** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	IDAHO NONPROFIT CENTER, INC.			
	Name change			94-34190	16
F	Initial return Final return/	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number 208-424-1	
	termin- ated			G Gross receipts \$	534,099.
	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer: AMY LITTLE		for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ī	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) $4947(a)(1)$ of	r 527	1	list. (see instructions)
		e: WWW.IDAHONONPROFITS.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2001 N	State of legal domicile: ID
P		Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t BU}$ NONPROFITS IN IDAHO TO IMPROVE COMMUNITIE		TRONG AND A	CCOUNTABLE
'n	2	Check this box if the organization discontinued its operations or dispose		than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)			13
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
တ္		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7
λŧ		Total number of volunteers (estimate if necessary)			167
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		388,297.	404,636.
		Program service revenue (Part VIII, line 2g)		133,960.	123,916.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		464.	1,212.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,748.	4,335.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		525,469.	534,099.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		63,017.	40,834.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 259,003.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		259,003.	265,111.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,75		0.	0.
Ä	1 D			186,231.	177,627.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		508,251.	483,572.
		Revenue less expenses. Subtract line 18 from line 12		17,218.	50,527.
Or Po	3	Totalida 1999 experiedo. Odobradet illia 10 mont illia 12	Re	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		264,069.	306,660.
ASS	21	Total liabilities (Part X, line 26)		29,399.	21,463.
Elect Elect	22	Net assets or fund balances. Subtract line 21 from line 20		234,670.	285,197.
P	art II	Signature Block	•		
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	AMY LITTLE, EXECUTIVE DIRECTOR Type or print name and title			
_		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN
Pai	d	CHERYL GUIDDY CHERYL GUIDDY	1	0/26/20 if self-employe	P00266294
Pre	+	Firm's name HARRIS & CO., PLLC	1	Firm's EIN	26-4022510
	Only	Firm's address 2289 S. BONITO WAY, STE. 100			
	-	MERIDIAN, ID 83642		Phone no. (2	08) 333-8965
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No

Form	990 (2019) IDAHO NONPROFIT CENTER, INC.	94-3419016	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO EDUCATE, ADVOCATE AND COLLABORATE IN SUPPORT OF STRUNONPROFITS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
3	If "Yes," describe these changes on Schedule O.	,:1es	INU
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 118,305. including grants of \$ 40,834.) (Reversible And Awareness for Idaho Nonprofits. This 24-Hour	THER, RAISING DAY OF ONLIN	
	GIVING CELEBRATES IDAHO'S POWERFUL NONPROFIT SECTOR. OV		
	ORGANIZATIONS PARTICIPATED IN 2019 AND MORE THAN 12,000		ED
	TO BUILD A STRONGER IDAHO. IDAHO GIVES RAISED NEARLY \$2019, AND OVER \$8 MILLION SINCE ITS INCEPTION IN 2013.	5 WILLION IN	
	2019, AND OVER \$8 MILLION SINCE ITS INCEPTION IN 2013.		
4b	(Code:) (Expenses \$	enue \$)
	STATEWIDE NONPROFIT CONFERENCE - A 2.5 DAY CONFERENCE I		
	NONPROFIT PROFESSIONALS - FROM BOARD MEMBERS TO CEO'S ABETWEEN. TOPICS INCLUDE BOARD GOVERNANCE, HR, MARKETING		IN
	DEVELOPMENT, GRANT WRITING AND MORE.	3, FUND	
	DEVELORIMENT, CHERT WILLIAM MORE.		
	(Code:) (Expenses \$ 24,845 • including grants of \$) (Reve		
4c	(Code:) (Expenses \$ 24,845 · including grants of \$) (Reverse DAHO PHILANTHROPY DAY IS CELEBRATED STATEWIDE WITH AWARD AWARD AW		S TO
	RECOGNIZE THE AMAZING PHILANTHROPIC WORK OF NONPROFIT OF		
			THE
		PHILANTHROPY	
	INCLUDING, TIME, TALENT, TREASURE AND INVOLVEMENT IN THE	HE COMMUNITY.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 137, 233 • including grants of \$) (Revenue \$	123,916.)	
4e	Total program service expenses ► 333,794.		

Form 990 (2019) IDAHO NONPROFIT CENTER, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		22
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٦,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х	
L	Schedule D, Parts XI and XII	12a	Α.	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₂
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		^ <u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\ ₃₇	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ra	Check if Schedule O contains a response or note to any line in this Part V			
	Check is confedule o contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		
D	If "Yes," enter the name of the foreign country		oto (FDAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			"		
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods \ go$	vices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?		 I	7c		X
d						37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		200 10	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	I	ı			
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	Í	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	me?	16		X
If "Yes," complete Form 4720, Schedule O.						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 13								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	_							
1 a		7a		х					
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a							
b		7b		х					
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0							
		0.0	Х						
a	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	21						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х					
<u>Sac</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21					
000	tion B. I oncies (mis section B requests information about policies not required by the internal nevenue code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa							
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
·	in Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.	, · · · y	,						
	X Own website Another's website Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE ORGANIZATION - 208-424-2229								
	5257 W. FAIRVIEW AVE. SUITE 260. BOISE. ID 83706								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

Name and title	(A)	(B)	l	41 1120		C)	про	ilou	(D)	(E)	(F)
Pour Set Week Wee	Name and title	Average	(do					one		•	Estimated
Compensation Comp			box	, unle	ss pe	rsoni	is bot	h an		•	
O		I	_								
O		1 '	direc				pg.			•	•
O		related	tee or	ustee			ensat			,	organization
O		~	al trus	nal tr		loyee	o mp				
O		l	lividu	stitutic	icer	y emp	jhest ploye	mer			organizations
CHAIR	(1) ANN TOUNGON	,	Ĕ	ü	₽	δ.	宝岩	요			
C2 JOEL PICCIONE	, - ,	3.00	v		v				0.1	0	0
TREASURER		5.00							0.	0.	<u> </u>
SECRETARY		3.00	x		x				0.	0.	0.
X		5.00									
(4) LAURA SMITH 5.00 PAST BOARD CHAIR X X 0. 0. 0. (5) GUNDY KAUPINS 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (6) JASON MAU 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. (7) TRICIA SWARTLING 2.00 0. 0. 0. (8) JOHN RUSCHE 2.00 0. 0. 0. 0. (9) KAREN BAKER 2.00 0. 0. 0. 0. (9) KAREN BAKER 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (10) BILL MAIKRANZ 2.00 0. 0. 0. 0. (11) KAREN BILOWITH 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (12) SUSAN SMITH 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (13) DOUG COLWELL 2.00 X 0. 0. 0. 0. (14) AM		- 3133	x		x				0.	0.	0.
PAST BOARD CHAIR		5.00									
Columbia Columbia			х		x				0.	0.	0.
Column	(5) GUNDY KAUPINS	2.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
TRICIA SWARTLING	(6) JASON MAU	2.00									_
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
S JOHN RUSCHE 2.00 X 0. 0. 0.	(7) TRICIA SWARTLING	2.00									_
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
O KAREN BAKER DIRECTOR X O O O O	(8) JOHN RUSCHE	2.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(9) KAREN BAKER	2.00							_	_	_
DIRECTOR X			X						0.	0.	0.
Column C	(10) BILL MAIKRANZ	2.00									
DIRECTOR X 0. 0. 0.			X						0.	0.	0.
Column C		2.00								•	•
DIRECTOR X 0. 0. 0. (13) DOUG COLWELL 2.00 X 0. 0. 0. 0. 0. (14) AMY LITTLE 40.00		0 00	X						0.	0.	0.
(13) DOUG COLWELL 2.00 DIRECTOR X (14) AMY LITTLE 40.00		2.00	,,							0	0
DIRECTOR X 0. 0. 0. (14) AMY LITTLE 40.00		2 00	A						0.	0.	0.
(14) AMY LITTLE 40.00		2.00	- V							0	0
		40 00	^						0.	0.	0.
A 70,471. 0. 0.		40.00			v				78 //71	0	0
	EARCOIIVE DIRECTOR		\vdash	\vdash	┝		\vdash	\vdash	10,4/1.	0.	<u> </u>
								\vdash			
			1								
			1								

Form **990** (2019)

IDAHO NONPROFIT CENTER, INC.

Part VII Section A.	Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(,	Omicers, Directors, Trus A) and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director objector opinion opini	not c	Pos heck	ition more rson irecto		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MI	on d ns	Esti amo comp fro orga and	(F) imated ount of other eensation the nization relate	f on on d
			-											
c Total from contin	nuation sheets to Part V b and 1c)	II, Section A						<u> </u>	78,471. 0. 78,471.		0.			0.0.0.
compensation from 3 Did the organization line 1a? If "Yes," of 4 For any individual and related organication of the properties of the pr	idividuals (including but remains the organization in the second in the seco	director, trust such individual um of reportab 0,000? If "Yes, accrue comper aplete Schedul	ee, k le co " co nsat	cey of the composition of the co	emplensa ensa ete S from uch	loye ation Sche any pers	ee, or n and edule / unr	hig d otl e <i>J f</i>	phest compensated empensated empensation from the for such individual endowed organization or individual endowed en	the organization	 S	3 4 5		0 No X X
	Report compensation for (A) Name and business	the calendar y	ear e		ng v					year.		(C))	
	dependent contractors (not lii	mite	d to	tho (se li:	stec	d above) who received m	nore than			000 (0)	

Form 990 (2019) IDAHO NO Part VIII Statement of Revenue

		Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b	114,239.				
اغ ق				1c					
if fi				1d					
,, ⊟;,G				1e					
Sir		All other contributions, gifts,		\vdash					
ig je	•	similar amounts not included	-	 1f	290,397.				
등급	_			-	3,170.				
la Ş	g			1g \$		404,636.			
9	<u>n</u>	Total. Add lines 1a-1f				404,030.			
_			· NTC	Business Code 611600	123,916.	123,916.			
<u>i</u>	2 a	a CLASSES AND TRAINING			911900	143,910.	143,910.		
le ez	b								
n S	С								
Program Service Revenue	d								
5 -	е								
۵	f	All other program service	revenue .						
	g	Total. Add lines 2a-2f				123,916.			
	3	Investment income (include	ding divide	ends, intere	est, and				
		other similar amounts)			>	1,212.			1,212.
	4	Income from investment of	of tax-exer	npt bond p	oroceeds 🕨				
	5	Royalties							
				i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)		•				
		Gross amount from sales of	-	Securities	(ii) Other				
		assets other than inventory	7a		.,				
	h	Less: cost or other basis	14						
ē.	b	and sales expenses	7b						
ther Revenue	•	Gain or (loss)	-						
é			$\overline{}$						
<u></u>		Net gain or (loss)							
ξl	8 а	Gross income from fundraisin	-						
١ -		including \$		_ of					
		contributions reported on			4,335.				
		Part IV, line 18							
		Less: direct expenses			<u> </u>	/ 22E			/ 22E
		Net income or (loss) from				4,335.			4,335.
	9 a	Gross income from gamin							
		Part IV, line 19			ļ — —				
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I							
		and allowances							
	b	Less: cost of goods sold		10b					
\Box	С	Net income or (loss) from	sales of ir	ventory					
<u>s</u>					Business Code				
e eon	11 a								
Miscellaneous Revenue	b			_					
is se	С			_					
į į	d	All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			534,099.	123,916.	0.	5,547.

Part IX Statement of Functional Expens	ses									
Section 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	her organizations must co	omplete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1 Grants and other assistance to domestic organizations	40.834.	40.834.								

	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	40,834.	40,834.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F0 4F0	40.044	00.606	E E 40
	trustees, and key employees	78,470.	48,041.	22,686.	7,743.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	160 004	100 000	00.000	45.005
7	Other salaries and wages	162,824.	127,759.	20,028.	15,037.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 006	1 201	226	150
9	Other employee benefits	1,896.	1,381.	336.	179.
10	Payroll taxes	21,921.	15,546.	4,420.	1,955.
11	Fees for services (nonemployees):				
	Management				
	Legal	16 050		16.050	
	Accounting	16,250.		16,250.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	04 440	45 606	2 425	
	column (A) amount, list line 11g expenses on Sch 0.)	21,113.	17,686.	3,427.	
12	Advertising and promotion	23,968.	23,968.	00.050	
13	Office expenses	27,026.	6,066.	20,960.	
14	Information technology				
15	Royalties	1 = 0.01		1= =10	
16	Occupancy	17,991.	281.	17,710.	
17	Travel	11,993.	7,401.	3,817.	775.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	26 24 5	26 24 5		
19	Conferences, conventions, and meetings	36,015.	36,015.		
20	Interest				
21	Payments to affiliates	4 050		1 252	
22	Depreciation, depletion, and amortization	1,058.		1,058.	
23	Insurance	1,678.		1,678.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	6,357.	1,620.	4,737.	
b	DUES AND PUBLICATIONS	5,605.	4,026.	1,579.	
С	SCHOLARSHIPS	4,068.			4,068.
d	SUPPLIES	3,170.	3,170.		
е	All other expenses	1,335.		1,335.	
25	Total functional expenses. Add lines 1 through 24e	483,572.	333,794.	120,021.	29,757.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 991 (2010)

Pai	t X	Balance Sheet									
		Check if Schedule O contains a response or no	ote to a	ny line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			93,958.	1	85,181.				
	2	Savings and temporary cash investments			161,289.	2	208,501.				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net			2,700.	4	4,630.				
	5	Loans and other receivables from any current									
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%							
		controlled entity or family member of any of the				5					
	6	Loans and other receivables from other disqua									
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6					
ठ	7	Notes and loans receivable, net		F		7					
Assets	8	Inventories for sale or use			8						
ĕ	9	Prepaid expenses and deferred charges			274.	9	3,558.				
	10a	Land, buildings, and equipment: cost or other	i								
		basis. Complete Part VI of Schedule D	10a	7,578.							
	b	Less: accumulated depreciation		3,822.	4,814.	10c	3,756.				
	11	Investments - publicly traded securities		11							
	12	Investments - other securities. See Part IV, line		12							
	13	Investments - program-related. See Part IV, line		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11	1,034.	15	1,034.						
	16	Total assets. Add lines 1 through 15 (must eq			264,069.	16	306,660.				
	17	Accounts payable and accrued expenses			29,399.	17	21,463.				
	18	Grants payable		18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities				20					
	21	Escrow or custodial account liability. Complete				21					
Se	22	Loans and other payables to any current or for	mer offi	cer, director,							
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%							
jabi		controlled entity or family member of any of the	ese pers	sons		22					
_	23	Secured mortgages and notes payable to unre	lated th	ird parties		23					
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24					
	25	Other liabilities (including federal income tax, p	ayables	to related third							
		parties, and other liabilities not included on line	es 17-24). Complete Part X							
		of Schedule D				25					
	26	Total liabilities. Add lines 17 through 25			29,399.	26	21,463.				
m		Organizations that follow FASB ASC 958, ch	eck he	re ▶ X							
čě		and complete lines 27, 28, 32, and 33.									
alar	27	Net assets without donor restrictions			225,756.	27	283,880.				
Ä	28	Net assets with donor restrictions		<u></u>	8,914.	28	1,317.				
ŭ,		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖							
Ē		and complete lines 29 through 33.									
ts o	29	Capital stock or trust principal, or current fund			29						
SSE	30	Paid-in or capital surplus, or land, building, or e	equipme	nt fund		30					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i		-		31					
Š	32	Total net assets or fund balances			234,670. 264,069.	32	285,197. 306,660.				
	33										

Form **990** (2019)

6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		28	5,1	97.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number IDAHO NONPROFIT CENTER, INC. 94-3419016 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	190,142.	260,370.	391,092.	388,297.	404,636.	1634537.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	190,142.	260,370.	391,092.	388,297.	404,636.	1634537.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						004 554
	column (f)						331,554.
	Public support. Subtract line 5 from line 4.						1302983.
	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 260,370.	(c) 2017 391, 092.	(d) 2018 388, 297.	(e) 2019 404,636.	(f) Total 1634537.
	Amounts from line 4	190,142.	400,370.	391,094.	300,497.	404,636.	1634537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	389.	330.	245.	464.	1,212.	2 640
_	and income from similar sources	309.	330.	245.	404.	1,212.	2,640.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						1637177.
	Gross receipts from related activities,	oto (soo instructio	ane)			12	560,268.
	First five years. If the Form 990 is for			d fourth or fifth to	av vear as a sectio		300,2001
10	organization, check this box and stor	ŭ	,		•	* * * *	
Sec	etion C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		14	79.59 %
	Public support percentage from 2018					15	82.35 %
	33 1/3% support test - 2019. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	· I		·	ightharpoons X
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"					~	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	nd see instruction	s ▶

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4							
7	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			-			
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					T 42 T	
17							%
18	1 3					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶ □ □ and □
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his hox and see ir	estructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	00		
	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	134		
	106		
	10b 90 or 99	00 EZ	2010
ııı 9	an or as	7U-EZ)	2019

Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
800	stion C. Type II Supporting Organizations			
360	Control Type in Supporting Organizations		Yes	Na
	Mars a majority of the avacatization's divestors or twistons during the tay year along a majority of the divestors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		. ==		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	T V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
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			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 IDAHO NONPROFIT CENTER, INC. 94-3419016 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service **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

Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	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						
sections 509(a)(1) any one contributo	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.					
year, total contribu	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 totaling \$5,000 or more during the year \rightarrow \$						
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA 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 Employer identification number

IDAHO NONPROFIT CENTER, INC.

94-3419016

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$15,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 6	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

IDAHO NONPROFIT CENTER, INC.

94-3419016

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

IDAHO NONPROFIT CENTER, INC.

94-3419016

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space 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 organization Employer identification number 94-3419016 IDAHO NONPROFIT CENTER, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	e of organization IDAHO N	ONPROFIT CENTER,	INC.		oyer identification number $94-3419016$
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		▶ \$	
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1 2 3 4a b Pa 1 2	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. If I-C Complete if the organization activities Enter the amount of the filling organization file Form Enter the ing organization file Form Enter the names, addresses and er made payments. For each organization file tax Enter the names, received that were presented that were presented to the filling organization file form the filling organization	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 in 4955 tax, did it f	er section 4955 ers under section 4955 for this year? er section 501(c), etion 527 exempt functioner organizations for section 507 exempt functioner organizations for section 527 pole from the filing organizations a separate political organizations organizations for section 527 pole from the filing organizations organizat	except section 501(ion activities	Yes No Yes No C)(3). Yes No No the the filing organization and amount of political
	political action committee (PAC). If (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019 IDAHO			419016 Page 2
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	ea Form 5768 (ei	ection under
A Check ► if the filing organization belon expenses, and share of excess	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
. 🗀	sed box A and "limited control" provisions apply.		
Limits on Lobi	bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and	d 1b)		
d Other exempt purpose expenditures		483,572.	
e Total exempt purpose expenditures (add line	es 1c and 1d)	483,572.	
f Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	96,714.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0
i Subtract line 1f from line 1c. If zero or less, enter -0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	84,737.	95,370.	101,238.	96,714.	378,059.		
b Lobbying ceiling amount (150% of line 2a, column(e))					567,089.		
c Total lobbying expenditures							
d Grassroots nontaxable amount	21,184.	23,843.	25,310.	24,179.	94,516.		
e Grassroots ceiling amount (150% of line 2d, column (e))					141,774.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

_ Yes

No

reporting section 4911 tax for this year?

Schedule C (Form 990 or 990-EZ) 2019 IDAHO NONPROFIT CENTER, INC. 94-341901 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(k	(b)	
the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection		
501(c)(6).			l v		
			Yes	N ₀	
, , , , , , , , , , , , , , , , , , , ,					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree. 	he prior year	2 ? 3	ection		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IDAHO NONPROFIT CENTER, INC.

Employer identification number 94-3419016

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accour	nts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Fund	s and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds			
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor					
	for charitable purposes and not for the benefit of the donor					
	impermissible private benefit?			Yes No		
Pa	rt II Conservation Easements. Complete if the or					
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).				
	Preservation of land for public use (for example, recreated	ation or education) Preservation of	a historically in	mportant land area		
	Protection of natural habitat	Preservation of	a certified hist	oric structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservat	ion easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre			
	listed in the National Register					
3	Number of conservation easements modified, transferred, re			during the tax		
	year ▶					
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation ease	ments during the year		
	>					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	tion easement	s during the year		
	> \$					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170((h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense	statement an	d		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that desc	ribes the		
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of		ther Simila	r Assets.		
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	nd balance sh	neet works		
	of art, historical treasures, or other similar assets held for pu	ıblic exhibition, education, or research in fu	rtherance of p	public		
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these item	IS.			
b	If the organization elected, as permitted under FASB ASC 9	•				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
h	Assets included in Form 990, Part Y		▶ ¢			

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Other	Similar A	ssets(contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t make sigr	ificant use o	of its	
	collection items (check all that apply):								
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am			
b	Scholarly research	e			0 . 0				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizatio	on's exemn	t nurnose in	Part XIII	
5	During the year, did the organization solicit of							i i ait / iii.	
	to be sold to raise funds rather than to be ma				•			Yes	☐ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa			9			,	,,	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not inc	luded		
	on Form 990, Part X?		-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							. —	
	gg							Amoun	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on F							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.								
Pai									
		(a) Current year		rior year			Three years h	oack (e) Four	veare hack
10	Beginning of year balance	(a) Ourient year	(5)	noi yeai	(C) TWO your	3 back (a)	Till Co yours i	Jack (e) Four	yours buok
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance		<u> </u>		<u> </u>				
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for the	organization) 	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?) 			3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Accu	ımulated	(d) Boo	k value
		basis (investr	ment)	basis	(other)	depre	ciation		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment				7,578.		3,822.		3,756.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)				3,756.

	ROFIT CENTER,	INC.	94-3419016 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		. ▶
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(8) (9)

4c

483,572.

	edule D (Form 990) 2019 IDAHO NONPROFIT CENTER, I				3419016 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per P	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	887,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	352,988.		
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	352,988
3	Subtract line 2e from line 1			3	534,099
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	534,099
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	836,560
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	352,988.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		·····	2e	352,988
3	Subtract line 2e from line 1			3	483,572
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

Part XIII Supplemental Information.

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE CENTER MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR 2019 AND 2018.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

IDAHO NONPROFIT CENTER, INC.

Employer identification number 94-3419016

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MONTHLY TRAININGS, WEBINARS AND ASK AND EXPERT CALLS, PLUS CHAIR BOOT

CAMP, BOARD MEMBER BOOT CAM AND THE NON PROFIT LEADERSHIP SUMMIT.

EXPENSES \$ 137,233. INCLUDING GRANTS OF \$ 0. REVENUE \$ 123,916.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE 990. THE FORM 990 IS THEN PRESENTED TO THE BOARD OF DIRECTORS IN ELECTRONIC FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN. AN INTERESTED PARTY SHALL SIGN A DISCLOSURE FORM TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT SHALL BE COMPLETED UPON HIS/HER ASSOCIATION WITH THE ORGANIZATION, AND SHALL BE UPDATED ANNUALLY THEREAFTER. AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE FILED AT SUCH TIME AS AN ACTUAL OR POTENTIAL CONFLICT ARISES.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE (OFFICERS) OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, WHICH INCLUDES USING COMPARABILITY DATA. THE FULL BOARD OF DIRECTORS GIVES FINAL APPROVAL ON EXECUTIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization IDAHO NONPROFIT CENTER, INC.	Employer identification number 94-3419016
GOVERNING DOCUMENTS ARE FILED AT THE ORGANIZATION'S PLACE	OF BUSINESS AND
ARE PROVIDED TO MEMBERS OF THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 29(C)	
NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS D	URING THE TAX
YEAR.	