Form 990-PF

Lopartment of the Treasury Internal Revenue Service

Return of Private Foundation

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

1912

OMB No 1545-0047

2019

Do not enter social security numbers on this form as it may be made public

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

Open to Public Inspection

For calendar year 2019 or tax year beginning and ending Name of foundation A Employer Identification number S R Simplot Foundation, Inc. Number and street (or PO box number if mail is not delivered to street address) Room/suite 47-5445541 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code 83707 Boise 208-336-2110 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change ☐ Name change check here and attach computation Check type of organization Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here 23,193,920 (Part I, column (d), must be on cash basis) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per ıncome ıncome purposes books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule). 10,957,000 2 Check ▶ ☐ if the foundation is not required to attach Sch. B. 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents . Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 -90,393 Gross sales price for all assets on line 6a SCANNED AN 1 1 202. 7 Capital gain net income (from Part IV, line 2) 5,084,363 Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 10,866,607 5,084,363 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedute CELVED 16a Accounting fees (attach schedule 391 391 Other profession ees (attach schedule) 17 AUG 0.3 2020 Interest Taxes (attach schedule) (see instructions) 18 Depreciation (aftach sehedule 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 820,000 820,000 26 Total expenses and disbursements. Add lines 24 and 25 0 0 820,391 820,391 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 10,046,216 Net investment income (if negative, enter -0-) 5,084,363

Adjusted net income (if negative, enter -0-)

Forr	n 990- <u>P</u> l	F (2019) S. R. Simplot Foundation, Inc		47-5445541 Page 2			
Рa	irt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	fyear		
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	582,798	6,762,407	6,762,407		
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less allowance for doubtful accounts					
	4.	Pledges receivable					
		Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less: allowance for doubtful accounts					
Assets	8	Inventories for sale or use			···		
3 86	9	Prepaid expenses and deferred charges			·		
Ä	10a	Investments—U S and state government obligations (attach schedule)			·		
	ь	Investments—corporate stock (attach schedule)	11,724,080	23,193,920	23,193,920		
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans .					
	13	Investmentsother (attach schedule)					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)			·		
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers—see the					
	-	instructions Also, see page 1, item I)	12,306,878	29,956,327	29,956,327		
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
≝	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
Ë	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0	0			
nces		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶□					
ğ	24	Net assets without donor restrictions			:		
39	24 25	Net assets with donor restrictions					
8	25		-				
Net Assets or Fund Bala		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.					
Ŀ	26	Capital stock, trust principal, or current funds			1		
ō	27	Paid-in or capital surplus, or land, bldg, and equipment fund					
똶	28	Retained earnings, accumulated income, endowment, or other funds	12,306,878	29,956,327			
SS	29	Total net assets or fund balances (see instructions)	12,306,878	29,956,327			
₹.	30	Total liabilities and net assets/fund balances (see	12,000,070	20,000,027			
Ž	00	instructions)	12,306,878	29,956,327			
	rt III	Analysis of Changes in Net Assets or Fund Balances	12,000,010	20,000,021			
	_	net assets or fund balances at beginning of year—Part II, column (a),	line 29 (must agree v	vith			
-		of-year figure reported on prior year's return)	, (1 1	12,306,878		
2		r amount from Part I, line 27a		2	10,046,216		
		r increases not included in line 2 (itemize) Unrealized Gain on	Investments	3	7,603,233		
		ines 1, 2, and 3		4	29,956,327		
5		eases not included in line 2 (itemize)		5	, , , , , , , , , , , , , , , , , , ,		
6		net assets or fund balances at end of year (line 4 minus line 5)-Part	II, column (b), line 29		29,956,327		

Part	V Capital Gains an	<u>d Losses for Tax on Investr</u>	nent Incom	е					
		and(s) of property sold (for example, real es use, or common stock, 200 shs MLC Co)	tate,		(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)	
1a	Celegene Corp 34,000 sh	rs			D		10/7/1997	11/21/2019	
b	Celegene Corp 66,000 sh	rs			D		12/2/1997	11/21/2019	
c	Celegene Corp 20,000 sh				D		11/22/2017	11/21/2019	
<u>d</u>	Celegene Corp 20,000 sh	rs			D '		2/4/2016	11/21/2019	
е	*								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
<u>a</u>	1,700,000				15,599			1,684,401	
<u>b</u>	3,300,000				11,383			3,288,617	
<u>C</u>	1,000,000				956,084		· · · · · · · · · · · · · · · · · · ·	43,916	
<u>d</u>	1,000,000				932,571			67,429	
<u> e </u>									
	Complete only for assets sl	howing gain in column (h) and owned	by the founda	tion	on 12/31/69		(I) Gains (Col (h) gain minus	
	(i) FM V as of 12/31/69	FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any			col (k), but not le Losses (fro				
a								1,684,401	
<u>b</u>								3,288,617	
<u> </u>								43,916	
<u>d</u>	 						····	67,429	
<u> </u>			<u></u>						
2	Capital gain net income or	rinet canital inset 1 -	also enter in), enter -0- in		•	2		5,084,363	
3	Net short-term capital gair	n or (loss) as defined in sections 1	222(5) and (6	3)					
	If gain, also enter in Part I	, line 8, column (c) See instruction	ns If (loss), e	ente	r -0- in				
	Part I, line 8				ſ	3		0	
Part	V Qualification Und	der Section 4940(e) for Red	uced Tax or	n N	et Investment	Inco	me		
Was t	tion 4940(d)(2) applies, leav he foundation liable for the s," the foundation doesn't qu	section 4942 tax on the distributa Jalify under section 4940(e) Do r	ble amount of lot complete t	f an	y year in the base part	e perio	od?	☐ Yes ☒ No	
1		ount in each column for each year				ng anv	entries		
	(a)	(b)	1		(c)	.g a,	CHAICO	(d)	
Cal	Base period years endar year (or tax year beginning in	Adjusted qualifying distribution	s Net va	lue o	f nonchantable-use as	sets		button ratio vided by col (c))	
	2018		5,615	_	16,530	298	(coi (b) di	0 031797	
	2017		5,878		10,556			0 029923	
	2016		0		6,365			0 000000	
	2015		34			2,818		0 000109	
	2014		0			0		0 000000	
					····			0 000000	
2	Total of line 1, column (d)						2	0 061829	
3		for the 5-year base period—divide	the total on I	line	2 by 5 0, or by	ľ		0 00 1020	
	_	oundation has been in existence if			•		3	0 012366	
4	Enter the net value of non	charitable-use assets for 2019 fro	om Part X, line	e 5			4	17,111,201	
5	Multiply line 4 by line 3						5	211,597	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)					6	50,844	
7	Add lines 5 and 6						7	262,441	
8	Enter qualifying distributio	ns from Part XII, line 4					8	820,391	
	· · · · · · · · · · · · · · · · · · ·	ter than line 7, check the box in F	art VI, line 1b	, an	nd complete that p	oart us			

art										
	The state of the s	(b), 494	40(e)	, or 49	48se	e inst	ruction	s)		
1a	Exempt operating foundations described in section 4940(d)(2), check here					}				
_	Date of ruling or determination letter (attach copy of letter if ne	ecessary	/—se	e instru	ctions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part	t V, ched	ck			}	1		5	0,84
	here ▶ 🗓 and enter 1% of Part I, line 27b					- [
С	All other domestic foundations enter 2% of line 27b Exempt foreign orga	nızatıon	ns, er	nter 4%	% of	J				
_	Part I, line 12, col (b)					,				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ns only,	othe	rs, ente	r -0-)		2			
3	Add lines 1 and 2						3		5	0,84
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation				er -0-)		4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or	less, er	nter -	-0-	•		5		5	0,84
6	Credits/Payments	ا مما	ı		4.		i			
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	├		70	0,000				
b	Exempt foreign organizations—tax withheld at source	6b	├							
c d	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld	6c 6d	 							
7	Total credits and payments Add lines 6a through 6d	60	Ш	-			 -			0.00
	• •			O			7		1	0,00
8 9	Enter any penalty for underpayment of estimated tax. Check here Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ov		1 222	u is at	acned		9			0,84
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the a		0401	rnaid			10		4	0,04
1	Enter the amount of line 10 to be Credited to 2020 estimated tax	mount	OVE	•	funded		11			`
art	VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national,	state. o	r loca	al legis	lation o	r did i	t		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 politi	ical g	ourpos	es? See	the				1
	instructions for the definition	•		•				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the active	vities ar	nd co	opies d	f any m	ateria	ls			
	published or distributed by the foundation in connection with the activities			•	•				ł	1
С		•							j	1
	Did the foundation file Form 1120-POL for this year?	•						1c	1	X
d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) in		l durii	ng the	year			1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) in (1) On the foundation > \$ (2) On foundation makes	nposed anagers	s Þ	- \$				1c		Х
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e 2 2 3 4 4 a b 5 5 6	Enter the amount (if any) of tax on political expenditures (section 4955) in (1) On the foundation \$	mposed anagers or politic en repor governir med cop ore during 4945) so that no complete red Seemm 990-	s Part I	xpendito the listrumenthe character year? fied entitle, col. (other Action on the Action of the Acti	ture tax RS? Int, article langes r? her y directi c), and Pa	s ons th art XV ▶	at	3 4a 4b 5	X X	X
e 2 3 4a b 5 5 6 6 7 8a b	Enter the amount (if any) of tax on political expenditures (section 4955) in (1) On the foundation ▶ \$	mposed anagers or politic en repor governir med cop ore during 4945) so that no complete red See rm 990-" attach	s Part I Part I Per popular Pe	xpendito the strumenthe change year? fied entitle, col. (of the Alanatical particular)	ture tax RS? at, article langes r? her y directi c), and Pans tttorney n	ons the	at ral	2 3 4a 4b 5	X	X
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e 2 3 4a b 5 6 6 7 8a b	Enter the amount (if any) of tax on political expenditures (section 4955) in (1) On the foundation (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers Has the foundation engaged in any activities that have not previously been if "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confort Did the foundation have unrelated business gross income of \$1,000 or mid "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through By language in the governing instrument, or By state legislation that effectively amends the governing instrument so conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of Enter the states to which the foundation reports or with which it is registed in the state is to be state as required by General Instruction G? If "No," Is the foundation claiming status as a private operating foundation within	mposed anagers or politic en repor governing med cop ore during 4945) so that no complete red See rm 990-" attach the mea ee the iii	rted to the control of the control o	xpendito the listrument the character year? fied enter the character of the Alanatic g of sequetions	ture tax RS? ht, article linges r? her y directi c), and Pans attorney n ction 49 for Pan	ons that XV Gene 42(j)(:	at ral 3)	3 4a 4b 5	X X	X

Par	VII-A Statements Regarding Activities (continued)			age O
<u> </u>	outcine regularing reservices (continues)		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			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
4.4	Website address N/A The backs are a gard of N D Simplet Company Telephone as N 200 200	0440		
14	The books are in care of ► J R Simplot Company Located at ► 1099 W Front Street Boise ID ZIP+4 ► 83702	-2110		-
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
_	name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No. (2) Person managers and managers are on extend graduated for account of the company of t			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	45		اب
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	1b		X
С	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?	ļ		
_	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	لـــا
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20	IVA	
·	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			}
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	-	<u></u>	
40	foundation had excess business holdings in 2019)	3b	N/A	
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u>4a</u>		X
U	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		l √

Part	VII-B Statements Regarding Activities	OL AA	nich Form	4/20 N	nay be Ke	equire	a (contin	iuea)			
5a	During the year, did the foundation pay or incur ar (1) Carry on propaganda, or otherwise attempt to	ny amou	nt to			-	☐ Yes	X No		Yes	No
	(2) Influence the outcome of any specific public el	ection (s	•		. ,,	,		<u></u>			
	directly or indirectly, any voter registration driv						Yes	X No	ł		
	(3) Provide a grant to an individual for travel, stud	=	•	*			∐ Yes	X No			
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions	a charita	ble, etc , orga	nizatio	n described	ın	☐ Yes	X No			
	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch			terary, o	or education	nal	☐ Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							d in			
	Regulations section 53 4945 or in a current notice	regardı	ng disaster as	ssistand	e? See ins	truction	S		5b	N/A	
С	Organizations relying on a current notice regarding disaster assistance, check here if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the because it maintained expenditure responsibility for the grant?						□ Yes	► □ No			
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fu	ons sec	tion 53 4945-		pay premiur	ns	□ ies				
	on a personal benefit contract?						Yes	X No			
b	Did the foundation, during the year, pay premiums	s, directly	or indirectly,	on a p	ersonal ber	efit cor	ntract?		6b		X
70	If "Yes" to 6b, file Form 8870	-4.4		-1-04			· 				
7a b	At any time during the tax year, was the foundation a p If "Yes," did the foundation receive any proceeds of					e trans	Yes	X No	7b	N/A	
8	If "Yes," did the foundation receive any proceeds or have any net income attributable to the tr Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?							X No			
Part	VIII Information About Officers, Direct	ors, Tr	ustees, Fo	undati	on Manag	jers, ł	Yes ⊀ighly P			es,	
	and Contractors								_		
1						_					
<u> </u>	List all officers, directors, trustees, and founda										
	(a) Name and address	(b) Title	nagers and the and average rs per week ed to position	(c) Co (If ı	mpensation mpensation not paid, iter -0-)	(d) empl	instruction Contribution byee benefit erred compe	s to plans	(e) Expe	inse acc allowan	
Scott I		(b) Title hou devot	e, and average rs per week	(c) Co (If ı	mpensation not paid,	(d) empl	Contribution byee benefit	s to plans			
Scott I 1099 \ Maggi	(a) Name and address R Simplot W Front Street Boise, ID 83702 e Soderberg	(b) Title hou devot	e, and average rs per week ed to position ent/Director 00	(c) Co (If ı	mpensation not paid, nter -0-)	(d) empl	Contribution byee benefit	s to plans			
Scott I 1099 \ Maggi 1099 \	(a) Name and address R. Simplot W. Front Street Boise, ID 83702 e Soderberg W. Front Street Boise, ID 83702	(b) Title hou devot Preside	e, and average rs per week ed to position ent/Director 00 or 00	(c) Co (If ı	mpensation not paid, nter -0-)	(d) empl	Contribution byee benefit	s to plans			
Scott I 1099 \ Maggi 1099 \ Kristin	(a) Name and address R. Simplot W. Front Street Boise, ID 83702 e Soderberg W. Front Street Boise, ID 83702 Holly Simplot Thomas	(b) Title hou devot Preside	e, and average rs per week ed to position ent/Director 00 or 00	(c) Co (If ı	mpensation not paid, iter -0-)	(d) empl	Contribution byee benefit	s to plans			
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \	(a) Name and address R. Simplot W. Front Street Boise, ID 83702 e Soderberg W. Front Street Boise, ID 83702 Holly Simplot Thomas W. Front Street Boise, ID 83702	(b) Title hou devot Preside Directo	e, and average rs per week ed to position ent/Director 00 or 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Co (If ı	mpensation not paid, iter -0-)	(d) empl	Contribution byee benefit	s to plans			
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Erii	(a) Name and address R. Simplot W. Front Street Boise, ID 83702 e Soderberg W. Front Street Boise, ID 83702 Holly Simplot Thomas W. Front Street Boise, ID 83702 n Simplot	(b) Title hou devot Preside	e, and average rs per week ed to position ent/Director 00 or 00 or 00	(c) Co (If ı	mpensation not paid, iter -0-)	(d) empl	Contribution byee benefit	s to plans			
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Erii 1099 \	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702	(b) Title hou devot Preside Directo	e, and average rs per week ed to position ent/Director 00 or 00 or 00 or 00 or 00	(c) Co (lf i er	mpensation not paid, iter -0-)	(d) empl and de	Contribution oyee benefit erred compe	s to plans ensation	other	allowan	
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Erii 1099 \	(a) Name and address R. Simplot W. Front Street Boise, ID 83702 e Soderberg W. Front Street Boise, ID 83702 Holly Simplot Thomas W. Front Street Boise, ID 83702 n Simplot	(b) Title hou devot Preside Directo	e, and average rs per week ed to position ent/Director 00 or 00 or 00 or 00 or 00	(c) Co (lf i er	mpensation not paid, iter -0-)	(d) empl and de	Contribution oyee benefit erred compe	s to plans ensation	other	allowan	
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Erii 1099 \	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 in Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 or 00 or	(c) Co (If r er	mpensation not paid, iter -0-)	(d) empl and det	Contribution byee benefit erred compe structions (d) Contrib employee plans and of	s to plans ensation S). If not uttons to benefit deferred	other	er	count,
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Erii 1099 \	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees "NONE."	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 han those including the control of the co	(c) Co (If r er	on line 1	(d) empl and det	Contribution byee benefit ferred compe structions (d) Contrib employee	s to plans ensation S). If not uttons to benefit deferred	other	er	count,
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Eri 1099 \ 2	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees "NONE."	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 han those including the control of the co	(c) Co (If r er	on line 1	(d) empl and det	Contribution byee benefit erred compe structions (d) Contrib employee plans and of	s to plans ensation S). If not uttons to benefit deferred	other	er	count,
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Eri 1099 \ 2	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees "NONE."	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 han those including the control of the co	(c) Co (If r er	on line 1	(d) empl and det	Contribution byee benefit erred compe structions (d) Contrib employee plans and of	s to plans ensation S). If not uttons to benefit deferred	other	er	count,
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Eri 1099 \ 2	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees "NONE."	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 han those including the control of the co	(c) Co (If r er	on line 1	(d) empl and det	Contribution byee benefit erred compe structions (d) Contrib employee plans and of	s to plans ensation S). If not uttons to benefit deferred	other	er	count,
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Eri 1099 \ 2	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees "NONE."	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 han those including the control of the co	(c) Co (If r er	on line 1	(d) empl and det	Contribution byee benefit erred compe structions (d) Contrib employee plans and of	s to plans ensation S). If not uttons to benefit deferred	other	er	count,
Scott I 1099 \ Maggi 1099 \ Kristin 1099 \ Jill Eri 1099 \ 2	(a) Name and address R. Simplot W Front Street Boise, ID 83702 e Soderberg W Front Street Boise, ID 83702 Holly Simplot Thomas W Front Street Boise, ID 83702 n Simplot W Front Street Boise, ID 83702 Compensation of five highest-paid employees "NONE."	(b) Title hou devot Preside Directo Directo (other ti	e, and average rs per week ed to position ent/Director 00 or 00 or 00 han those including the control of the co	(c) Co (If r er	on line 1	(d) empl and det	Contribution byee benefit erred compe structions (d) Contrib employee plans and of	s to plans ensation S). If not uttons to benefit deferred	other	er	count,

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instru		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
•••••••••••••••••••••••••••••••••••••••		
	. · · · · · · · · · · · · · · · · · · ·	
	•	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 Idaho Community Foundation		
Contribution		000 000
Contribution 2		820,000
4	••••••	
	•••••••	
3		-
4	••••••	
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	· · · · · · · · · · · · · · · · · · ·	Amount
1 None		
	•••••••	
2		
2	······	
All other program-related investments. See instructions	· · · · · · · · · · · · · · · · · · ·	-
3		
Total. Add lines 1 through 3	_	0
I Vali Aug mico I lillougii o		. ()

Part.	Minimum investment Return (All domestic foundations must complete this part. Foreign	n tounda	tions,	
<u> </u>	see instructions)	, T		
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	15,948,293	
b	Average of monthly cash balances	1b	1,423,485	
C	Fair market value of all other assets (see instructions)	1c		
d	Total (add lines 1a, b, and c)	1d	17,371,778	1
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	<u> </u>		
2	Acquisition indebtedness applicable to line 1 assets .	2		
3	Subtract line 2 from line 1d .	3	17,371,778	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see	ļ ļ		
	instructions)	4	260,577	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	17,111,201	
6	Minimum investment return. Enter 5% of line 5	6	855,560	
Part 2		ns		
	and certain foreign organizations, check here and do not complete this part)			
1	Minimum investment return from Part X, line 6	1	855,560	
2a	Tax on investment income for 2019 from Part VI, line 5 . 2a 50,844			
b	Income tax for 2019 (This does not include the tax from Part VI) 2b			
C	Add lines 2a and 2b	2c	50,844	~
3	Distributable amount before adjustments Subtract line 2c from line 1	3	804,716	
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5	804,716	
6	Deduction from distributable amount (see instructions)	6		
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	_		
	line 1	7	804,716	
	Qualifying Distributions (see instructions)	1		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	820,391	•
b	Program-related investments—total from Part IX-B	1b		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,			
_	purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)	3a		
Ь	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	820,391	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_		o
_	Enter 1% of Part I, line 27b See instructions	5	50,844	•
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	769,547	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ther the fo	undation	
	qualifies for the section 4940(e) reduction of tax in those years			

Part	XIII Undistributed Income (see instruction	ns)			
•		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				804,716
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only	·		818,125	
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016 .				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e	C)		
4	Qualifying distributions for 2019 from Part XII, line 4 \$ 820,391				
	Applied to 2018, but not more than line 2a			818,125	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				•
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2019 distributable amount	——————————————————————————————————————			2,266
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			ł	
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions				
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount—see				
	Instructions			0	
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2020		1-71-1	· · · · · · · · · · · · · · · · · · ·	802,450
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions)				
8	Excess distributions carryover from 2014 not				
_	applied on line 5 or line 7 (see instructions)		ļ		
9	Excess distributions carryover to 2020.		j		
	Subtract lines 7 and 8 from line 6a				******
10	Analysis of line 9		1		
	Excess from 2015	4			
b	Excess from 2016	4			
C	Excess from 2017				
d	Excess from 2018	_			
е	Excess from 2019	1	1	1	

Form 9	90-PF (2019) S R Simplot Foundation	on, Inc			47-544	5541 Page 10
Part	XIV Private Operating Foundati	ons (see instruc	tions and Part	VII-A, question 9)		N/A
Ìа	If the foundation has received a ruling or		•	ate operating		
	foundation, and the ruling is effective for		•	▶		
	Check box to indicate whether the foundation	n is a private operat	ing foundation desc	cribed in section	4942(J)(3	3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	rom Dort Los the management				(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII, line 4, for each year listed		/			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed					0
С	"Support" alternative test—enter. (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public					0
	and 5 or more exempt					
	organizations as provided in section 4942()(3)(B)(iii) (3) Largest amount of support from					0
	an exempt organization					0
	(4) Gross investment income	······································				0
Part		(Complete this	s part only if th	e foundation ha	d \$5 000 or mor	
	any time during the year—s	•	•	io ioanaation na	u 40,000 or mor	c iii assets at
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who before the close of any tax year (but only	have contributed				foundation
Scott	R Simplot					
b	List any managers of the foundation who ownership of a partnership or other entit					n of the
2	Information Regarding Contribution, (Grant, Gift Loan	Scholarshin etc	Programe	<u></u> .	
-	Check here ► X if the foundation onlunsolicited requests for funds if the four conditions, complete items 2a, b, c, and	ly makes contributi ndation makes gifts	ons to preselecte	d charitable organiz	ations and does no zations under other	t accept
а	The name, address, and telephone num	ber or email addre	ss of the person t	o whom applications	s should be addres	sed

b The form in which applications should be submitted and information and materials they should include

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

c Any submission deadlines

factors

Part XV Supplementary Information (continu	ued)			
3 Grants and Contributions Paid During	If recipient is an individual,		ture Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	1
Name and address (home or business) a Paid during the year Idaho Community Foundation 210 W State Street Boise, ID 83702	any foundation manager or substantial contributor	PC	Contributions	820,000
Total b Approved for future payment		1	▶ 3a	820,000
Total	<u> </u>	L	<u> </u>	+

Form **990-PF** (2019)

	VI-A Analysis of Income-Producing Ac	tivities				
Enter gr	oss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(0)
1 Pr	ogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
а						
þ.						
С						
d					-	
е						·
f						
g	Fees and contracts from government agencies					
2 M	embership dues and assessments					
3 Int	erest on savings and temporary cash investments					
4 Dr	vidends and interest from securities			14	•	
5 Ne	et rental income or (loss) from real estate					
а	Debt-financed property					
b	Not debt-financed property					
6 Ne	et rental income or (loss) from personal property					
7 Ot	her investment income					
8 Ga	in or (loss) from sales of assets other than inventory	<u> </u>	-90,393	18		
	et income or (loss) from special events					
	oss profit or (loss) from sales of inventory					
11 Ot	her revenue a					
p						
С						
d						
е						
	ibtotal Add calumas (b) (d) and (a)	1	-90,393		0	C
	btotal Add columns (b), (d), and (e)					
13 To	tal. Add line 12, columns (b), (d), and (e)		33,333		13	
13 To (See wo	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations					
13 To (See wo	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	ccomplishm	ent of Exempt	Purposes	13	
13 To (See wo	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393
13 To (See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activities to the Activity for which income	ccomplishm	ent of Exempt	Purposes (VI-A contributed	13	-90,393

47-5445541

Part	XVII	Information	Regarding Trans	fers to and Transaction	ns and Rel	ationship	s With No	ncharitable		,
•		Exempt Org				•				
1	Did th			gage in any of the followin	g with any oth	ner organiza	tion describ	ed	Yes	No
	ın sed	ction 501(c) (othe	er than section 501(c)	(3) organizations) or in sec	tion 527, rela	ting to politic	cal	[
	orgar	nizations?							ł	
а	Trans	sfers from the rep	orting foundation to a	noncharitable exempt org	anization of			<u></u>		
	(1) C	ash						1a(1)		Х
	(2) 0	ther assets						1a(2)		Х
b	Other	r transactions								
	(1) S	ales of assets to	a noncharitable exem	ipt organization				1b(1)		Х
	(2) P	urchases of asse	ets from a noncharitab	le exempt organization				1b(2)		Х
	(3) Rental of facilities, equipment, or other assets							1b(3)		Х
	(4) R	eimbursement ar	rrangements					1b(4)		X
	(5) L	oans or loan gua	rantees					1b(5)	<u></u>	X
	(6) P	erformance of se	ervices or membership	or fundraising solicitation	s			1b(6)	<u>L</u>	Х
C				s, other assets, or paid em			•	1c	<u> </u>	X
d				plete the following schedule.						
				ven by the reporting foundat						
			,	nt, show in column (d) the va						
(a) Line	no e	(b) Amount involved	(c) Name of nonch	nantable exempt organization	(d) Desc	enption of transf	ers, transaction	rs, and sharing arra	ngemer	nts
					- 			 		
	-+									
	-+									
		<u> </u>								
	-+								_	
				·						
			 							
	-+							 -		
	-+				-					
	-+	·			-+					
		****	**************************************	, , , , , , , , , , , , , , , , , , ,						
				····			 			
	-+									
2a	Is the	e foundation direc	ctly or indirectly affiliat	ed with, or related to, one	or more tax-e	xempt organ	nzations			
				ion 501(c)(3)) or in section		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Yes	X N	lo
b	If "Ye	s," complete the	following schedule	. ,						
	_	(a) Name of organ		(b) Type of organizat	on		(c) Description	n of relationship		
				-						
				um including accompanying schedules			nowledge and bel	ef, it is true,		
Sign	сопес	ct, and complete Declarati	son of preparer (other than taxpay	er) is based on all information of which p	reparer has any knov	vledge		May the IRS discuss		
Here			1	5 /14/20				with the preparer sho See instructions	Yes	_
	Sigi	nature of officer or trus		Date Tit	е					
Paid		Print/Type preparer	's name	Preparer's signature		Date	Chec	k rf PTIN	-	
	rar							mployed		
Prepa Use C		Firm's name					Firm's EIN ▶			
U36 (/IIIY	Firm's address					Phone no			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2019

Employer identification number

S R Simplot Foundation,	Inc		47-5445541
Organization type (check			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)()	(enter number) organization	
	4947(a)(1) none:	xempt charitable trust not treated as a	private foundation
	527 political orga	anization	
Form 990-PF	X 501(c)(3) exemp	ot private foundation	
	4947(a)(1) none:	xempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable	e private foundation	
· · · · · ·	is covered by the General F (c)(7), (8), or (10) organization	Rule or a Special Rule. n can check boxes for both the Genera	Rule and a Special Rule See
General Rule			
	or property) from any one c	or 990-PF that received, during the year contributor Complete Parts I and II Sec	_
Special Rules			
regulations under 13, 16a, or 16b, a	sections 509(a)(1) and 170(l nd that received from any on	c)(3) filing Form 990 or 990-EZ that met b)(1)(A)(vi), that checked Schedule A (I ne contributor, during the year, total con 90, Part VIII, line 1h, or (ii) Form 990-E	Form 990 or 990-EZ), Part II, line tributions of the greater of (1)
contributor, during	the year, total contributions	c)(7), (8), or (10) filing Form 990 or 990 of more than \$1,000 <i>exclusively</i> for rel evention of cruelty to children or animals	gious, charitable, scientific,
contributor, during contributions total during the year for General Rule app	the year, contributions exclused more than \$1,000. If this is an exclusively religious, characteristics.	c)(7), (8), or (10) filing Form 990 or 990 usively for religious, charitable, etc., pui box is checked, enter here the total cor aritable, etc., purpose Don't complete ause it received nonexclusively religiou.	rposes, but no such ntributions that were received any of the parts unless the
Caution: An organization	that isn't covered by the Gen	neral Rule and/or the Special Rules doe	sn't file Schedule B (Form 990,

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

Name of organization Employer identification number S R Simplot Foundation, Inc 47-5445541

Part I	Contributors (see instructions) Use duplicate con	oles of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Scott R Simplot P O Box 27 Boise ID 83707 Foreign State or Province Foreign Country	\$ 10,957,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country		Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country		Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroli Omplete Part II for noncash contributions)

Name of organization

S R Simplot Foundation, Inc.

Employer identification number 47-5445541

Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional spac	e is needed
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org	ganization lot Foundation, Inc		Employer identification number 47-5445541
Part III	Exclusively religious, charitable, etc., contribution (10) that total more than \$1,000 for the year from the following line entry. For organizations comple contributions of \$1,000 or less for the year. (Enter Use duplicate copies of Part III if additional spaces	om any one contributor. Com eting Part III, enter the total of e er this information once See in	ribed in section 501(c)(7), (8), or aplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		nship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	Relatio	nship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	Relation	nship of transferor to transferee
(a) No	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	_	nship of transferor to transferee
	For Prov Country		

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Amount A									Totals.	Gross	92	Cost or Other Basis, Expenses,	asis, Expenses,	Net Gain	am
Capital GainsLusses Capital Gains Gains Capital Gains Gains Gains Capital Gains Capital Gains Gainn Gains Ga		Amount	1							Sale	S	Depreciation an	d Adjustments	orlo	SS
Check "X" if Chec	Long Term CG Distributions		0					ٽ ٽ	apital Gains/Losses		7,000,000		7,090,393		-90,393
Check "X" if Include Check "X" if Include Check "X" if Include Date Include Gross Sales Include Cost or Valuation Inprovements Expense of Sale Inprovements Deprecation Include Net Gross Sales Include Cost or Valuation Inprovements Deprecation Include Adjustments Net Gross Sales Include Cost or Valuation Inprovements Deprecation Inprovements Adjustments On Lor Basis CUSIP# In Part IV Purchaser Business Method Adjustments Adjustments Deprecation Adjustments On Lor Basis X D 1077/1997 11/21/2019 1,700,000 33.08,152 Adjustments Deprecation Adjustments Deprecation Adjustments On Lor Basis X D 11/22/2017 11/22/2017 11/22/2017 11/22/2019 1,000,000 989,936 Adjustments Deprecation Adjustments X D 24/2016 11/21/2019 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000	Short Term CG Distributions		o						Other sales		ō		0		0
Check "X" Purchaser Purchaser Date Gross Sales Cost or Nuluation Valuation and Cost of Improvements Expense of Sale Net G CUSIP# in nPart IV Purchaser Business Method Acquired Sold Price Other Basis Method Improvements Deprecation Adjustments or Los X D 107/1997 11/21/2019 3,300,000 3,308,152 m					Check "X" if										
CUSIP# in Part IV Purchaser Business Aequived Nethord Sold Price Other Basis Method In Part IV Aequisition Aequived Sold Price Other Basis Method Improvements Deprecation Adjustments Or Los X X D 12/21/1997 11/21/2019 3,300,000 3,306,152 Amethod Amethod Adjustments Or Los X D 12/21/1997 11/21/2019 1,000,000 889,936 Amethod Amethod Amethod Adjustments Andjustments Or Los X D 11/22/2017 11/21/2019 1,000,000 889,936 Amethod Amethod Amethod Amethod Amethod Amethod Amethod Adjustments Or Los			Check "X"		Purchaser						_	Expense of Sale			
CUSIP# in Part IV Purchaser Business Method Acquired Sold Price Other Basis Method Improvements Deprecation Adjustments or Loc X X D 107/1997 11/21/2019 3,300,000 3,300,152 A A A X D 11/22/2017 11/21/2019 1,000,000 989,936 A A A X D 24/2016 11/21/2019 1,000,000 1,000			to include			Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gain
X D 107/1997 1,700,000 1,704,199 0 1,704,199 0 1,704,199 0 1,704,199 0 1,704,199 0 1,704,199 0 1,702,1201 1,112,12019 1,000,000 989,936 0 0 1,202,1201 1,112,12019 1,000,000	Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	Improvements		Adjustments	or Loss
X D 1,227,1907 3,300,000 3,308,152 3,308,152 X D 1,121/2019 1,000,000 989,936 989,936 X D 24/2016 11/21/2019 1,000,000 1,000,000	egene Corp 34,000 shrs		×			Q	10/7/1997	11/21/2019	1	1,704,199					4,199
X X 24/2016 1,000,000 1,088,106 X X 24/2016 1,000,000 1,088,106	egene Corp 66,000 shrs		×			O	12/2/1997			3,308,152					-8,152
X X 24/2016 11/21/2019 1,000,000 1,088,106	egene Corp 20,000 shrs		×			O	11/22/2017	11/21/2019	1,000,000	986'636					10,064
	egene Corp 20,000 shrs		×				2/4/2016	11/21/2019	1,000,000	1,088,106					-88,106

Part I, Line 16b (990-PF) - Accounting Fees

	391	0	0	391
,	Revenue and			Disbursements for Charitable
_	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Accounting Fees	391			391

Part I, Line 18 (990-PF) - Taxes

		0	0		0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Excise Tax	0]	

Part II, Line 10b (990-PF) - Investments - Corporate Stock

S R Simplot Foundation, Inc

, , , , , , , , , , , , , , , , , , , ,					
		11,724,080	23,193,920	11,724,080	23,193,920
	Num Shares/	Book Value			_
Description	Face Value	Beg. of Year			End of Year
Neurocrine Biosciences	128,000	9,140,480	13,758,720	9,140,480	
2 Celgene Corp	40,000	!	1	ı	
3 Geron Corp	20,000		27,200	20,000	27,200
Bristol Myers Squibb	140,000		8,986,600		8,986,600
5 Bristol-Myers	140,000		421,400		421,400

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

S R Simplot Foundation, Inc

					Ì					0	>	0	_
		Check X							Avg Hrs	Avg Hrs		Expense	
	Name	if Business	Street	City	State	Zip Code	Foreign Country	⊒le	Per Week	Compensation	Benefits	Account	
	Scott R. Simplot		1099 W Front Street	Boise	QI	ID 83702		l≒	000	0			_
								ector		n			
	Maggie Soderberg		1099 W Front Street	Boise	≘	83702		Director	000	0			
7	•					:							
	Kristin Holly Simplot Thomas		1099 W Front Street	Boise	۵	83702		Director	000	0			
က												•	
	Jill Enn Simplot		1099 W Front Street	Boise	Ω	83702		Director	00 0	0		ι	
4													