer "No" and attach statement - see instructions)	. 2b		2.514
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	5 1 1/2		
)	7 1 331 E	7,11,15	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	, 's,35 21	Kā	
	at any time during the year?	11. T	1.11.15	
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation of	4		-1,33,100 -1,000
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	5,5,1,0,0
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			£, ; , , , , , , , , , , ,
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		شُنتُ شا	لتشنفتا
	foundation had excess business holdings in 2019.)	. <u>3b</u>	↓	 ,,
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	1 77 1 2	14. 11	X 5 1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	<u> </u>	<u> X</u>

Part	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (contin	nued)			
5a	During the year, did the foundation pay or incur any amo	unt to				1-1,	Yes N	0
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (sectio	n 4945(e))?	. Yes	X No	, , ,	, i = 1,2,	
	(2) Influence the outcome of any specific public ele	ction (see section	4955), or to carry or	n, <u> </u>				î.,
	directly or indirectly, any voter registration drive?							1
	(3) Provide a grant to an individual for travel, study, or of	X No	, , , , , , , , , , , , , , , , , , ,					
	(4) Provide a grant to an organization other than a		1 1 1 1		. Ì			
	section 4945(d)(4)(A)? See instructions	X No	1 452					
	(5) Provide for any purpose other than religious, ch		1.					
	purposes, or for the prevention of cruelty to children	or animals?		. Yes	X No	174		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions desc	ribed in	dolama a	ارات العائلية التاريسيسية	
Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions								
	Organizations relying on a current notice regarding disas	ter assistance, check	here		▶	;		21
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax			, , , , , , , , , , , , , , , , , , ,	
	because it maintained expenditure responsibility for the	grant?		Yes	No			7,7
	If "Yes," attach the statement required by Regulations see	ction 53.4945-5(d).				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
6a	Did the foundation, during the year, receive any fun	ds, directly or indir	ectly, to pay premiui	ms	_		- "3 - "	, 4
	on a personal benefit contract?			Yes	X No	<u> </u>	و 1 حور اماد المسافة	
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	act?		6b		X
	If "Yes" to 6b, file Form 8870.					, , , , =		
7a	At any time during the tax year, was the foundation a part				X No	- ×		
þ	If "Yes," did the foundation receive any proceeds or have	•		ion?		7b	-1	
8	Is the foundation subject to the section 4960 tax on payer					2, , , ;		,
_	remuneration or excess parachute payment(s) during the Information About Officers, Director				X No		* 1,	
	and Contractors	<u></u>				oyees,		
1	List all officers, directors, trustees, and foundation	n managers and ti	neir compensation. (c) Compensation	See instructio				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefi and deferred comp	t plans	(e) Expens other all		
LARRY	WILLIAMS	TRUSTEE						
PO BO	X 8126, BOISE, ID 83707	1	-0		-0-		-0	-
US BA		AGENT						
PO BO	X 3168, PORTLAND, OR 97208	1	3,023.		-0-		-0	
	•							
	<u> </u>							
								_
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see in	struction	ns). If no	one, ent	ter
2	Compensation of five highest-paid employees "NONE."	 	e included on lin	(d) Contribution	onsto			
	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on lin	(d) Contribution employee be plans and def	onsto nefit erred	(e) Expens	e account,	
	"NONE."	(b) Title, and average		(d) Contribution	onsto nefit erred	(e) Expens	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribution employee be plans and def	onsto nefit erred	(e) Expens other allo	e account,	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribute employee be plans and def compensate	onsto nefit erred	(e) Expens other allo	e account, owances	
NON]	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation NONE	(d) Contribution employee be plans and deformensate NONE	onsto nefit erred ion	(e) Expens other all	e account, owances	

n	D~~	
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3 Five highest-paid independent contractors for professional services. See instructions. If none	, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of	
NONE	NONE
NONE	NONE
to the second se	NONE
otal number of others receiving over \$50,000 for professional services	► NONE
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such a organizations and other beneficiaries served, conferences convened, research papers produced, etc	the number of Expenses
1NONE	
2	
3	
1	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 NONE	
2	
	
All other program-related investments. See instructions	
3 NONE	

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn fol	indations,
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	138,333.
	Average of monthly cash balances	1b	381,565.
	Fair market value of all other assets (see instructions)	1c	8,000,000.
d		1d	8,519,898.
e	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	NONE
3	Subtract line 2 from line 1d	3	8,519,898.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
•	instructions)	4	127,798.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,392,100.
6	Minimum investment return. Enter 5% of line 5	6	419,605.
_	IXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	419,605.
	Tax on investment income for 2019 from Part VI, line 5 2a 81.		
2 a h	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
	Add lines 2a and 2b	2c	81.
3	Distributable amount before adjustments. Subtract line 2c from line 1	$\overline{}$	419,524.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	419,524.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	419,524.
Par	t XII 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	1,837,141.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,837,141.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		1
	Enter 1% of Part I, line 27b. See instructions	5	81.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,837,060.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculatır	ng whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2019)

Undistributed Income (see instructions) Part XIII (b) (c) (d) (a) 2018 2019 Corpus Years prior to 2018 1 Distributable amount for 2019 from Part XI, 419,524 2 Undistributed income, if any, as of the end of 2019 NONE a Enter amount for 2018 only. NONE **b** Total for prior years 20_____,20____,20____ 3 Excess distributions carryover, if any, to 2019: 741,543. a From 2014 402,686. **b** From 2015 276,496 c From 2016 <u>218,25</u>3 d From 2017 638,083. e From 2018 2,277,061 4 Qualifying distributions for 2019 from Part XII, line 4. \triangleright \$ ____1,837,141. NONE a Applied to 2018, but not more than line 2a . . . b Applied to undistributed income of prior years NONE (Election required - see instructions) c Treated as distributions out of corpus (Election NONE 419,524 d Applied to 2019 distributable amount 1,417,617 e Remaining amount distributed out of corpus. . . Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same NONE NONE amount must be shown in column (a)) Enter the net total of each column as indicated below: 3,694,678 a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract NONE line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) NONE tax has been previously assessed d Subtract line 6c from line 6b. Taxable NONE amount - see instructions e Undistributed income for 2018. Subtract line 4a from line 2a Taxable amount - see NONE f Undistributed income for 2019. Subtract lines 4d and 5 from line 1 This amount must be NONE distributed in 2020........ 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 NONE required - see instructions) 8 Excess distributions carryover from 2014 not 741,543 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2020. 2,953,135 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. 402,686. a Excess from 2015 . . . 276,496. b Excess from 2016 . . . 218,253 c Excess from 2017 . . . 638,083 d Excess from 2018 . . . 1,417,617 e Excess from 2019 . . .

Form 990-PF (2019)

Form 990-PF (2019)

Page 9

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

factors:

3 Grants and Contributions Paid Duri	onunuea)	oved for	Future Payment	
Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a fall daring the year				
SEE STATEMENT 16				1,797,517.
_				
Total	<u> </u>		▶ 3a	1,797,517
b Approved for future payment				
´ Total				

Part XVI-A Analysis of Income-Produ	icing Acti	vities			
Enter gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
_	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue.					toee mandenona.
a b					-
d					
e	_				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			14	8,600.	
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			1		
8 Gain or (loss) from sales of assets other than inventory			18	4,453.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory .	·				
11 Other revenue. a			1	101	
b MISC REFUND			1	121.	
c					
d			1		
e				13,174.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculated)					13/11/1
Part XVI-B Relationship of Activities		ccomplishment of E	xempt Pur	poses	
Explain below how each activit accomplishment of the foundation					
				· · · · · · · · · · · · · · · · · · ·	
		NOT APPLICABI	ĿΕ		
					
				<u> </u>	
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					5 990-PE (2010)

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Part XVII	Information	Regarding	Transfers	to an	d Transactions	and	Relationships	With	Noncharitable	Exempt
	Organization	าร								

1	Did th	e organization	directly	y or indirectly	engage in	any of the fo	llowing	with a	ny other	organiza	tion described	1	Yes	No
		ction 501(c)								_				
		zations?	•			. .	•			•				
а	-	ers from the re	nortino	foundation to	a nonchai	ritable exempt	organi	zation of	f:					
_		sh					_					. 1a(1)		X
		her assets										. 1a(2)		X
.		transactions										110(2)		
U		les of assets to	2 200	sharitable aven	ant organi	zation						15/1\		X
		rchases of asse												X
		ntal of facilities												X
														X
		ımbursement a												X
		ans or loan gua												X
		rformance of s												X
		g of facilities, e												
d		answer to any												
		of the goods,			_	•	-							
		in any transact	- 1		·									
(a) L	ine no	(b) Amount invo	olved	(c) Name of	noncharitable	exempt organizat	tion	(d) De:	scription of	f transfers, tr	ansactions, and s	haring arra	ingeme	nts
						_								
				• • • •										
													-	
							-							
22	le the	foundation di	rootly o	or indirectly of	filiated wi	th or related	to on	o or mo	re tay-ex	emnt or	ranizatione			
Za		bed in section		•								\Box	es 🔼	No
L		;," complete the			CHOIL SO II	C)(3)) OI III Set	52	2/1				٠ لــــا٠	es <u></u>	A IAO
	II TES	(a) Name of org				(b) Type of organi	zation		-	(c) De	scription of relati	onshin		
		(a) Name of Org	Jarrization		'	(b) Type of organi	2811011			(6) 56	sacription of relati	Onsinp		
	1			a share I have a second				h - dolor			has at any based	-4 4 9	aliaf is	
		r penalties of perjur ct, and complete Decl									best of my knowl	ecge and i	Jener, It	is true,
Sigi	n 📐	\checkmark			1		\				May the	IRS discus	s this	return
Her	∠ا ۵	P Tes			1	10/19/2020		TRUSTEE with the prepa		preparer :	hown _			
161	Sig	nature of officer or	trustee		Da	te		Title			See instruc	tions X	Yes	No
	99	9004												
 Paic	1	Print/Type prepa	arer's nar	me	Prepare	er's signature	ID		Date		Check X If	PTIN		
		JOSEPH J	Г. <u>СА</u> :	STRIANO		1			10/	19/202) self-employed	P012	<u>516</u> 0)3
Pre	parer	Firm's name ▶ PRICEWATERHOUS COOPERS LLP							Firm	n's EIN ► 13	-4008	324		
Use Only		Firm's address	▶60	O GRANT ST	REET									
	•			TTSBURGH,	PA		152	219		Pho	ne no 412-	355-6	000	
		<u> </u>			 			·		1 1		Form 99		(2019)

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/Form990for the latest information. OMB No 1545-0047

2019

Employer identification number

26-2029619 L & M WILLIAMS FAMILY FOUNDATION Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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) filing Form 990 or 990-EZ that received from any one 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 received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
L & M WILLIAMS FAMILY FOUNDATION

Employer identification number 26-2029619

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part 1 (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X L & M WILLIAMS Person Payroll 12,000,000. PO BOX 8126 Noncash (Complete Part II for BOISE, ID 83707 noncash contributions) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Name of organization

L & M WILLIAMS FAMILY FOUNDATION

Employer identification number

26-2029619

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_	118.58 ACRES OF REAL PROPERTY MERIDIAN, ID		
		\$ 12,000,000.	05/10/2019
(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
		\$	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	51. 164. 275. 35. 8,071.	8,600.
REVENUE AND EXPENSES PER BOOKS	51. 164. 275. 35. 8,071.	8,600.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS CORPORATE INTEREST	TOTAL

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

MISC REFUND

: 42
: 24
18
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NET INVESTMENT INCOME		121	l I
REVENUE AND EXPENSES PER BOOKS	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	121	121.
			TOTALS

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PART	
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CHARITABLE PURPOSES	35,812. 35,812. ====================================
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	======================================
REVENUE AND EXPENSES PER BOOKS	35,812. 35,812. ====================================
DESCRIPTION	LEGAL FEES - PRINCIPAL (ALLOCA TOTALS

CHARITABLE PURPOSES	3,000.
ADJUSTED NET INCOME	======================================
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	3,000.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

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NET INVESTMENT INCOME	17.	2,350.
REVENUE AND EXPENSES PER BOOKS	1,116. 2,380. 2,333.	5,846.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES PROPERTY TAXES	TOTALS

OTHER EXPENSES	
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PART	
990PF,	
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REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1
		-	DESCRIPTION	

510.

TOTALS

OTHER MISC EXPENSES

CHARITABLE PURPOSES

510.

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26-2029619

BEGINNING BOOK VALUE

FORM 3990PF, PART II - CORPORATE STOCK
DESCRIPTION
ISHARES CORE MSCI EMERG MKTS T ROWE PRICE MID CAP GRWTH FD
VANGUARD 500 INDEX ADMIRAL
CAMBIAR INTL EQUITY FUND INS
CAUSEWAY EMERGING MARKETS INST
NEUBERGER BERMAN LONG SH INS
ROBECO BOSTON PARTNERS L S RSR
INVESCO FISE KAFI

, 07	,41	2,528.	,91	, 77	, 65	,43	, 28	, 78	, 74	, 71	

47,322.

TOTALS

L & M WILLIAMS FAMILY FOUNDATION

BONDS
CORPORATE
1
H
PART
.990PF,
FORM

BEGINNING BOOK VALUE	15,295. 23,566. 16,727. 16,790. 20,000. 25,000. 25,000. 15,000. 10,000.	212,378.
		TOTALS
DESCRIPTION	ISHARES IBCNDS DEC 2019 ISHARES IBCNDS DEC 2020 ISHARES IBONDS DEC 2021 ISHARES IBONDS MAR 2020 JPM 24M SPX 3/31/2020 RBC 24M SPX 6/3/2020 RBC 24M SPX 6/3/2020 RBC 24M EFA 2/28/2020 RBC 24M EFA 2/28/2020 RBC 24M EFA 3/31/2020 BMO 24M EFA 3/31/2020 BMO 24M EEM 3/31/2020	

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L & M WILLIAMS FAMILY FOUNDATION

26-2029619

FORM . 990PF, PART II - OTHER INVESTMENTS

) DESCRIPTION 	COST/ FMV C OR F	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
D.R. EL DORADO LLC \FARMLAND	† ບບ	1,844,707.	1,853,631. 220,000.	1,853,631.
	TOTALS ==	1,844,707.	2,073,631.	ii

FORM 990PF, P.	ART I	II -	OTHER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES	
==========	=====	=====	=====	:==== = ==	====	====	======	====	====	=======	
DESCRIPTION										AMOUNT	
NUVEEN EARN-O'ROUNDING ADJ	UT PA	YMENT	<u>ר</u>								8.
				TOT	AL						9.
										=========	===

RECIPIENT NAME:

IDAHO FREEDOM FOUNDATION

ADDRESS:

802 W BANNOCK ST, STE 405

BOISE, ID 83702

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

BRONCO ATHLETIC ASSOCIATION

ADDRESS:

1910 UNIVERSITY DR

BOISE, ID 83725

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHRIST THE KING

ADDRESS:

PO BOX 730

CANYON COUNTY, ID 83660

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 74,747.

SERVICE STATES OF THE SERVICE
RECIPIENT NAME:

MIDVALE SWIMMING POOL

ADDRESS:

PO BOX 4

MIDVALE, ID 83645

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,000.

RECIPIENT NAME:

SAINT ALPHONSUS FOUNDATION

ADDRESS:

1055 N CURTIS RD.

BOISE, ID 83706

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PROTECT THE HARVEST

ADDRESS:

PO BOX 10116

COLUMBIA, MO 65205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

 RECIPIENT NAME:

THE COLLEGE OF IDAHO

ADDRESS:

2112 CLEVELAND BLVD.

CALDWELL, ID 83605

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

MIDVALE EMT'S

ADDRESS:

PO BOX 131

MIDVALE, ID 83645

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MIDVALE CHURCH OF CHRIST

ADDRESS:

P.O. BOX 157

MIDVALE, ID 83645

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

13

AMOUNT OF GRANT PAID

STATEMENT 14

ADDRESS:

NONE

RELATIONSHIP:

PURPOSE OF GRANT: GENERAL OPERATING

10 S RIVER STREET MIDVALE, ID 83645

FOUNDATION STATUS OF RECIPIENT:

1,000.

RECIPIENT NAME:

TREASURE VALLEY CLASSICAL ACADEMY

ADDRESS:

500 SW 3RD STREET FRUITLAND, ID 83619

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 110,000.

RECIPIENT NAME:

VALLEY COUNTY SHERIFF'S DEPARTMENT

ADDRESS:

107 W SPRING STREET

CASCADE, ID 83611

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NATIONAL OLD TIME FIDDLERS

ADDRESS:

PO BOX 447

WEISER, ID 83672

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

L&M WILLIAMS FAMILY FOUNDATION 26-2029619 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

FELLOWSHIP OF CHRISTIAN ATHLETES

ADDRESS:

6809 LEISURE LANE NAMPA, ID 83687

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:

PARMA SCHOOL DISTRICT #137

ADDRESS:

805 E. MCCONNELL ST.

PARMA, ID 83660

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NAMPA CHRISTIAN SCHOOLS

ADDRESS:

11920 W FLAMINGO AVE

NAMPA, ID 83651

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

1,797,517.

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