Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

		f the Treasury		r Social Security number		•		•		Open to F Inspecti					
Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gc A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending								JIIII990.	06/2		on				
									06/30, 20 21 D Employer identification number						
B Che	eck if app	Baablas	e of organization AHO YOUTH RANCH, IN	IC			!'			, number					
	Addres		Business As	vC.				82-0253	216						
	change	Num													
	Name		ber and street (or P.O. box if mail i 55 W.IRVING STREET	E Telephone number (208) 377-2613											
	Initial r	City	or town, state or province, country,					(200) 37	7-201						
	Termin Amend	, alog	ISE, ID 83706		2			G Gross receip	to ¢	57,863	112				
	return Applica	DO1	e and address of principal officer:	KIM THOMAS				H(a) Is this a grou			X No				
	pendin	g	55 W. IRVING STREET		06			subordinates	?						
		mpt status:				or 507		H(b) Are all subord		ed? Yes					
			X 501(c)(3) 501(c) (YOUTHRANCH.ORG) (insert no.)	4947(a)(1)	or 527									
		-	X Corporation Trust	Association Other		I Voor of		H(c) Group exem on: 1953 M			ID				
_	rt I	Summary		Association Other		L rear of	Iormatio		State of I	egai domicile:					
Га			be the organization's mission	ar maat aignifiaant aativitias	WE IN	TTF FOR '	трано	VOUTH	BV D						
	1 [BLE PROGRAMS AND SE	OF MOST SIGNIFICANT ACTIVITIES		DF HFAL									
nce.		RESILIEN													
Governance	-			discontinued its energian											
Ň		Check this bo	- V	discontinued its operation	•				1 1		17.				
ي م	3 1	Number of vo	ting members of the governin	g body (Part VI, line Ta)					3		17.				
es			dependent voting members of						4		737.				
Activities &			of individuals employed in ca	`					5	1	,101.				
Acti			of volunteers (estimate if nece						6		<u>, 101.</u> 0				
			ed business revenue from Part						7a 7h		0				
	D	Net unrelated	l business taxable income from	1 Form 990-1, line 34			<u></u>	Prior Year	7b	Current Y					
		Contributions	and grants (Dart)/III line (h)					7,977,404.		31,044					
ne	8 (Contributions	and grants (Part VIII, line 1h)	• • • • • • • • • • • • • •	COP	Y FOR	1	L8,875,54		22,365					
Revenue			ice revenue (Part VIII, line 2g)		PUBLIC IN	SPECTION		333,91			9,573				
			come (Part VIII, column (A), lir					55,12			7,993				
			e (Part VIII, column (A), lines 5					27,241,99		53,956					
			e - add lines 8 through 11 (mus				2	24,20			5,910				
			imilar amounts paid (Part IX, co					21,20	0.		0,710				
			to or for members (Part IX, col				1	L4,720,01		14,938	2 0 0 3				
d)			er compensation, employee bei					32,00			4,000				
ben	102	Professional I	fundraising fees (Part IX, colum sing expenses (Part IX, column	$(D) \lim_{n \to \infty} 25 $	452 355			52,00	/0.		1,000				
ĔĂ	17 /		ang expenses (Part IX, column	(D), line 25) \blacktriangleright		·		9,049,49	1	15,825	5 851				
	10 -	Other expension	es (Part IX, column (A), lines 1	Ia-IIO, III-24e)				23,825,70		30,833					
			es. Add lines 13-17 (must equa					3,416,28		23,122					
	19	Revenue less	expenses. Subtract line 18 fro				Beginni	ing of Current \		End of Yea					
Net Assets or Fund Balances	- n	Total assats //	Dort V line (C)					14,422,35		71,285					
Asse Bala			Part X, line 16)					L2,323,14		11,576					
und /			s (Part X, line 26)					32,099,21		59,708					
		Signature	fund balances. Subtract line 2	21 from line 20				52,000,21	±•		,020				
Par			, I declare that I have examined t	his return including accomp	onvina ochodu	ulaa and atatam	onto on	d to the heat of	my know		oliof it is				
			e. Declaration of preparer (other that						IIIY KIIO	Meuge and De	silei, it is				
								11/0	1/202	1					
Sigr	n	Signatur	re of officer					Date	1/202	<u> </u>					
Here		, 0	THOMAS		CFO			Date							
		►	print name and title		CFU										
		Print/Type pre	·	Preparer's signature		Date			:r PTIN						
Paid			EN, CPA PARTNER	r reparer s signature			12021	Check							
Prep						10/28				0743036					
Use		Firm's name	► BDO USA, LLP			0.00001				81590					
	41. 17	Firm's address								40-0399					
-			is return with the preparer show		5)			<u></u>	[X Yes	No				
For F	Paper	work Reducti	ion Act Notice, see the separa	ate instructions.						Form 99(J (2020)				

For	n 990 (2020) Page 2
P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
	SERVICES THAT NURTURE HOPE, HEALING, AND RESILIENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$i,691,695) ATTACHMENT 1
	ATTACHMENT
4b	(Code:) (Expenses \$2,721,156. including grants of \$) (Revenue \$397,473.)
	ATTACHMENT 2
4c	(Code:) (Expenses \$1,343,713. including grants of \$) (Revenue \$275,912.)
	ATTACHMENT 3
4d	Other program services (Describe on Schedule O.) ATTACHMENT 4
	(Expenses \$ 170,244. including grants of \$) (Revenue \$)
	Total program service expenses ► 27,322,822.
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Form 9	90 (2020)		F	Page 3
Part	V 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,"		37	
	complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Λ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		- 21
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			<u> </u>
•	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			<u> </u>
	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	A	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	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	114		<u> </u>
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
u	fundraising, business, 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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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 See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	Checklist of Required Schedules (continued)			ugo .
r ar c			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	Х	
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 Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
1 70	\$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		Х
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	240		
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
zJa	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		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		х
20	<i>If "Yes," complete Schedule L, Part I</i> . Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
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			v
	persons? If "Yes," complete Schedule L, Part III	27		X
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			37
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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 Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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	
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Par	t 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 737					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
_	gifts were not tax deductible?	6b				
	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	70	х			
	and services provided to the payor?	7a 7b	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).					
122	against amounts due or received from them.)	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ		
	If "Yes," complete Form 4720, Schedule O.					

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					tions.
	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	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	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hip with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under					
-	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal I	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		-	10b		
11a				11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
	rise to conflicts?		ulu give	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the p	ulicv?	If "Ves"			
U	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 an					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
2	The organization's CEO, Executive Director, or top management official			15a	Х	
a b	Other officers or key employees of the organization			15b	Х	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		••••			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	arra	naement			
IVa	with a taxable entity during the year?		•	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ID, OR,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	۵۵۸	T_000 bac	(Sec	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		anu 990-1	(Sec		01(0)
	X Own website X Another's website X Upon request Other (explain on Sc.	-	0)			
10			,	inte	·	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum and financial statements available to the public during the tax year.	ents,	CONTINUEL OF	mer	esi p	oncy,
20		ooko	and record			
20	State the name, address, and telephone number of the person who possesses the organization's trees bolice, in the state of the person who possesses the organization's trees bolice, in the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who possesses the organization's trees the state of the person who person	JUKS		5 F		
				Form	990	(2020)

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

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

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

				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any				1		, <u> </u>	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	dual	utior	9	mpla	st o	er			related organizations
	below	rus	al tr		ууее	omp				
	dotted line)	tee	uste			ensa				
			¢			ated				
(1) SCOTT CURTIS	40.00									
CEO	40.00			х				178,497.	0.	43,023.
(2) RICHARD ALIS	40.00			- 25				170,197.	0.	13,023.
	0.					x		141,572.	0.	15,038.
(3) JAMES BUCKLES	40.00							111,0711		
CDO	0.					x		142,737.	0.	13,426.
(4) JEFF MYERS	40.00									
VP-MARKETING & COMMUNICATIONS	0.					x		118,443.	0.	22,504.
(5) KIM THOMAS	40.00									
CFO	0.			Х				112,125.	0.	19,723.
(6) JOSE VALLE	40.00									
VP-SPECIAL PROJECTS	0.					Х		103,608.	0.	21,851.
(7) RICHARD CLINE	40.00									
VP, SOCIAL ENTERPRISE	0.					Х		109,512.	0.	15,501.
(8) CHRIS TAYLOR	.40									
DIRECTOR	0.	Х						0.	0.	0.
(9)BRIAN J. SCOTT	.67									
DIRECTOR	0.	Х						0.	0.	0.
(10) SHANE MACE	.40									
DIRECTOR	0.	X						0.	0.	0.
(11) JIM BRATNOBER	.42									
DIRECTOR	0.	X						0.	0.	0.
(12) CAMILLE ANDERSEN	.25								0	
DIRECTOR	0.	X						0.	0.	0.
(13) ANGELA HARRISON	.37	37							^	_
DIRECTOR	0.	X						0.	0.	0.
(14) DONNA FINDLAY	.21	v							0.	
DIRECTOR	0.	X						0.	0.	<u> </u>

Form 990 (2020)

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	nplo	yee	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)
(A) (B) (C) (D) (E) (F)										
Name and title	Average hours per week (list any hours for	box, office	unles er and	heck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) DEANNA TURNER	.17									
DIRECTOR	0.	Х						0.	0.	0
16) LEANNE ROUSSEAU	.21									
DIRECTOR	0.	Х						0	0.	0
17) TIM REID	.37									
DIRECTOR	0.	Х						0	0.	0
18) RICK RIETMANN	.25									
DIRECTOR	0.	Х						0	0.	0
19) JOSH TYREE	.87									
DIRECTOR	0.	Х						0	0.	0
20) STEPHEN ROBERTSON	.29									
DIRECTOR	0.	X						0.	0.	0
21) BRINNON MANDEL	.17									
DIRECTOR	0.	X						0.	0.	0
22) HARRY AMEND	.25									
DIRECTOR	0.	X						0.	0.	0
23) LEROY CUSTER	1.12									
DIRECTOR	0.	X						0.	0.	0
24) JULIE VANORDEN	.38									
DIRECTOR	0.	X						0.	0.	0
25) SHEILA HENNESSEY	.52									
DIRECTOR	0.	Х						0.	0.	0
1b Sub-total			_	_	_			906,494.	0.	151,066.
c Total from continuation sheets to Part VII, S	ection A						►	0.	0.	0.
d Total (add lines 1b and 1c)	_						►	906,494.	0.	151,066.
2 Total number of individuals (including but not reportable compensation from the organization			liste 7	d al	bov	e) who	o re	ceived more than	\$100,000 of	

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
-	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
-	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
6	action B. Independent Contractors			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 7		

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Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	yee	es,	and H	lig	hest Compensat	ed Employe	es (co	ontinued)	<u> </u>
	(A) Name and title	(B) (C) (D) (E) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Neportable compensation from officer end a director/trustee) Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation (W-2/1099-MISC)				(F Estim amou oth compe from organi and re organi	nated unt of ner nsation the ization elated							
26	JIM JOHNSTON	.46					ted							
	DIRECTOR	0.	X						0		0.			0
27 	HENRY ATENCIO DIRECTOR	.23	x						0.		0.			0
			-											
			-											
			-											
			-											
			-											
			-											
c	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	=	•••	 	•••	•••	· · ·		0.		0.			0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t						o re	eceived more than	\$100,000 of				
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Y 3	'es	No X
4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								4	x				
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individu	al	5		Х
	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) ompensat	ion	
_														
								-						

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

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Statement of Revenue Part VIII

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
s	1a	Federated campaigns	1a	25,000.				
and Other Similar Amounts	b	Membership dues						
Ĕ	с	Fundraising events	1c	698,965.				
a "	d	Related organizations	1d					
nila	е	Government grants (contribu	utions) 1e	840,580.				
Si	f	All other contributions, gifts,	grants,					
er		and similar amounts not include	ed above . 1f	29,479,460.				
5 5	g	Noncash contributions inclu	ided in					
p		lines 1a-1f	1g	\$ 9,458,548.				
ar	h	Total. Add lines 1a-1f		<u></u> ▶	31,044,005.			
				Business Code				
	2a	SOCIAL ENTERPRISE		453310	21,691,695.	21,691,695.		
Revenue	b	RESIDENTIAL		623990	397,473.	397,473.		
nue	c	COMMUNITY SERVICES		624110	275,912.	275,912.		
e č	d							
<u>م</u>	е							
	f	All other program service rev	venue					
	g	Total. Add lines 2a-2f			22,365,080.			
	3	Investment income (inclu						
		other similar amounts).		>	335,272.			335,27
	4	Income from investment of			0.			
	5	Royalties	•	·	6,145.			6,14
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	75,845.					
	b	Less: rental expenses 6b						
	с	Rental income or (loss) 6c	75,845.					
	d	Net rental income or (loss)			75,845.			75,84
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	3,571,672.	173,201.				
Ð	b	Less: cost or other basis						
enne		and sales expenses 7b	3,382,680.	167,892.				
2	с	Gain or (loss) 7c	188,992.	5,309.				
Ľ	d	Net gain or (loss)			194,301.			194,30
	8a	•	fundraising					
5	Ua	events (not including \$	698,965.					
		of contributions reported						
		1c). See Part IV, line 18		202,051.				
	b	Less: direct expenses		314,002.				
	c	Net income or (loss) from fu			-111,951.			-111,95
	9a	Gross income from	gaming					
	54	activities. See Part IV, line 19		45,550.				
	b	Less: direct expenses		42,188.				
		Net income or (loss) from (· · · · · • •	3,362.			3,36
	10a	Gross sales of invent returns and allowances	ory, less	0.				
	b	Less: cost of goods sold		0.				
	c	Net income or (loss) from sa		· · · · · · •	0.			
				Business Code				
Revenue	11a	MISCELLANEOUS INCOME		454210	44,592.			44,59
ň								
SVe	b							
~	c d	All other revenue						
	u				44.500			
	е	Total. Add lines 11a-11d		P	44,592.			

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,910.	5,910.		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	349,000.		296,149.	52,851.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	11,677,403.	9,856,965.	992,473.	827,965.
8		224,756.	170,376.	36,928.	17,452.
9	Other employee benefits	1,539,389.	1,379,231.	95,380.	64,778.
10	Payroll taxes	1,147,455.	963,207.	115,938.	68,310.
11	Fees for services (nonemployees):				
a	a Management	0.			
k	DLegal	0.			
0	Accounting	67,440.		67,440.	
C	Lobbying	0.			<u> </u>
	Professional fundraising services. See Part IV, line 17	64,000.		25 510	64,000.
	f Investment management fees	35,519.		35,519.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column	202,039.	120,561.	40,601.	40,877.
	(A) amount, list line 11g expenses on Schedule O.)	303,912.	192,777.	7,316.	103,819.
	Advertising and promotion	1,053,924.	862,392.	94,402.	97,130.
13	Office expenses	194,444.	148,247.	32,150.	14,047.
14	Information technology	0.	110,217.	52,150.	11,017.
15		2,790,727.	2,737,001.	41,995.	11,731.
16		313,367.	292,218.	17,640.	3,509.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20		207,603.	143,597.	59,767.	4,239.
20	Interest Payments to affiliates.	0.			,
22	Depreciation, depletion, and amortization	1,254,242.	1,176,814.	36,926.	40,502.
23	Insurance	293,971.	259,373.	32,270.	2,328.
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 O.)				
		7,493,064.	7,493,024.	40.	
	COST OF GOODS SOLD	567,257.	565,975.	1,115.	167.
-	TEMPORARY LABOR	460,044.	446,261.	13,783.	107.
	CLIENT NECESSARIES	115,315.	115,315.		
	·	472,983.	393,578.	40,755.	38,650.
	All other expenses Total functional expenses. Add lines 1 through 24e	30,833,764.	27,322,822.	2,058,587.	1,452,355.
<u>25</u> 26		0.	2.,522,622.	_,000,007.	

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m 990 art X				Page 1
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,140,398.	1	8,486,979
2	Savings and temporary cash investments.	4,095.	2	573,397
3	Pledges and grants receivable, net	1,465,637.	3	6,592,791
4	Accounts receivable, net.	244,933.	4	359,647
5	Loans and other receivables from 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	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	339,639.	7	411,246
7 8	Inventories for sale or use	216,569.	8	1,566,968
9	Prepaid expenses and deferred charges	248,985.	9	194,729
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 37, 349, 887.			
b	Less: accumulated depreciation	27,200,969.	10c	27,692,475
11	Investments - publicly traded securities	12,475,527.	11	25,327,453
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	70,905.	14	65,17
15	Other assets. See Part IV, line 11	14,700.	15	14,70
16	Total assets. Add lines 1 through 15 (must equal line 33)	44,422,357.	16	71,285,56
17	Accounts payable and accrued expenses	2,230,230.	17	2,080,02
18	Grants payable	0.	18	
19	Deferred revenue.	3,967,623.	19	3,808,16
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	6,125,293.	23	5,688,73
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	12,323,146.	26	11,576,932
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	22,511,755.	27	29,161,63
28	Net assets with donor restrictions.	9,587,456.	28	30,546,993
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	32,099,211.	32	59,708,628
33	Total liabilities and net assets/fund balances	44,422,357.	33	71,285,560

Form 990 (2020)

Form 99	90 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		956,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		333,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	23,1	22,8	387.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,0)99,2	211.
5	Net unrealized gains (losses) on investments	5	3,0)44,1	61.
6	Donated services and use of facilities	6		81,6	531.
7	Investment expenses	7			0.
8	Prior period adjustments	8	1,3	360,5	738.
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	59,7	708,6	528.
Part					
	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," e	xplain	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	or		
	reviewed 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, 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 over	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	e		
	Single Audit Act and OMB Circular A-133?		<u>3a</u>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th	ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		. 3b		
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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

	nent of the Trea Revenue Servic		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	information.	Inspection
Name o	of the organizat	ion					Employer identif	ication number
IDAH		RANCH, INC.					82-02533	
Part			•	organizations must			,	S.
	<u> </u>	•		t is: (For lines 1 throu	-		,	
1				tion of churches desc				
2				. (Attach Schedule E	-			
3 4				rganization described conjunction with a hose				Viiii) Entor the
		s name, city, and st	•		spilai ue	Scribeu ii		
5				a college or universit	tv owne	d or ope	erated by a governme	ental unit described in
• _		170(b)(1)(A)(iv). (C		a concigo or annoror	.,	a e. epe		
6				rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7								om the general public
	describe	d in section 170(b)	(1)(A)(vi). (Compl	lete Part II.)				
8	A commu	unity trust describe	ed in section 170(I	o)(1)(A)(vi). (Complete	e Part II.)			
9			-	ed in section 170(b)(1		-	-	
		-	grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state c	of the college or
	university							
10 2	receipts support f	from activities rela rom gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its
11				usively to test for publ		•	,	
12	An orgar	nization organized	and operated excl	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes
	of one of	r more publicly su	pported organizati	ions described in sec	tion 509	(a)(1) or	r section 509(a)(2). S	See section 509(a)(3).
	Check the	e box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а	Type I.	A supporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the sup	ported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	ees of the
			-	te Part IV, Sections A				
b				ed or controlled in co				
		-		organization vested in	the sam	e persor	ns that control or mar	hage the supported
-			-	, Sections A and C.		onnontio	n with and functions	lly into groto d with
С				ing organization operation). You must comple				iny integrated with,
d		-		porting organization of				ted organization(s)
ŭ		-		nization generally mus	-			
				omplete Part IV, Sect	-		-	
е	· ·	•	,	a written determinatio				II, Type III
	function	nally integrated, or	Type III non-funct	tionally integrated sup	porting o	organizat	tion.	
			•					
				orted organization(s).	1		1	1
(i) Name of supp	orted organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
For Pa	perwork Reduc	tion Act Notice, see th	e Instructions for Form	n 990 or 990-EZ.			Schedule A	A (Form 990 or 990-EZ) 2020

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	tion A. Public Support				r		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1	1	1	1	F
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		-			1 1	
14	Public support percentage for 2020 (li		•		•	14	%
15	Public support percentage from 2019					15	%
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization q		• • • •	•			
b	331/3% support test - 2019. If the org	-					
170	this box and stop here . The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
17a	10% or more, and if the organization		-				
	Part VI how the organization meets					-	
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
D D	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					-	-
	organization.			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2020

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.)

2 Gross measures from anticulation, mechanises in a reading but in a reactively but is readed to the originization's benefitian any activity but is readed to the originization's benefit and either paid to an unvested trade of buttless and can unvested trade can be presented to buttless and can unvested trade can be presented to buttless and can unvested trade can be presented to buttless and can unvested trade can be presented to buttless and can unvest be presented to buttless aneal unvest be presented to buttless and can unvest trade to bu	Calendar 1 Gift: recc 2 Gro solo furm org: 3 Gro unr 4 Tay org or e 5 The furm org 6 Tot	year (or fiscal year beginning in) ► s, grants, contributions, and membership fees eived. (Do not include any "unusual grants.") oss receipts from admissions, merchandise d or services performed, or facilities nished in any activity that is related to the anization's tax-exempt purpose oss receipts from activities that are not an elated trade or business under section 513 of revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3 reived from disqualified persons nounts included on lines 2 and 3	3,751,214. 17,849,260. 133,070. 21,733,544.	5,143,428. 18,845,803. 465,343.	3,793,375. 19,718,051.	7,977,404.	31,044,005.	(f) Total 51,709,426. 97,653,741. 1,415,633. 0.	
1 0.11, gram, contributions, and memory has largers, 1/2 3, 751, 214 5, 142, 420 2, 793, 275 7, 977, 484 21, 044, 005 52, 709, 42 2 Gross receipt from admission, monthandles and on an unrelated brance of tradities under the late of the angenetic of admission branching purpose. 17, 149, 240, 18, 849, 482. 18, 714, 155. 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 145, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 155, 61 14, 145, 61 14, 155, 61 14, 145, 61 14, 155, 61 14, 14, 155, 61 14, 145, 6	 Gift: record 2 Groo solo furm org; Groo unr; Groo unr; Tax org or e The furm org The furm org The furm org The furm 	s, grants, contributions, and membership fees eived. (Do not include any "unusual grants.") oss receipts from admissions, merchandise d or services performed, or facilities hished in any activity that is related to the anization's tax-exempt purpose oss receipts from activities that are not an elated trade or business under section 513 of revenues levied for the anization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the anization without charge tal. Add lines 1 through 5 evenues included on lines 1, 2, and 3 evenues included on lines 2 and 3	3,751,214. 17,849,260. 133,070. 21,733,544.	5,143,428. 18,845,803. 465,343.	3,793,375. 19,718,051.	7,977,404.	31,044,005.	51,709,426. 97,653,741. 1,415,633.	
received (Do not incust any number part) 3,751,214 5,242,428 3,792,372 7,977,404 21,044,085 51,799,42 2 Gross incorpts from admission, metabalities furnished in any activity that is deated to the organization is metable to thate sound are sound as unrelated to thate sound are sound as an other to any activity that is deated to the organization short(in and other paid) to or supended on its behalf 17,109,200 19,716,051	2 Gro sold furm org: 3 Gro unn 4 Tax org or 6 5 The furm org 6 Tot	eived. (Do not include any "unusual grants.") pass receipts from admissions, merchandise d or services performed, or facilities hished in any activity that is related to the anization's tax-exempt purpose	17,849,260. 133,070. 21,733,544.	18,845,803. 465,343.	19,718,051.	18,875,547.	22,365,080.	97,653,741. 1,415,633.	
2 Gross mediates from anticates, mechanicales, and or senices particulated, or facilities functionalise in any anticipation is due table to the organization's two-energy torposes	 2 Grading Solution 3 Grading Grading	ass receipts from admissions, merchandise d or services performed, or facilities hished in any activity that is related to the anization's tax-exempt purpose ass receipts from activities that are not an elated trade or business under section 513 . A revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 reved from disqualified persons mounts included on lines 2 and 3	17,849,260. 133,070. 21,733,544.	18,845,803. 465,343.	19,718,051.	18,875,547.	22,365,080.	97,653,741. 1,415,633.	
select or services performed or facilities furrished in any activity that is restate to the organization's the-mempt propose	sold furm org: 3 Gro unn 4 Tax org or 6 5 The furm org 6 Tot	d or services performed, or facilities nished in any activity that is related to the anization's tax-exempt purpose bass receipts from activities that are not an elated trade or business under section 513 k revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3 reived from disqualified persons nounts included on lines 2 and 3	133,070.	465,343.				1,415,633.	
Immitted anay actively hal is related to here organization's takesempt pupped 17, 449, 260, 18, 945, 863, 19, 718, 051, 18, 975, 547, 22, 265, 080, 97, 652, 74 3 Gross receipts from achies that er od an unrelated trade or business its with the there or ganization's benefit and either patio or expended on its behalt	furn org; 3 Gro unr 4 Tax org or 6 5 The furn org 6 Tot	hished in any activity that is related to the anization's tax-exempt purpose	133,070.	465,343.				1,415,633.	
a gravitation's issemptioppes 17,849,200 18,845,803 19,718,091 18,875,547 22,355,003 97,653,74 3 Goss receipts from sublisits that are not an unmated transe action 513 133,070 465,443 363,927 171,000 292,194 1,415,64 4 Tax revenues levide for the organization without charge 133,070 465,443 363,927 171,000 292,194 1,415,64 5 The value of services of facilities frumished by a governmental unit to the organization without charge 21,731,544 24,444,974 25,865,963 27,024,041 91,701,778,40 190,778,40 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 522,955 653,159 702,002 467,427 1,666,980 3,822,42 A dl lines 7 and 7b 1527,955 653,159 702,002 467,427 1,566,980 3,822,42 B Public support, (Subtret line 7 form 127,223,164 (a) 2016 (a) 2016 (a) 2016 (a) 2017 1,565,920 3,892,42 B Public support, (Subtret line 7 form 122,925 653,159 702,302 447,427 1,566,980 3,892,42 B Publi	org: 3 Gro unr 4 Tax org or 6 5 The furn org 6 Tot	anization's tax-exempt purpose	133,070.	465,343.				1,415,633.	
3 Gross receipts from activities that are not an unrelated trade or business under section 513. 133,070. 455,343. 353,977. 171,070. 292,193. 1,415,63 4 Tax revenues levels of the dre or opended on its behalt	 3 Grouun 4 Tayorg org or e 5 The furn org 6 Tot 	ass receipts from activities that are not an elated trade or business under section 513 . A revenues levied for the panization's benefit and either paid to expended on its behalf	133,070.	465,343.				1,415,633.	
unrelated trade or business under section 513 133,070 445,343 353,937 172,090 292,193 1,415,63 4 Tax revenues looked for the organization sheenft and either paid to or expended on its behaft 1	4 Tax org or 6 5 The furn org 6 Tot	elated trade or business under section 513 x revenues levied for the panization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the panization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3 reved from disqualified persons nounts included on lines 2 and 3	21,733,544.		353,937.	171,090.	292,193.		
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6 Total. Add lines 1 through 5,	6 Tot	tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3 neived from disqualified persons nounts included on lines 2 and 3							
6 Total. Add lines 1 through 5,	6 Tot	tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3 neived from disqualified persons nounts included on lines 2 and 3						0.	
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c Add lines 7a and 7b								0.	
line 6) 146,885,97 Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6			522,955.	653,159.	702,302.	447,427.	1,566,980.	3,892,823.	
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9 Amounts from line 6									
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Calendar	year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
payments received on securities loans, rents, royalties, and income from similar sources	9 Am	ounts from line 6	21,733,544.	24,454,574.	23,865,363.	27,024,041.	53,701,278.	150,778,800.	
rents, royalties, and income from similar sources									
sources									
section 511 taxes) from businesses acquired after June 30, 1975 226,896. 340,250. 429,591. 358,287. 417,262. 1,772,28 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 226,896. 340,250. 429,591. 358,287. 417,262. 1,772,28 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 1 1 1 1 1 1 1 1 1 1 21,960,440. 24,794,824. 24,294,954. 27,382,328. 54,118,540. 152,551,08 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 1 1 1 59,629 % 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 96,29 % 96,29 % 16 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 17 1 <td></td> <td></td> <td>226,896.</td> <td>340,250.</td> <td>429,591.</td> <td>358,287.</td> <td>417,262.</td> <td>1,772,286.</td>			226,896.	340,250.	429,591.	358,287.	417,262.	1,772,286.	
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions				•					
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.*
- **10 a** 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 line 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.)

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
		F

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.

Section C. Type II Supporting Organizations

 Yes
 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 the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of 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 line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	a The organization satisfied the Activities Test. Complete line 2 below.					
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).					
•	2 Activities Test Answer lines 23 and 26 below					
-,	Activities Lest Answer lines 22 and 26 below					

~	Activities rest. Answer nines za and zb below.		
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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> 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 lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Schedule A (Form 990 or 990-EZ) 2020

Page 5

1

2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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-	le A (Form 990 or 990-EZ) 2020				Page 7
Part		Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
<u> </u>	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from				
4					
	Section D, line 7: \$ Applied to underdistributions of prior years				
<u>a</u>	Applied to 2020 distributable amount				
b 	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

	ATTACHME	NT 2
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS	- 2017	
DISQUALIFIED PERSON		AMOUNT
DIRECTORS AND OFFICERS		153,159.
HADLEY AND MARION STUART FOUNDATION		500,000.
TOTAL		653,159.
	ATTACHME	NT 3
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS		
DISQUALIFIED PERSON		AMOUNT
DIRECTORS AND OFFICERS		202,302.
HADLEY AND MARION STUART FOUNDATION		500,000.
TOTAL		702,302.
	ATTACHME	NT 4
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS		
DISQUALIFIED PERSON	2019	AMOUNT
DIRECTORS AND OFFICERS		447,427.
	Schedul	e A (Form 990 or 990-EZ) 202
SA		,

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 A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS -	- 2016	_
DISQUALIFIED PERSON		AMOUNT
DIRECTORS AND OFFICERS		522,955.
TOTAL		522,955.
		0
	ATTACHMENT	۷
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS -	- 2017	
DISQUALIFIED PERSON		AMOUNT
DIRECTORS AND OFFICERS		153,159.
HADLEY AND MARION STUART FOUNDATION		500,000.
TOTAL		653,159.

ATTACHMENT 1

Schedule A (Form 990 or 990-EZ) 2020		Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Pa 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, lines 2, 5, and 6. Also complete this part for any additional information. (See i	a, 11b, and 11c art IV, Section E 6, and 8; and P	; Part IV, Section , lines 1c, 2a, 2b,
	ATTACHMENT	4 (CONT'D)
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS	- 2019	=
DISQUALIFIED PERSON		AMOUNT
TOTAL	=	447,427.
	ATTACHMENT	5
SCHEDULE A, PART III - AMOUNTS RECEIVED FROM DISQUALIFIED PERSONS	- 2020	=
DISQUALIFIED PERSON		AMOUNT
DIRECTORS AND OFFICERS		345,480.
HADLEY AND MARION STUART FOUNDATION		150,000.
IDAHO COMMUNITY FOUNDATION		1,064,550.
THE OREGON COMMUNITY FOUNDATION		6,950.
TOTAL	-	1,566,980.

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

82-0253346

IDAHO YOUTH RANCH, INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

б

5

4

3

2

1

B009949.T001

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 2,643,596. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 1,292,330. Х \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 N/A Х Person Payroll 1,064,550. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 1,000,450. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 1,000,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 1,000,000. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 82-0253346

Part I

B009949.T001

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$1,000,000.	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
8	N/A	\$1,000,000. 	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
9	N/A	- _ \$995,150.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	_ \$506,293.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	_ \$500,450.	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
12	N/A	- _ \$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	IDAHO	YOUTH	RANCH,	INC.		

Page 2
Employer identification number
82-0253346

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$500,000.	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		
14	N/A	\$454,400.	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		
	N/A	\$ 300,006.	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		
16	N/A	\$250,000.	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		
	N/A	\$250,000.	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		
18	N/A	\$244,110.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$200,500.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$200,000.	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		
	N/A	\$200,000.	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		
22	N/A	\$197,565.	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		
23	N/A	\$150,000.	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		
24	N/A	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	N/A	\$125,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	N/A	\$114,351.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	N/A	\$110,500.	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		
28	N/A	\$110,400.	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		
29	N/A	\$110,000.	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		
30	N/A	\$104,914.	Person X Payroll On Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

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Employer identification number
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(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
31	N/A	\$104,026.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
32	N/A	\$102,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
33	N/A	\$101,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
34	N/A	\$100,048.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
35	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
36	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

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Employer identification number
82-0253346

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
37	<u>N/A</u>	\$100,000.	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			
38	N/A	\$100,000.	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			
39	N/A	\$100,000.	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			
	N/A	\$100,000.	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			
1	<u>N/A</u>	\$100,000.	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			
	<u>N/A</u>	\$ 89,424.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

JSA

Employer identification number

(d)

Type of contribution

82-0253346

(c)

Total contributions

	N/A	\$71,780.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$67,950.	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
	N/A	\$51,750.	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
46	N/A	\$51,650.	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
	N/A	\$51,239.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$50,100.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
49	N/A	\$ 50,000.	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		
50	N/A	\$50,000.	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		
51	N/A	\$50,000.	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		
52	N/A	\$50,000.	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		
53	N/A	\$50,000.	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		
54	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
55	N/A	\$50,000.	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		
56	N/A	\$50,000.	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		
57	N/A	\$50,000.	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		
58	N/A	\$50,000.	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		
59	N/A	\$45,766.	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		
60	N/A	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$42,425.	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
62	N/A	\$37,682.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$35,000.	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
64	N/A	\$34,106.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$31,605.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$27,964.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
67	N/A	\$26,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
68	N/A	\$25,771.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
69	N/A	\$25,250.	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		
70	N/A	\$25,000.	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		
71	<u>N/A</u>	\$25,000.	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		
72	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					
Name of organization	IDAHO	YOUTH	RANCH,	INC.	

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Employer identification number
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Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	N/A	\$25,000.	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				
74	N/A	\$25,000.	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				
75	N/A	\$25,000.	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				
76	N/A	\$25,000.	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				
	N/A	\$25,000.	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				
78	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

arti	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
79	<u>N/A</u>	\$25,000.	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		
80	N/A	\$25,000.	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		
81	N/A	\$25,000.	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		
82	N/A	\$24,920.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
83	N/A	\$24,839.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
84	N/A	\$24,153.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate cop	es of Part I if additional space is ne	eaed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$22,272.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$21,556.	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
87	N/A	\$20,178.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$20,100.	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
89	N/A	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	N/A	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
91	N/A	\$20,000.	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		
92	N/A	\$17,500.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
93	<u>N/A</u>	\$16,550.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
94	N/A	\$15,694.	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		
95	<u>N/A</u>	\$15,000.	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		
96	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
97	N/A	\$15,000.	Person X Payroll Noncash		
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
98	<u>N/A</u>	\$15,000.	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		
99	<u>N/A</u>	\$14,100.	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		
100	<u>N/A</u>	\$13,259.	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		
101	<u>N/A</u>	\$12,875.	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		
102	N/A	\$11,670.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
103	N/A	\$11,500.	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		
104	N/A	\$11,375.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
105	N/A	\$11,239.	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		
106	N/A	\$11,200.	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		
107	N/A	\$10,927.	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		
108	N/A	\$10,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate cop	· ·	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	N/A	\$10,500.	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
110	N/A	\$10,277.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	N/A	\$10,250.	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
112	N/A	\$10,196.	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
113	N/A	\$10,117.	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
114	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	IDAHO	YOUTH	RANCH,	INC.		

Part I	Contributors (see instructions). Use duplicate cop	ses of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<u>N/A</u>	\$10,000.	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
116	N/A	\$10,000.	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
117	N/A	\$10,000.	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
118	N/A	\$10,000.	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
119	N/A	\$10,000.	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
120	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	IDAHO	YOUTH	RANCH,	INC.		

Part I	Contributors (see instructions). Use duplicate cop	les of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	N/A	\$10,000.	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
122	N/A	\$10,000.	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
123	N/A	\$10,000.	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
124	N/A	\$10,000.	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
125	N/A	\$10,000.	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
126	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	IDAHO	YOUTH	RANCH,	INC.		

art I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$10,000.	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
.28	N/A	\$9,326.	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
129	<u>N/A</u>	\$9,039.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$8,535.	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
.31	<u>N/A</u>	\$8,477.	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
132	N/A	\$7,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	IDAHO	YOUTH	RANCH,	INC.		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
133	N/A	\$7,911.	Person X Payroll Noncash (Complete Part II for		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
134	N/A	\$7,815.	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		
135	N/A	\$7,500.	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		
136	N/A	\$7,500.	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		
137	N/A	\$7,500.	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		
138	N/A	\$7,270.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	<u>N/A</u>	\$7,200.	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		
140	N/A	\$7,200.	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		
	N/A	\$7,198.	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		
142	N/A	\$7,100.	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		
143	N/A	\$6,950.	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		
144	N/A	\$6,930.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	IDAHO	YOUTH	RANCH,	INC.		

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	<u>N/A</u>	\$ 6,800.	Person X Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
146	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147	N/A	\$5,919.	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
148	N/A	\$5,800.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	<u>N/A</u>	\$5,600.	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
150	N/A	\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$5,458.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$5,236.	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
153	N/A	\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154	N/A	\$5,081.	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
155	N/A	\$5,081.	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
156	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is ne	eaed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	\$ 5,000.	Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution
158	N/A	\$5,000.	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
159	N/A	\$5,000.	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
160	<u>N/A</u>	\$5,000.	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
161	N/A	\$5,000.	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
162	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164	N/A	\$5,000.	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
165	<u>N/A</u>	\$5,000.	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
166	<u>N/A</u>	\$5,000.	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
167	N/A	\$5,000.	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
168	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
170	N/A	\$5,000.	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
171	N/A	\$5,000.	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
172	<u>N/A</u>	\$5,000.	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
173	N/A	\$5,000.	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
174	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2020))	
Name of organization	IDAHO	YOUTH	RANCH,	INC.

art I Contri	butors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.75 <u>N/A</u>		\$5,800.	Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form	990, 990-E	Z, or 990-P	F) (2020)

Employer identification number 82-0253346

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	LIVE AUCTION FOOD BASKETS		
84			
		\$23,703.	12/14/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
~ -	180 SHARES APPLE STOCK		
85			
		\$21,096.	09/09/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	26,000 SHARES OF IDACORP, INC.		
		\$1,292,330.	04/27/2021
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ONE YEAR SOLAR METER CREDITS		
62			
		\$37,682.	12/31/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1.0	AUCTION GIFT CARDS		
19		—	
		\$500.	05/20/2021
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	360 SHARES APPLE STOCK		
ч/		—	
		45,889.	12/16/2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form 9	990, 990-EZ,	or 990-PF) (20	20)

Employer identification number 82-0253346

- 1 8 -			(a)		
a) No. from Part I	(b) Description of noncash property given		(c) IV (or estimate) See instructions.)	(d) Date received	
	5 VACATION TRIPS				
93					
		\$	16,550.	06/22/2021	
) No. rom art I	(b) Description of noncash property given		(c) IV (or estimate) See instructions.)	(d) Date received	
48	SHARES OF NVIDIA STOCK				
		\$	50,000.	11/14/2020	
) No. rom art I	(b) Description of noncash property given		(c) IV (or estimate) See instructions.)	(d) Date received	
L04	CLOTHING AND 350 \$30 GIFT CERTIFICATES				
		\$	11,375.	06/02/2021	
) No. rom art I	(b) Description of noncash property given		(c) IV (or estimate) See instructions.)	(d) Date received	
	65,000 SHARES ALBERTSON'S STOCK				
9					
		\$	995,150.	10/08/2020	
) No. rom Part I	(b) Description of noncash property given		(c) IV (or estimate) See instructions.)	(d) Date received	
0.0	76 SHARES OF COUPA SOFTWARE INC.				
82		—			
		\$	24,920.	12/16/2020	
) No. rom Part I	(b) Description of noncash property given		(c) IV (or estimate) See instructions.)	(d) Date received	
	350 \$50 GIFT CARDS				
92					
52					

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form	990, 990-EZ,	or 990-PF) (2020)

Employer identification number 82-0253346

Page 3

a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) ee instructions.)	(d) Date received
34	5740 SHARES OF ALBERTON STOCK			
		\$	100,048.	01/21/2021
a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) ee instructions.)	(d) Date received
18	3,000 SHARES MICRON STOCK			
		\$	244,110.	02/05/2021
a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) ee instructions.)	(d) Date received
129	FOOD AND HOUSEHOLD ITEMS			
		\$	7,739.	08/28/2021
a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) ee instructions.)	(d) Date received
138	100 SHARES MICRON STOCK			
		\$	7,270.	12/09/2020
a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) ee instructions.)	(d) Date received
87	1800 SHARES HEWLETT PACKARD ENTERPRISE			
		\$	20,178.	12/01/2020
a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) ee instructions.)	(d) Date received
10	STOCK DONATION			
-			506,293.	12/23/2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	В	(Form	990,	990-EZ,	or 990-P	F)	(2020)

Name of organization IDAHO YOUTH RANCH, INC.

Employer identification number 82-0253346

Page 3

a) No. from Part I	(b) Description of noncash property given		(c) or estimate) instructions.)	(d) Date received
83	121.1416 SHARES OF VANGUARD TOTAL STOCK	_		
		\$	24,839.	03/23/2021
a) No. from Part I	(b) Description of noncash property given		(c) or estimate) instructions.)	(d) Date received
26	1 YEAR OF DONATED USE OF HORSES AND FACILITY	—		
		\$	26,400.	12/01/2020
a) No. from Part I	(b) Description of noncash property given		(c) or estimate) instructions.)	(d) Date received
110	SILENT AUCTION DONATION	_		
		\$	10,277.	05/01/2021
a) No. from Part I	(b) Description of noncash property given		(c) or estimate) instructions.)	(d) Date received
66	DONATED MATERIALS FOR ROOF REPLACEMENT			
		\$	27,964.	06/11/2021
a) No. from Part I	(b) Description of noncash property given		(c) or estimate) instructions.)	(d) Date received
31	1,550 SHARES OF APPLE INC. STOCK			
		\$	104,026.	12/29/2020
a) No. from Part I	(b) Description of noncash property given		(c) or estimate) nstructions.)	(d) Date received
43	1950 SHARES PIONEER FUND STOCK	—		
				03/16/2021

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form	990,	990-EZ,	or 9	990-PF) (2020)

Employer identification number 82-0253346

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	THREE VACATION STAYS		
148			
		\$5,800.	05/25/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	LIVE AUCTION #4 - 2 GCS FOR		
153	4 DAY/3 NIGHT STAY AT THE 44 NORTH		
	MOUNTAIN LODGE IN KETCHUM WITH		
	OTHER VARIOUS GIFTS	\$5,100.	05/25/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Vame of or	rganization IDAHO YOUTH RANCH, INC	2.	Employer identification number		
			82-0253346		
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 <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed.				
	contributions of \$1,000 or less for th	e year. (Enter this information once. Se			

-		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4 Relat	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, ar		Relationship of transferor to transferee				
-							
(a) No.							
(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, ar	nd ZIP + 4 Relat	ionship 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

JSA

SCHEE	DULE	D
(Form	990)	

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.

2020

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.				Open to Public
	rnal Revenue Service	Go to www.irs.gov	/Form990 for instructions a	nd the latest inf			Inspection
	e of the organization					oloyer identificat	
_	AHO YOUTH RANC	-				82-025334	:6
Pa		tions Maintaining Donor Adv			or Acco	ounts.	
	Complete	e if the organization answered					
			(a) Donor advised	d funds	(b) Funds and o	other accounts
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	it end of year					
5	Did the organizati	ion inform all donors and donor	advisors in writing that	the assets he	ld in dor	nor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive	legal control?			Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in wri	iting that gran	t funds c	an be used	
	only for charitable	purposes and not for the bene	fit of the donor or donor	advisor, or fo	r any oth	er purpose	
		issible private benefit?	<u> </u>				Yes No
Pa		tion Easements.					
		e if the organization answered					
1	Purpose(s) of con	servation easements held by the	e organization (check all the	at apply).			
	Preservatio	n of land for public use (for example	e, recreation or education)	Preservation	on of a hi	storically imp	portant land area
	Protection c	of natural habitat		Preservation	on of a ce	ertified histor	ic structure
		n of open space					
2		through 2d if the organization h	eld a qualified conservati	on contributior	n in the fo		
		ast day of the tax year.				Held at the l	End of the Tax Year
а	Total number of co	onservation easements			2a		
b	-	tricted by conservation easements					
С		vation easements on a certified					
d		rvation easements included in (o					
		isted in the National Register					
3	Number of conse	rvation easements modified, tra	nsferred, released, exting	guished, or te	rminated	by the orga	nization during the
	tax year 🕨						
4		where property subject to conse					
5	-	ation have a written policy reg				-	
		orcement of the conservation ea					Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violatio	ns, and enforci	ng conser	vation easeme	ents during the year
	▶						
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations	s, and enforcing	g conserv	ation easeme	ents during the year
_	►\$						
8		vation easement reported on line					
)(4)(B)(ii)?					
9		be how the organization reports					
		d include, if applicable, the text of	-	anization's fina	ncial stat	ements that c	lescribes the
D		ounting for conservation easeme tions Maintaining Collections		sures or Ot	har Simi	lar Accote	
		if the organization answered				iidi Assels.	
	· · · · ·						
1a	of art, historical t	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhib	ition, educatio	on, or res	search in fur	alance sheet works therance of public
b	art, historical treas provide the follow	n elected, as permitted under Fasures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, e	education, or r	esearch	in furtheranc	
		ded on Form 990, Part VIII, line 1					
	(ii) Assets include	d in Form 990, Part X				▶\$_	
2		n received or held works of a					l gain, provide the
		s required to be reported under F					
а		on Form 990, Part VIII, line 1.				··· ▶\$_	
n	Assets included in					• C	

Schedule D (Form 990) 2020

Schee	dule D (Form 990) 2020									F	age 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Tre	asures,	or Other	Similar A	Assets (d	continue	əd)	
3	Using the organization's acquisitio collection items (check all that appl		other record	ls, check	c any of t	he follow	ing that n	nake sigr	nificant (use c	of its
а	Public exhibition	y).	d	Loan	or exchan	ao progra	m				
a b	Scholarly research		e	Other		ge plogia					
с С	Preservation for future gener	ations	e	Other							
4	Provide a description of the organ		and ovala	in how t	hov furth	or the or	appization'	e ovomo	tournos	o in	Dort
4	XIII.				-		-		i puipos		Fall
5	During the year, did the organizatio							_			-
	assets to be sold to raise funds rath		ained as par	t of the c	organizati	on's colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial An Complete if the organiza		s" on Forn	n 990, F	Part IV, lir	ne 9, or r	eported a	n amour	nt on Fo	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trust	ee, custodian or ot	ther interm	ediary fo	or contrib	utions or	other ass	ets not			_
	included on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the foll	owing tab	ole:						
								Amount			
С	Beginning balance				1	с					
d	Additions during the year				1	d					
е	Distributions during the year				1	е					
f	Ending balance				1	f					
2a	Did the organization include an am	ount on Form 990, I	Part X, line	21, for e	scrow or	custodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement ir	n Part XIII. Check he	ere if the ex	planation	has been	provided	on Part XII			-	
Ра	rt V Endowment Funds.										
	Complete if the organiza	tion answered "Ye	s" on Forn	n 990, F	Part IV, lir	ne 10.					
		(a) Current year	(b) Prior	year	(c) Two y	ears back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	7,083,285.	6,349	,136.	6,23	6,596.	5,86	1,258.	5,	381,	952.
b	Contributions	65,723.	692	2,185.	8	1,564.	34	2,484.		405,	945.
c	Net investment earnings, gains,										
Ŭ	and losses	300,524.	65	5,964.	6	9,976.	8	5,422.		104,	620.
Ь	Grants or scholarships	5,410.	24	L,000.	3	9,000.	5.	2,568.		31,	259.
	Other expenditures for facilities										
U	and programs										
f	Administrative expenses										
, ,	End of year balance	7,444,122.	7,083	3,285.	6,34	9,136.	6,23	6,596.	5,	361,	258.
2	Provide the estimated percentage	of the current year e	and halance	(line 1a	column (s)) hold as					
a	Board designated or quasi-endowm		%	(inte rg,	column (a		•				
b	Permanent endowment > 90.9										
c	Term endowment ► 9.0400										
	The percentages on lines 2a, 2b, a		00%.								
3a	Are there endowment funds not in t			tion that	are held a	and admir	nistered for	the			
	organization by:		<u>-</u>						Γ	Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	0	•								
1	rt VI Land, Buildings, and Equ	ipment.		montra	100.						
- u	Complete if the organization	ation answered "Ye	es" on Fori	m 990, I	Part IV, li	<u>ne 11a. S</u>	See Form	990, Pa	rt X, lin	e 10	
	Description of property	(a) Cost or (invest			or other basis ther)		cumulated reciation	(d	l) Book va	lue	
12	Land	,			70,179		Colation		15,4	70.1	.79.
b	Buildings				97,475		82,143.		9,1		
2	Leasehold improvements			,_	, 5		,		- /	.,.	•
d	Equipment.			4.8	98,997	. 3.4	75,269.		1,4	23.7	28.
e	Other				83,236		-,		1,6		
-	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part 3	-	-				27,6		
				,	(_),	/			, , ,	, -	

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) 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 .

Schedu	le D (Form 990) 2020				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part			n.	
1	Total revenue, gains, and other support per audited financial statements			1	57,505,745.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,044,161.		
b	Donated services and use of facilities		148,743.		
c	Recoveries of prior year grants.				
d	Other (Describe in Part XIII.)		356,190.		
e	Add lines 2a through 2d			2e	3,549,094.
3	Subtract line 2e from line 1			3	53,956,651.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	53,956,651.
Part	XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part			ırn.	
	· · · · · · · · · · · · · · · · · · ·			1	31,257,066.
1	Total expenses and losses per audited financial statements	• • •		1	51,257,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0	67,112.		
а	Donated services and use of facilities		07,112.		
b	Prior year adjustments				
С	Other losses		356,190.	-	
d	Other (Describe in Part XIII.)				423,302.
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	•••		3	30,833,764.
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				
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	.)		5	30,833,764.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr				

SEE PAGE 5

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

SCHEDULE D PART V LINE 4

EARNINGS FROM THE PERMANENT AND TERM ENDOWMENTS ARE USED FOR OPERATING INCOME FOR SPECIFIC PROGRAM USE, SCHOLARSHIPS TO CHILDREN AND OTHER SPECIFIC PURPOSES AS REQUESTED BY DONORS. ADDITIONAL EARNINGS ARE USED FOR OPERATING COSTS TO FURTHER THE ORGANIZATION'S MISSION.

SCHEDULE D PART XI LINE 4B

DIRECT EXPENSES F	FROM FUNDRAISING EVENTS	- \$314,002
DIRECT EXPENSES F	FROM GAMING ACTIVITIES	- \$42,188
TOTAL TO SCHEDULE	E D, PART XI, LINE 4B	- \$356,190

SCHEDULE D PART XII LINE 2D

DIRECT EXPENSES FROM FUNDRAISING EVENTS	\$314,002
DIRECT EXPENSES FROM GAMING ACTIVITIES	\$42,188
TOTAL TO SCHEDULE D, PART XI, LINE 4B	\$356,190

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answe organization entered r	9, or if the	2020			
Department of the Treasury Internal Revenue Service	► G	► Attach to www.irs.gov/Form		or Form 990 ructions and			Open to Public Inspection
Name of the organization						Employer identification	
IDAHO YOUTH RAN						82-0253346	
	e activities. Comp EZ filers are not re				Yes" on Form 99	0, Part IV, line 1	7.
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	Il that apply.	
a X Mail solicita	tions	е		itation of	non-government g	rants	
	l email solicitations	f			government grants	3	
c X Phone solic	itations	g	X Spec	cial fundra	ising events		
d X In-person se							
2a Did the organiza							
	es listed in Form 990 10 highest paid indi					•	X Yes No
	least \$5,000 by the		(Turiuraise	is) puisua	in to agreements	under which the	
		0					
(i) Name and add or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT 1							
2							
			_				
3							
4							
-							
5							
6							
7							
1							
8							
9							
10							
Total				•	946,566.	64,000.	. 882,566.
	which the organiza			to solicit			
registration or lic		tion is registered t				nas been notined	it is exempt from
AZ,CA,CO,ID,IN,	•	,NJ,NC,OR,SC,	SD,TX,U	JT,VT,W	A,WY,		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA JSA 0E1281 1.000 0913RZ R59G 11/15/2021 9:08:36 AM V 20-7.6F B009949.T001

Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gross receipts gre				
			(a) Event #1 EVENT #1 BOISE	(b) Event #2 EVENT #2 CDA	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	501,970.	399,046.		901,016.
R	2	Less: Contributions	383,017.	315,948.		698,965.
	3	Gross income (line 1 minus line 2)	118,953.	83,098.		202,051.
	4	Cash prizes				
	5	Noncash prizes	72,206.	67,552.		139,758.
səsue	6	Rent/facility costs	13,152.	5,614.		18,766.
Direct Expenses	7	Food and beverages	22,032.	23,275.		45,307.
Direct	8	Entertainment				
	9	Other direct expenses	71,530.	38,641.		110,171.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		314,002. -111,951.
Ра		Net income summary. Subtract li Gaming. Complete if the org				
ı a		\$15,000 on Form 990-EZ, lin			art iv, nine 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			45,550.	45,550.
ses	2	Cash prizes			42,188.	42,188.
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses	Vac. or	Noo or		
	6	Volunteer labor	Yes %	6Yes% No	Yes% X No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	►	42,188.
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	3,362.
9 a b	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	X Yes No
10a t		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus		• • • •	Yes X No

Schedule G (Form 990 or 990-EZ) 2020

Sched	lule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name 🕨 KIM THOMAS
	Name KIM THOMAS
	Address > 5465 W. IRVING STREET BOISE, ID 83706
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
154	revenue?
b	
D	amount of gaming revenue retained by the third party \triangleright \$
с	
L	in res, enter name and address of the time party.
	Name
	Address
16	Gaming manager information:
10	Caning manager mormation.
	Nama 🕨
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	
	retain the state gaming license? X Yes No
b	
Da	or spent in the organization's own exempt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2020

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
LES SHOEMMELIERS/STUDIO 4FORTY, LLC 440 CRYSTAL SPRINGS RD ST. HELENA CA 94574	WINE, WOMEN AND SHOES	Х	946,566.	64,000.	882,566.

0913RZ R59G 11/15/2021 9:08:36 AM V 20-7.6F B009949.T001

SCHEDULE I (Form 990)				Assistance t ndividuals in			ŀ	OMB No. 1545-0047
			•	wered "Yes" on F				2020
Demoster and at the Terrore	P		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	.		Inspection
Name of the organization							Employer identif	ication number
IDAHO YOUTH RAN							82-0253	3346
	nformation on Grants and							
_	zation maintain records to su			-	-			
	eria used to award the grants							
	IV the organization's proced							
	nd Other Assistance to Denne 21, for any recipient th		-					"Yes" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant	
_(1)		-						
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
	per of section 501(c)(3) and g	-	•					▶
	per of other organizations list on Act Notice, see the Instruction							Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	6.	5,410.			
EDUCATIONAL SCHOLARSHIPS	0.	5,410.			
2 GRADUATE FINANCIAL ASSISTANCE	1.	500.			
3					
4					
•					
5					
6					
7					

FORM 990 SCHEDULE I PART I LINE 2

SCHOLARSHIPS ARE A REDUCTION IN TUITION FOR STUDENTS. CASH IS NOT PAID

DIRECTLY TO STUDENTS.

SCHE	DULE J	Comper	Isa	tion Information	1	OMB No.	1545-0	047			
(Form	990)	For certain Officers, Dire	ctors	s, Trustees, Key Employees, and Highest		୬ଜ	20				
				nsated Employees nswered "Yes" on Form 990, Part IV, line :	23.	<u>Z</u> U	ZU)			
	ent of the Treasury Revenue Service			ch to Form 990. or instructions and the latest information			Open to Public Inspection				
	f the organization				Employer identifica			11			
IDAH	O YOUTH R.	ANCH, INC.			82-02533	46					
Part	Question	s Regarding Compensation									
							Yes	No			
	•	propriate box(es) if the organization pro				m					
		Section A, line 1a. Complete Part III to	prov								
		ss or charter travel		Housing allowance or residence for	•						
		or companions		Payments for business use of perso							
		emnification and gross-up payments		Health or social club dues or initiation							
	Discretion	onary spending account		Personal services (such as maid, ch	auffeur, chef)						
	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the example.	pens	ses described above? If "No," com	plete Part III	to					
2	explain	anization require substantiation prior			incurred by	. <u>1b</u>					
	•	stees, and officers, including the CEC									
						. 2					
					• • • • • • • • • • •						
	organization's	 n, if any, of the following the organization CEO/Executive Director. Check all the ization to establish compensation of the ization to establish compensition of the ization. 	at ap	ply. Do not check any boxes for metho	ods used by a						
	Comper	nsation committee		Written employment contract							
	Indepen	dent compensation consultant	X	Compensation survey or study							
	Form 99	00 of other organizations	Х	Approval by the board or compensation	ation committee						
		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing						
		verance payment or change-of-control p	ayme	ent?		. 4a		Х			
b	Participate in	or receive payment from a supplement	tal n	onqualified retirement plan?		. 4b		Х			
С	Participate in	or receive payment from an equity-bas	sed c	compensation arrangement?		. 4c		X			
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each it	em in Part III.						
	•	501(c)(3), 501(c)(4), and 501(c)(29) of	-	•							
		listed on Form 990, Part VII, Section contingent on the revenues of:	on /	A, line 1a, did the organization pa	ay or accrue a	ny					
		ion?						X			
	•	rganization?	• •			. 5b		X			
		e 5a or 5b, describe in Part III.									
	compensation	listed on Form 990, Part VII, Section contingent on the net earnings of:			-						
	•	ion?						X			
	-	rganization?	• •			. 6b		X			
		e 6a or 6b, describe in Part III.									
		listed on Form 990, Part VII, Section						v			
		described on lines 5 and 6? If "Yes," d				. 7		X			
	-	ounts reported on Form 990, Part VII,	-	-	-	ho					
		l contract exception described in	-					x			
		ine 8, did the organization also fol						- 25			
		ection 53.4958-6(c)?									
		$\frac{1}{1000}$			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SCOTT CURTIS	(i)	157,513.	20,000.	984.	24,375.	18,648.	221,520.	
1 ^{CEO}	(ii)	0.	0.	0.				
RICHARD ALIS	(i)	139,388.	1,200.	984.		15,038.	156,610.	
2 COO	(ii)	0.	0.	0.				
JAMES BUCKLES	(i)	140,553.	1,200.	984.		13,426.	156,163.	
3CDO	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2 **Open to Public** Inspection

20

Name of the organization

Employer identification number

Part I	Types	s of Prope	erty
IDAHO	YOUTH	RANCH,	INC.

82-0253346	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con		,	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		1,036,963.	MARKET V	ALUE		
5	Clothing and household							
	goods			4,208,338.				
6	Cars and other vehicles	X	215.		MARKET V			
7	Boats and planes	X	3.	5,900.	MARKET V	ALUE		
8	Intellectual property							
9	Securities - Publicly traded	X	19.	3,512,861.	MARKET V	ALUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		2,687.	285,163.	MARKET V	ALUE		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29		Vee	
00-	During the second did the second is		har an atalla ata a sa sa sa	where we are a stand of the Density In the	- 4 46		Yes	No
30a	During the year, did the organizat			• •	•			
	28, that it must hold for at least the	•			•	20-		Х
	to be used for exempt purposes for		olding period?		• • • • • • •	30a		A
	If "Yes," describe the arrangement i		ionoo nallay that many	a the review of a sec	المتحاج مقممهم			
31	Does the organization have a			-		24	х	
	contributions?					31	Λ	
32a	Does the organization hire or use	-	_	-		00-	х	
	contributions?				• • • • • • •	32a	Λ	
	If "Yes," describe in Part II.		aluma (a) fan a tur a st	a anti- fan subtebra de ser de s				
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of prop	perty for which column (a) is checked,			

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B

A THIRD PARTY IS USED TO AUCTION DONATED HORSES THAT CANNOT BE USED FOR THE PROGRAMS WITH THE CHILDREN.

SCHEDULE M, LINE 33

NONCASH CONTRIBUTIONS WHICH HAVE A READILY DETERMINABLE MARKET VALUE OR WHICH ARE INTENDED FOR USE BY THE ORGANIZATION (SUCH AS EQUIPMENT AND SUPPLIES) ARE RECORDED AS NONCASH CONTRIBUTIONS AT THE DATE OF DONATION. NONCASH CONTRIBUTIONS WHICH DO NOT HAVE A READILY DETERMINABLE MARKET VALUE OR ARE NOT INTENDED FOR INTERNAL USE BY THE ORGANIZATION (SUCH AS CLOTHING AND FURNITURE DONATIONS TO THE THRIFT STORES) ARE NOT RECORDED AS NONCASH CONTRIBUTIONS UNTIL A RELIABLE ESTIMATE OF FAIR VALUE IS DETERMINED OR THEY ARE CONVERTED TO CASH.

Schedule M (Form 990) (2020)

SCHEDULE O (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.



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization IDAHO YOUTH RANCH, INC

82-0253346

FORM 990 PART III LINE 4D WORKFORCE DEVELOPMENT

LAUNCHED IN MARCH 2013, YOUTHWORKS! IS A COMPREHENSIVE JOB TRAINING AND JOB PLACEMENT PROGRAM CREATED TO HELP DISADVANTAGED YOUTH AGES 16-24 DEVELOP THE SKILLS THEY NEED TO FIND AND KEEP MEANINGFUL EMPLOYMENT. THIS NEWEST IYR PROGRAM INCLUDES CLASSROOM INSTRUCTION, JOB PLACEMENT, ONE-ON-ONE MENTORING, AND OVERSIGHT.

FORM 990 PART XII LINE 2C THE ORGANIZATION DID NOT CHANGE ITS AUDIT SELECTION OR OVERSIGHT PROCESSES DURING THE YEAR.

FORM 990 PART VI SECTION B LINE 11B A DRAFT OF THE 990 IS PROVIDED TO MANAGEMENT, THE AUDIT & FINANCE COMMITTEE, AND THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990 PART VI SECTION B LINE 12C ALL DIRECTORS, OFFICERS, TRUSTEES, KEY EMPLOYEES AND OTHER INTERESTED PERSONS MUST UPDATE A DISCLOSURE FORM AT LEAST ANNUALLY. EACH SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND READY, UNDERSTOOD AND COMPLIED WITH IT. WHEN A POTENTIAL CONFLICT IS IDENTIFIED THE REMAINING

INDEPENDENT PERSONS SHALL DECIDE, AFTER REVIEWING ALL MATERIAL FACTS, IF A CONFLICT OF INTEREST EXISTS AND THE APPROPRIATE ACTIONS NECESSARY.

FORM 990 PART VI SECTION B LINE 15

THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE PERFORMANCE OF THE CEO IN A CLOSED BOARD MEETING. AT THAT TIME THEY USE PROFESSIONALLY PUBLISHED SALARY SURVEYS AS WELL AS SALARY INFORMATION GATHERED FROM LOCAL NON-PROFITS OF SIMILAR SIZE TO ASSESS THE REASONABLENESS OF THE COMPENSATION FOR THAT INDIVIDUAL. THE LAST REVIEW AND APPROVAL OF THE CEO'S COMPENSATION OCCURRED AT THE AUGUST 2021 BOARD MEETING.

FORM 990 PART VI SECTION C LINE 19 IDAHO YOUTH RANCH FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 8 PRIOR PERIOD ADJUSTMENT - RESTATEMENT OF INVENTORY 1,292,265 PRIOR PERIOD ADJUSTMENT - BEGINNING NET ASSETS 68,473 TOTAL PRIOR PERIOD ADJUSTMENT 1,360,738

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SOCIAL ENTERPRISE

JSA

IDAHO YOUTH RANCH (IYR) OWNS AND OPERATES 24 THRIFT STORES, ONLINE BOOK AND COLLECTIBLE DIVISIONS, AND A VEHICLE SALES LOT. THESE LOCATIONS SELL AND/OR RECYCLE CLOTHING, VEHICLES AND OTHER NON-CASH GOODS DONATED BY THE PUBLIC TO FUND THERAPEUTIC PROGRAMS

Schedule O (Form 990 or 990-EZ) 2020	F	Pag
Name of the organization	Employer identification number	
IDAHO YOUTH RANCH, INC.	82-0253346	

ATTACHMENT 1 (CONT'D)

FOR VULNERABLE IDAHO YOUTH AND THEIR FAMILIES. IYR SOCIAL ENTERPRISE LOCATIONS PROVIDE JOBS, BENEFITS AND CAREER PATHS FOR OVER 400 EMPLOYEES. STORES SERVE AS JOB TRAINING SITES FOR IYR'S YOUTHWORKS! PROGRAM. STORES INCLUDE A RANCH READERS PROGRAM, WHICH HAS GIVEN OVER 462,000 FREE BOOKS AND INCENTIVES FOR READING THEM TO IDAHO CHILDREN. IYR SOCIAL ENTERPRISE RECYCLES DONATED GOODS THAT CANNOT BE SOLD, HELPING REDUCE THE VOLUME OF WASTE ENTERING PUBLIC LANDFILLS IN IDAHO'S COMMUNITIES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B RESIDENTIAL

IYR OPERATES A RESIDENTIAL FACILITY THAT HOUSES YOUTH BETWEEN THE AGES OF 8 AND 18 WHO ARE VULNERABLE DUE TO ABUSE, NEGLECT, FAMILY CONFLICT, AND/OR ABANDONMENT; OR YOUTH WHO ARE STRUGGLING WITH DANGEROUS BEHAVIOR, OR CONFLICTS AT SCHOOL OR HOME. SERVICES ARE TAILORED TO MEET EACH CHILD'S UNIQUE SITUATION AND MAY INCLUDE ANIMAL ASSISTED THERAPY, BEHAVIORAL THERAPY, FUNCTIONAL FAMILY THERAPY, SERVICE LEARNING, EDUCATIONAL RECOVERY, AND LIFE SKILL DEVELOPMENT. REINTEGRATION SERVICES AND ONGOING ACCESS TO THERAPY ARE A KEY PART OF FINISHING THE JOB AS YOUTH ARE BROUGHT BACK INTO THEIR HOMES.

.ISA

Employer identification number 82-0253346

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY SERVICES

IYR PROVIDES YOUTH AND FAMILY THERAPY IN BOTH NORTH IDAHO AND IN SOUTHWEST IDAHO. TELEMENTAL HEALTH IS AVAILABLE ANYWHERE IN IDAHO. IYR'S THERAPY IS TARGETED TO VULNERABLE YOUTH AND USES THE MOST COMPREHENSIVE AND EFFECTIVE THERAPY TO PUT THEM BACK ON A PATH TO A PROMISING FUTURE. BLENDING PROVEN EVIDENCE-BASED THERAPIES; TRAUMA FOCUSED - COGNITIVE BEHAVIORAL THERAPY, DIALECTICAL BEHAVIOR THERAPY, EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY, AND ADDING EQUINE ASSISTED THERAPY, IDAHO YOUTH RANCH PROVIDES A TREATMENT MODEL UNLIKE OTHERS, PROVEN TO HEAL YOUTH WHO STRUGGLE WITH ACUTE, CHRONIC, AND COMPLEX TRAUMA.

IYR'S ADOPTION SERVICES PROGRAM IN NORTHERN IDAHO OFFERS A FULL RANGE OF SERVICES INCLUDING PLACEMENT OF INFANTS, SPECIAL-NEEDS ADOPTION, HOME STUDIES AND POST-PLACEMENT SUPERVISION, INTERNATIONAL AND INTERSTATE ADOPTION, AND NON-AGENCY ADOPTION. SINCE 1983, IYR HAS PRACTICED AN "OPEN ADOPTION" PHILOSOPHY, HELPING FACILITATE COLLABORATION AND COOPERATION BETWEEN BIRTH PARENTS AND ADOPTIVE PARENTS OVER THE CHILD'S LIFETIME, TO THE GREATEST EXTENT POSSIBLE.

ATTACHMENT 4

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020			Page 2
Name of the organization		Employer identification nu	ımber
IDAHO YOUTH RANCH, INC.		82-0253346	
		ATTACHMENT 4 ((CONT'D)
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
WORKFORCE DEVELOPMENT		170,244.	
TOTALS		170,244.	

	ATTACHME	NT 5
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CTA, INC. PO BOX 30071 BILLINGS, MT 59107	ARCHITECTS	1,064,304.
PEOPLEREADY, INC. PO BOX 3708 SEATTLE, WA 98124	TEMPORARY LABOR	320,799.
INTEGRINET SOLUTIONS, INC. 334 NORTH MARSHALL WAY STE 1 LAYTON, UT 84041	INFORMATION TECH	231,148.
MID-WEST TEXTILE COMPANY 600 E SAN ANTONIO EL PASO, TX 79901	INVENTORY	157,784.
UNITED OIL PO BOX 160 CALDWELL, ID 83606	FUEL	132,311.

Form	990	-т	Ex	cempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ļ	OMB No. 1545-0047
1 011		•	For colo	(and proxy tax under section $0033(e)$) ndar year 2020 or other tax year beginning $07/01$, 2020, and ending $06/30$, 202	1	୬ଲ୨୩
Dene			FOI Cale	► Go to www.irs.gov/Form990T for instructions and the latest information.	<u> </u>	
	rtment of the Tr al Revenue Ser		► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check bo					over identification number
	address of	changed.		IDAHO YOUTH RANCH, INC.	82-	0253346
B Ex	empt under s	ection	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
X]501(C <u>)(</u>	3)	or Type	5465 W. IRVING STREET	(see in:	structions)
	408(e)	220(e)		City or town, state or province, country, and ZIP or foreign postal code		
	408A	530(a)		BOISE, ID 83706 F		Check box if an amended return.
	529(a)	529A	C Bool	value of all assets at end of year		
	heck organ		ype 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	A	pplicable reinsurance entity
	heck if filin			Claim credit from Form 8941 Claim a refund shown on Form 24		
				tion filing a consolidated return with a 501(c)(2) titleholding corporation		
				Schedules A (Form 990-T)		
	-	•		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶ Yes X No
_				identifying number of the parent corporation		0.61.0
LT	he books ar	re in care	e of 🕨 k	CIM THOMAS Telephone number ► 208-	377-	-2613
			r			
				5465 W IRVING STREET		
	T . (.			BOISE ID 83706		
				Business Taxable Income		
1				ness taxable income computed from all unrelated trades or businesses (see		
~					1	
2					2	
3				na instructions for limitation rules)	3	
4 5				see instructions for limitation rules) axable income before net operating losses. Subtract line 4 from line 3		0.
6					6	
6 7				g loss. See instructions ness taxable income before specific deduction and section 199A deduction.	0	
'					7	
8				ally \$1,000, but see instructions for exceptions)		
9				Juction. See instructions	9	
10				is 8 and 9	-	
11				ble income. Subtract line 10 from line 7. If line 10 is greater than line 7.		
					11	0.
Pa	rt II Tax					
1				corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2				rates. See instructions for tax computation. Income tax on the amount on	-	
	Part I, line		Г	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax	. See in	structions	· · · · · · · · · · · · · · · · · · ·	3	
4				structions	4	
5				rusts only)	5	
6				lity income. See instructions	6	
7				6 to line 1 or 2, whichever applies	7	
_				lotice, see instructions.		Form 990-T (2020)

Form	990-T (2020)	F	Page 2
Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d		
2	Subtract line 1e from Part II, line 7		
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement) 3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		
	section 1294. Enter tax amount here		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		
6 a	Payments: A 2019 overpayment credited to 2020		
b	2020 estimated tax payments. Check if section 643(g) election applies ► 6b		
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g			
	Form 4136 Other Total ▶ 6g		
7	Total payments. Add lines 6a through 6g		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded 11		
Par	t IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.	ĺ	
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4 a	Did the organization change its method of accounting? (see instructions)		Х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
	explain in Part V		
Par	t V Supplemental Information		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

		nder penalties of perjury, I declare that I have examined ue, correct, and complete. Declaration of preparer (other than					ny knowledge and belief, it is
Sign Here	' _	TIM THOMAS	11/01/2021			with the	IRS discuss this return preparer shown below
	5	ignature of officer	Date	Title		(see instruc	,
Detal		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN
Paid		MARK LUMSDEN, CPA PARTNER			10/28/2021	self-employe	d P00743036
Prepar Use O		Firm's name > BDO USA, LLP	Firm's EIN ► 13-5381590				
056 0	Firm's address ▶ 4999 PEARL E CIRCLE STE 300, BOULDER, CO 80301		Phone no. 303-440-0399				
JSA	000						Form 990-T (2020)

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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

2

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).
 Open to Public Inspection for 501(c)(3).

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Department of the Treasury	
Internal Revenue Service	

A Name of the organization	B Employer identification number					
IDAHO YOUTH RANCH, INC.	82-0253346					
C Unrelated business activity code (see instructions) ► 813219	D Sequence: 1 of 1					

E Describe the unrelated trade or business FILING TO TRACK GENERAL BUSINESS CREDIT CARRYFORWARD

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII).	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)					
12 13	Other income (see instructions; attach statement)					
Par	t II Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income	s for I		,		must be directly
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts.				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	
7	Less depreciation claimed in Part III and elsewhere on return				0.6	
8 9	Depletion				8b 9	
10	Contributions to deferred compensation plans				 10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					
	column (C)				16	
17	Deduction for net operating loss (see instructions).				17	
18	Unrelated business taxable income. Subtract line 17 from line ?					
	aperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2020

Sched	ule A (Form 990-T) 2020				Page 2		
Par	t III Cost of Goods Sold	Enter method of invent	tory valuation 🕨				
1	Inventory at beginning of year			1			
2	Purchases			2			
3	Cost of labor 3						
4	Additional section 263A costs (attach statement	t)					
5	Other costs (attach statement)						
6	Total. Add lines 1 through 5						
7	Inventory at end of year						
8	Cost of goods sold. Subtract line 7 from line 6.						
9	Do the rules of section 263A (with respect to p	roperty produced or acquir	ed for resale) apply to the or	ganization?	Yes No		
Par	t IV Rent Income (From Real Propert	y and Personal Prop	erty Leased with Real	Property)			
1	Description of property (property street address	, city, state, ZIP code). Cheo	k if a dual-use (see instructi	ons)			
	Α						
	В						
	с						
	D						
		A	В	С	D		
2	Rent received or accrued						
a	From personal property (if the percentage of						
-	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property						
	exceeds 50% or if the rent is based on profit or						
с	income) Total rents received or accrued by property.						
U							
•	Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c col		are and an Dart Lline C ask	······			
3	Total rents received of accrued. Add line 2c col	iumns A through D. Enter h	ere and on Part I, line 6, coll	umn (A)			
4	Deductions directly connected with the income						
4	Deductions directly connected with the income in lines 2(c) and 2(b) (attach attachment)						
5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through		L line (L eelume (D)				
5	Total deductions. Add line 4 columns A through	I D. EIIIRI HEIR and ON Fait		· · · · · · · · · · · · · · · · · · ·			
Par	t V Unrelated Debt-Financed Income	(see instructions)					
1	Description of debt-financed property (street ad		Check if a dual-use (see in				
•	A						
	B						
	D						
	D	Α	В	С	D		
~	Crease in some from an allosable to debt financed		5		5		
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
С	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5	%	%	%	%		
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on I	Part I, line 7, column (A)	· · · · · · · · • •			
		· · ·					
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns	s A through D. Enter here a	nd on Part I, line 7, column	(B)			
11	Total dividends-received deductions included in	n line 10	<u></u>	· · · · · · · · · • •			
JSA 0X2751	2 000			Schedu	ıle A (Form 990-T) 2020		

Schedule A (Form 990-T) 2020						Page 3
Part VI Interest, Ann	uities, Royal	ties, and Rents	s fro	m Controlled Organia	zations (see instructions)	
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt	Controlled Organization	IS	
7. Taxable income	in	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part VII Investment In	ncome of a S	Section 501(c)	(7), ((9), or (17) Organizat	t ion (see instructions)	
1. Description of income	2. Am	ount of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				· ·		
(2)						
(3)						
(4)						
Tatala	Enter h	ounts in column 2. ere and on Part I, 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	· ·	Income Oth	or Th	on Adverticing Incon	no (as a instructions)	
Part VIII Exploited Ex	•	y meome, othe		an Auvertising incor		
	Description of exploited activity:					
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)					2	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,						
line 10, column (B)						3
	4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete					
9	lines 5 through 7					
	5 Gross income from activity that is not unrelated business income					
 6 Expenses attributable to income entered on line 5 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 					6	
4. Enter here and on Part I			,			7
	,					Chadula A (Form 000-T) 2020

Schedule A (Form 990-T) 2020

Sched	ule A (Form 990-T) 2020				Page 4			
Par	t IX Advertising Income							
1	Name(s) of periodical(s). Check box if repo	rting two or more periodicals o	n a consolidated basis	5.				
	Α							
	в							
	c							
	D							
Enter	amounts for each periodical listed above in the	ne corresponding column.						
		A	В	С	D			
2	Cross advertising income							
2	Gross advertising income							
а	Add columns A through D. Enter here and o	n Part I, line 11, column (A).			. ▶			
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and o	n Part I, line 11, column (B)			. ▶			
4	Advertising gain (loss). Subtract line 3 from	line						
	2. For any column in line 4 showing a ga	ain,						
	complete lines 5 through 8. For any column	n in						
	line 4 showing a loss or zero, do not compl	lete						
	lines 5 through 7, and enter zero on line 8.							
5	Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less th	nan						
	line 5, subtract line 6 from line 5. If line 5	5 is						
	less than line 6, enter zero							
8	Excess readership costs allowed as							
	deduction. For each column showing a gain							
	line 4, enter the lesser of line 4 or line 7.							
а	Add line 8, columns A through D. Ente		8a. columns total	or zero here and c	on in the second s			
	Part II, line 13	-			• •			
Par	t X Compensation of Officers, Dir	rectors, and Trustees (s	see instructions)		·			
				3. Percentage	4. Compensation			
	1. Name	2. Title		of time devoted	attributable to			
				to business	unrelated business			
(4)								
(1)				%				
(2)				%				
(3)				%				
(4)				%				
	I. Enter here and on Part II, line 1			<u></u> ►				
Par	t XI Supplemental Information (se	e instructions)						

SCHEDULE A - FILING TO TRACK GENERAL BUSINESS CREDIT

PART XI SUPPLEMENTAL INFORMATION

PART NUMBER: BUSINESS CREDIT

EXPLANATION

THE 990-T IS BEING FILED TO CARRY FORWARD GENERAL BUSINESS CREDITS FROM FORMS 3800, GENERAL BUSINESS CREDIT AND 5884-B, CREDIT FOR NEW HIRE RETENTION.