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

Department of the Treasury Internal Revenue Service

qqn

Form

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990



A	For the	e 2016 calendar year, or tax year beginning JUL 1, 2016 and e	ending JT	JN 30, 2017			
B	Check if applicab	e: C Name of organization		D Employer identific	cation number		
	Addre	IDAHO YOUTH RANCH, INC.					
	Name			82-0253	3346		
	Initial return		Room/suite	E Telephone number			
	Final return	/ 5465 W. IRVING STREET		. 208-37			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,110,649.		
	Amen return	^{ded} BOISE, ID 83706		H(a) Is this a group re	eturn		
	Applic tion pendi	^{Ca-} F Name and address of principal officer: JASON FRY		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	Tax-ex	empt status: 🔟 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	lf "No," attach a	list. (see instructions)		
-		te: WWW, YOUTHRANCH. ORG		H(c) Group exemption	n number 🕨		
_		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year (of formation: 1953	State of legal domicile: ID		
Pa	art I	-					
e	1	Briefly describe the organization's mission or most significant activities: SEE SCE	HEDULE O				
Governance							
/err		Check this box if the organization discontinued its operations or disposed in the second sec					
ģ		Number of voting members of the governing body (Part VI, line 1a)			21		
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		·····	21		
ities		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			3220		
Activities &		Total number of volunteers (estimate if necessary)					
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.		
			<u> </u>	Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		8,561,132.	3,751,214.		
nu		Program service revenue (Part VIII, line 2g)		17,435,252.	17,849,260.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-278,374.	464,214.		
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,099.	-33,646.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,739,109.	22,031,042.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		26,183.	33,959.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		12,824,837.	13,840,788.		
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		39,105.	46,000.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	097.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,780,148.	9,855,199.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,670,273.	23,775,946.		
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		3,068,836.	-1,744,904.		
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
Ssel Bala	20	Total assets (Part X, line 16)		40,603,653.	41,282,579.		
et A	21	Total liabilities (Part X, line 26)		12,154,367.	13,660,742.		
		Net assets or fund balances. Subtract line 21 from line 20		28,449,286.	27,621,837.		
	art II	Signature Block	and states	anto and to the heat of m	knowledge and helief it in		
UIIO	iei hella	alties of perjury, I declare that I have examined this return, including accompanying schedules	s anu statem	ente, anu to the pest of my	/ knowledge and bellef, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer		Date						
Here		RICHARD C ALIS, PRESIDENT, COO Type or print name and title								
Paid		t/Type preparer's name SWINDELL	Preparer's signature ANN SWINDELL	Date 11/02/17	Check PTIN if self-employed P01677409					
Preparer	Firm	n's name 🕞 CLIFTONLARSONALLEN LLP	·		Firm's EIN 🕨 41-0746749					
Use Only	Firm	n's address 👞 800 W MAIN ST, STE 1220								
	BOISE, ID 83702 Phone no.208-38									
May the II	RS d	iscuss this return with the preparer shown abo	ove? (see instructions)		X Yes No					
					~~~					

Form	990 (2016) IDAHO YOUTH RANCH, INC.	82-0253346	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE IDAHO YOUTH RANCH PROVIDES TROUBLED CHILDREN A BRIDGE TO A VALUED,		
	RESPONSIBLE AND PRODUCTIVE FUTURE. WE ARE A CATALYST FOR POSITIVE		
	CHANGE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	[	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?	Yes X No
	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 of	thers, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$ 17,205,282.         including grants of \$ ) (Rev	venue \$	17,449,428.)
	SOCIAL ENTERPRISE: IDAHO YOUTH RANCH (IYR) OWNS AND OPERATES 29 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 FOR		
	AT-RISK IDAHO YOUTH AND THEIR FAMILIES. STORES SERVE AS JOB TRAINING		
	SITES FOR IYR'S YOUTHWORKS! PROGRAM. STORES INCLUDE A RANCH READERS		
	PROGRAM, WHICH HAS GIVEN OVER 150,000 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.		
4b	(Code:         ) (Expenses \$ 2,032,796.         including grants of \$) (Rev	venue \$	190,807.)
	RESIDENTIAL: IYR OPERATES THREE RESIDENTIAL FACILITIES THAT HOUSE YOUTH		
	BETWEEN THE AGES OF 8 AND 18 WHO ARE AT-RISK DUE TO ABUSE, NEGLECT,		
	FAMILY CONFLICT, AND/OR ABANDONMENT; OR YOUTH WHO ARE STRUGGLING WITH		
	DANGEROUS BEHAVIOR, OR CONFLICTS AT SCHOOL OR HOME. SERVICES PROVIDED		
	AT EACH PROGRAM ARE TAILORED TO MEET EACH CHILD'S UNIQUE SITUATION AND		
	MAY INCLUDE ANIMAL ASSISTED THERAPY, BEHAVIORAL THERAPY, FUNCTIONAL		
	FAMILY THERAPY, SERVICE LEARNING, EDUCATIONAL RECOVERY, LIFE SKILL		
	DEVELOPMENT AND SERVICE LEARNING. REINTEGRATION SERVICES AND ONGOING		
	ACCESS TO THERAPY ARE A KEY PART OF FINISHING THE JOB AS YOUTH ARE		
	BROUGHT BACK INTO THEIR HOMES.		
			000 005 1
4c	(Code: ) (Expenses \$ 1,376,210. including grants of \$ 2,700.) (Rev	/enue \$	209,025.)
	COMMUNITY SERVICES: IYR PROVIDES YOUTH AND FAMILY THERAPY IN BOTH NORTH		
	IDAHO AND IN SOUTHWEST IDAHO. IYR'S THERAPY IS TARGETED TO AT-RISK		
	YOUTH AND USES THE MOST COMPREHENSIVE AND EFFECTIVE THERAPY TO PUT THEM		
	BACK ON A PATH TO A PROMISING FUTURE. BLENDING THREE PROVEN RESULTS		
	BASED THERAPIES; FUNCTIONAL FAMILY THERAPY, EAGALA - EQUINE THERAPY,		
	AND DIALECTICAL BEHAVIOR THERAPY THE IDAHO YOUTH RANCH PROVIDES A		
	PROVEN TREATMENT MODEL UNAVAILABLE ANYWHERE ELSE IN IDAHO.		
	THE ADDRESS GENERAL PRODUCTS TO NORMIEDN TO NO DEED & BUILT DANCE		
	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		
<u> </u>	INTERSTATE ADOPTION, AND NON-AGENCY ADOPTION. SINCE 1983, IYR HAS		
4d	Other program services (Describe in Schedule O.)		<b>`</b>
	(Expenses \$ 143,395. including grants of \$ 31,259.) (Revenue \$		)
<u>4e</u>	Total program service expenses 20,757,683.		F 000 (co. ( -)
			Form <b>990</b> (2016)
63200	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S) 2		
5/11	102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH,	TNC	090-17F1
JAT	IVA 199090 090-I9409200 ZUI0.04090 IDARO IOUIR RANCH,	THC.	090-T/LT

Form	990	(2016)	

IDAHO YOUTH RANCH, INC.

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A х 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C, Part I 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II______ 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 x 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 х 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III Х 19

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632003 11-11-16

3 13541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH, INC.

82-0253346

Page 3

Part IV         Checklist of Pequired Schedules (continued)         Yes         No           20a         Diff the organization operate on or more hospital facilities? // Yes, 'complete Schedule / H         20a         X           21a         Diff the organization report more hands \$300 of grants or other assistance to any domestic organization report more hands \$300 of grants or other assistance to for domestic organization summer //es, 'complete Schedule / Part and II         21         X           22         Diff the organization answer /Yes' to Part NI, Sockian A, Ima 3, 4, or 5 aboxt compensation of the organization's current and former officers, incidence, key employees, and highest compensated employees? // Yes,' complete Schedule / Part and II         22         X           23         Did the organization haves a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the side of of the organization invariant y proceeds of tax-exempt bonds principal amount of more than \$100,000 as of the side side of the organization invariant y proceeds of tax-exempt bonds principal amount of more than \$100,000 as of the side side of the organization marks and not behalf of issue for bonds outstanding strong at any time during the year?         24a         X           24         Did the organization invariant y and escore bond its and with an outstanding at any time during the year?         24a         X           25         Section Of(10(2), 50(10(4), 40(10(4), 50(10(4), 40(10(4)))))         25a         X         25a         X           26         Did the organization aver th		990 (2016) IDAHO YOUTH RANCH, INC. 82-0253346		Р	age <b>4</b>
20a Did the organization operate one or more hospital facilities // Yes,* complete Schedule //         20a Did the organization attract a trach or only of its audiof familia its them item?         20b         20b           21 Did the organization report more than S5:000 of grants or other assistance to any donestic organization or domestic organization report more than S5:000 of grants or other assistance to or far domestic individuals on Part IX, column (A), line 27:11**(5: "complete Schedule /, Parts 1 and II         21         X           22 Did the organization report more than S5:000 of grants or other assistance to or far domestic individuals on Part IX, column (A), line 27:11**(5: "complete Schedule /, Parts 1 and III         22         X           24 Did the organization answer ***** to Part VI. Section A, line 3, 4, or 3 about compensation of the organization stourent and former officers, directors, trustees, key employees, and highest compensated employees? If **%; "complete Schedule A, II ****           25 Did the organization aver that the dragged in an excess benefit transaction with a didutiding therein or infinite material in avera and the the transaction haven that the dranged in an excess benefit transaction with a didu	Pai	t IV Checklist of Required Schedules (continued)			
b         If Yes' to line 20a, diff the organization attach a copy of its audited francial statements to this return?         20b           1         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization or four domestic organization or four domestic organization or four domestic organization and the transition of the organization for the transition of any domestic organization and the organization for the organization for the transition of the organization report more than \$5,000 of grants or other assistance to or for domestic holdvaluas on Part IX, columite (A), line 3.4, or should complexed if If Yes, 'complete Schedule / Part I and III         22         X           20         Did the organization narvee "Yes' to Part IVI, Section A, line 3.4, or should complexed II Yes,' complete Schedule / Part I and IIII         23         X           21         Did the organization narvee a tax-everpt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was sueed attre December 3.1, 2002? If Yes,' answer line 324b through 24d and complete Schedule / If Yes,' c				Yes	No
11         Did the organization report more than \$5,000 of graits or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), inte 21 // Yes, Complete Schedule /, Part S and II         22         X           22         Did the organization nerver Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
demastic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II     21     X       22     Dot the organization report mesh the 50,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III     22     X       23     Did the organization narver "Yes" to Part IX, Section A, line 3, 4, or S about compensation of the organization's current and former offices, directors, trustess, key employees, and "ipped complexated in physics" If "Yes," complete Schedule / 44     22     X       24     Did the organization narver "Yes" to Part IX, socker at the Section SA in the SS.     24     X       25     Did the organization nivest any proceeds of tax everent bonds beyond a temporary period exception?     24     X       240     Did the organization nivest any proceeds of tax everent bonds beyond a temporary period exception?     24     X       25     Section 50(16), 501(6)(4) and 501(6)(29) organizations. Did the organization acts an "on behalf of "issuer for bonds outstanding at ny time during the year?     24     X       25     Section 50(16), 501(6)(4)(4) and 501(6)(29) organizations. Did the organization aces benefit transaction has not been reported on any of the organization species in a price section 1 a prior year, and that the transaction has not been reported on any of the organization aces therefit transaction the angle and access benefit transaction targe in an excess benefit transaction targe in an excess benefit transaction the angle and access benefit transaction the angle and access benefit transaction the aces therefit angle and access benef	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22       Did the organization report more than 55,000 of grants or other assistance to or for domestic Individuals on Part IX, common Schedulu P, Part I, and III       22       X         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? II 'Yes,' complete Schedule J.       23       X         24       Did the organization neaves in your observation of the organization invo than 5100,000 as of the assistance to the organization rows and proceeds of the xes involution of the organization rows and proceeds of the xes involution of the organization rows and proceeds of the xes involution of the organization reports and proceeds of the ves involution of the organization reports and proceeds of the xes involution of the organization reports and the organization reportes develue L, Part I       25a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27. If "Yes," complete Schedule I, Parts I and III       22       X         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, of 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "I'No", go to line 25a       2a       X         24       Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? II "Yes," answer lines 24b Intrough 24d and complete Schedule I, "I'No", go to line 25a       24a       X         25       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         26       Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year?       24d       X         26       Section 501(e)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person or any of the organization are not the excess benefit transaction with a disqualified person or any of the againization area with a substance, we penployee, substantial continuotro or employee thereof, ag and section committe employees, or disqualified persons? II "Yes," complete Schedule L, Part I       25a       X         27       Did the organization arapit or the agrit or othere assistance to an officer, director, t		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22       Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and forme officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J       23       X         24       Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that vais suised after December 31, 2002? If "Yes," answer lines 24 bit rough 24 and complete Schedule K. If "No", go to line 25a       24a       X         24       Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that vais suised after December 31, 2002? If "Yes," answer lines 24 bit rough 24 and complete Schedule L. If "No", go to line 25a       24a       X         24       Did the organization was tax an 'on behaf of' lissue for bonds outstanding at any time during the year? If "Yes," any lissue and the bene reported on any of the organization specific Prison of the application specific Prison of the year of 14 "x", any lissue data the bene application and year of the organization and year and that the thrasaction has no to the roganization specific Prison," complete Schedule L, Part I       25a       X         25       Did the organization application report any any other organization prior prison application prove any and that the transaction with an organization prior tay and that the transaction with and the prior Prison "Pointer Schedule L, Part II       25a       X         26       Did the organization provid a grant or their assistance to anofticer, director, trustee, or displicatite prior Pri	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.     Za     X       24a     Do the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b Intrugin 24d and complete Schedule K. 1"No", go to line 25a     Z4a     X       b     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     Z4b     X       c     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     Z4c     X       d     Did the organization and tas an 'on behaft of' lissue for bonds outstanding at any time during the year?     Z4d     X       d     Did the organization and the it lengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any on their excess benefit tareasction with a disqualified person in a prior year, and that the transaction any on their excess benefit tareasction with a disqualified person? If "Yes," complete Schedule L, Part I     Z5b     X       27     Did the organization roper that encess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part II     Z6     X       28     Did the organization in provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thered, a grant selection committe member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV     Z8 <td< td=""><td></td><td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</td><td>22</td><td>X</td><td></td></td<>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J     23     X       24a     Det the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', to to line 25a     24a     X       24b     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     X       24b     Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds outstanding at any time during the year?     24d     X       25a     Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     25a     X       25     Did the organization aware that it engaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I     25a     X       26     Did the organization aport any amount on Part X, line 5, 6, or 22 for neceivables from or payables to any current or complete Schedule L, Part II     25a     X       27     Did the organization aport yo a business transaction with or 61 the following parties (see Schedule L, Part IV     25a     X       28     A current or former officer, director, trustee, or key employee II 'Yes,' complete Schedule L, Part IV     25a     X       29     Did the organization provide a grant or other assistance to an officer, directo	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a       Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'res,' answe lines 24b through 24d and complete Schedule L, If 'No', or of the reganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?       24c       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a excess benefit transaction with a disqualified person in a prory year, and that the transaction with an excess benefit transaction with a disqualified person in a prory year, and that the transaction any of the organization sport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, tighest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II       25b       X         27       Did the organization aparty to a business transaction with ene of the following parties (see Schedule L, Part IV instructions for applicable following parties (see Schedule L, Part IV       26b       X </td <td></td> <td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</td> <td></td> <td></td> <td></td>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is to day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?     24b     X       c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?     24d     X       25a     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 in any other exemption of the section with a disqualified person in any other exemption of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or 930-622? If "Yes," complete Schedule L, Part I     25b     X       27     Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any comment or former officers, directors, trustes, key employees, highest champles, or disqualided person? If "Yes," complete Schedule L, Part II     26     X       28     Was the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee II "Yes," complete Schedule L, Part IV     28a     X       29     Did the organization provide schedule L, Part IV     28a     X       21     Did the organization receive any target selection committee member, or to a 35% controlled entity or annihy member of a		Schedule J	23	Х	
Schedule K. If "Not" go to line 25a     24a     X       b     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     X       c     Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?     24c     X       25a     Section 501(c)[3], 501(c)[4), and 501(c)[29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I     25a     X       b     Is the organization account to ther than a setum that a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I     25a     X       27     D the organization provide a grant or other assistance to an officer, director, trustes, vey employees, bighest compensated employees, undisqualified persons? If "Yes," complete Schedule L, Part II     26a     X       28     Was the organization account or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustes, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29     D the organization account or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29     D the organization account orbiner officer, director, tru	24a				
b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       Zab       X         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?       Zdc       X         d       Did the organization act as an 'on behalt of' issuer for bonds outstanding at any time during the year?       Zdc       X         255       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ena excess benefit transaction nay on the adisqualified person in a prior year, and that the transaction has not been reported on any of the organization spior Forms 990 or 990-5221 // "Yes," complete Schedule L, Part I       Z5a       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, ordisqualitied persons // 1"Yes," complete Schedule L, Part II       Z6       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or emplexe thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c       Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?       24c       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are coses benefit transaction with a disqualified person during the year?       24d       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I       25a       X         26       Did the organization are that it engaged in an excess benefit transaction with a disqualified person's If 'Yes,' complete Schedule L, Part II       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furetees, key employees, or disqualified person's If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustes, or key employees, or disqualified person's II 'Yes,' complete Schedule L, Part II       27       X         28       A current or former officer, director, trustes, or key employee? II 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization aparty to a business transaction with one of the following parties (see Schedulue L, Part IV       <		Schedule K. If "No", go to line 25a	24a	Х	
any tax exempt bonds?       24c       x         d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d       x         25a 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 in a prior year, and that the transaction has not been reported on any of the organization spire Forms 900 or 904:271 if 'Yes,' complete Schedule L, Part I       25a       x         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV       27       X         28 Was the organization prover to filter, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization receive more than 825,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28b       X         29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization receive cort th	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d       X         25a       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? II 'Yes,' complete Schedule L, Part I       25a       X         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 990 E27 II 'Yes,' complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,'' complete Schedule L, Part II       26       X         27       Did the organization apt to a business transaction with one of the following parties (see Schedule L, Part IV       26       X         28       A current or former officer, director, trustee, or key employee? If 'Yes,'' complete Schedule L, Part IV       27       X         29       A current or former officer, director, trustee, or key employee? If 'Yes,'' complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,'' complete Schedule L, Part IV       28a       X         29	с				
25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         b       Is the organization average that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I       25a       X         D Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       D d the organization receive more filler, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I       28a       X         29       Did the organization receive m			24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, injenset compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27 Did the organization apart to other assistance to an officer, director, trustee, key employees, substantial contributors or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       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):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         20 Did the organization receive ontrol turons of art, historical treasures, or order similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       30       X         29 Did th	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization approved a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       Did the organization receive more thicer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other assiltance thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part II       300       X	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       X         26       Lit dre organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       Z6       X         27       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       Z6       X         28       Was the organization pay to a bubiness transaction with one of the following parties (see Schedule L, Part IV       Z8       X         29       X durrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       Z8       X         29       Did the organization receive more than 252,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       Z8       X         30       Did the organization receive more than 252,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive more than 252,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         32       Did the organization receive more than 250 world in the tassets?/If "Yes," complete Schedule M, Part I       31       X			25a		X
Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part II       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):       28a       X         29       Did the organization receive contributions, and exceptions):       a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule L, Part IV       29a       X         30       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I       30a       X         31       Did the organization nealed to any taxesempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33a       X         32 <t< td=""><td>b</td><td></td><td></td><td></td><td></td></t<>	b				
26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       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):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in on cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       30       X         31       X       31       X       31       X         32       Did the organization neceive contributions? If "Yes," complete Schedule M, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete S					
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these 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       28a       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more fifer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more fifer, director, trustee, or key employee? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule R, Part I       33       X         32       X       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes,"		,	25b		X
complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? II "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       28a       X         28       Was the organization erapticable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M.       29       X         30       II the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M.       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M.       31       X         32       Did the organization netify divergarded as separate from the organization under Regulations sections 301.7701-32 If 'Yes," complete Schedule R, Part I       31       X         33       Did the organization nelated to any tax-exempt or taxable entity? II "Yes," com	26				
27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these 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):       28       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       X       31       Did the organization neel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34					
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these 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):       28a       X         29       X a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization fluctate, terminate, or discolve and cease operations? If "Yes," complete Schedule M       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part II       31       X         33       Did the organization ore loads to any taxeempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Did the organization netated to any taxeempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         36       Did the organization have a controlled entity with			26		X
of any of these 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       28       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       A damity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule M, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       X       33       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, ine 1       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       35a       X	27				
<ul> <li>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):</li> <li>a A current or former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV</li> <li>28a X</li> <li>28b X</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV</li> <li>28b X</li> <li>28b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV</li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M</li> <li>30 If 'Yes," complete Schedule M</li> <li>31 Did the organization secknege, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I</li> <li>32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-37 if 'Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1</li> <li>33 Did the organization he organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b I 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the reganization machalue R, Part V, line 2</li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>a 'Yes," complete Schedule R, Part V, line 2</li> <li>37 Did the organization complete Schedule C and provide explanations in Schedule O for Part VI, lines 11b</li></ul>					
instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director was an officer, director was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director was an officer, director, was an other was an ore			27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization individate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       31       32       X         31       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I       33       33       32       X         32       Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X       33       X         34       Was the organization nelated to any tax-exempt or taxable	28				
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29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         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?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part I       31       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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         35a       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         <	с				
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       X         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 neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       X       35b       35b       35b         37       Did the organization. Sold the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         38       X       37       X       36       X         37       Did the organization. Conduct more					X
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an e		· · · · · · · · · · · · · · · · · · ·	29	Х	
31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete       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 I, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule C and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X	30				
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32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33       X         34       Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> 34       X         35a       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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35b       Image: Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       Image: Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable related organization?       Image: Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable related organization?       Image: Section 501(c)(3) 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Image: Section 512(b) Sectio	31				v
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       X         35a       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       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       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	00	IT YES, COMPLETE SCHEDULE IN, PART I	31		<u>Å</u>
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i></li> <li>34 X</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>35a Did the organization section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li><i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li><i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 X</li> <li>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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i></li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>38 X</li> </ul>	32				v
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       X         35a       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       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       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	00		32		<u>^</u>
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Part V, line 1       34       X         35a       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       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       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	~		33		
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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       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	a		254		
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	20		330		<b></b>
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       8       X         Note. All Form 990 filers are required to complete Schedule O       38       X	27		30		
38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       Image: 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       X	37		07		y
Note. All Form 990 filers are required to complete Schedule O	20		31		
	30	- · · · ·	20	v	
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632004 11-11-16

4 13541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH, INC. 090-17F1

Form	990 (2016) IDAHO YOUTH RANCH, INC.		82-0253346		P	age 🕄
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	162			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
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	690			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country:	000110				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
ou	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 contribution					
-	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	xt?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	le a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				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:	40-				
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
ii a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		
	<b>Note.</b> 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	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990	(2016)

Form	990 (2016) IDAHO YOUTH RANCH, INC.		82-025334	6	F	Page
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	-		a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					1
1	Enter the number of veting members of the governing body at the and of the tay year	1.		21	Yes	No
Та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	<b>1</b> a		~ 1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X
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 elect or ap	point	one or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	ockh	olders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			. 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V.	
0-	Did the experimentian have lead charters, branches, as affiliates?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. 10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			110		
				12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	x	
4	Did the organization have a written document retention and destruction policy?			. 14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization			. 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					
	taxable entity during the year?			. <b>16a</b>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			. 16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ID, OR	<u>, , , , , , , , , , , , , , , , , , , </u>		· · · ·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only	/) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Upon request         Other (explain)	in Sak				
19			,	nd finar	ncial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year.	mict C	n muerest policy, a	anu iiridi	icidí	
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke ar	d records.			
	NANCY PROCTOR - 208-377-2613	no al				
	5465 W. IRVING STREET, BOISE, ID 83706					
2006	3 11-11-16			Forr	n <b>990</b>	(2016
	6					
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Form 990 (		1 .		age 7
Part VII	Compensation of Officers,	<b>Directors, Trustee</b>	s, Key Employees, Highest Compensated	
	Employees, and Independe	ent Contractors		
	Check if Schedule O contains a res	ponse or note to any line	in this Part VII	
Section A.	Officers, Directors, Trustees, Ke	y Employees, and High	est 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 (Ď), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		er ar		lirecto	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	In stitutional trustee		yee	mpen		(** 2/ 1000 10100)		and related
	below	id ual 1	ution	5	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) RICK RIETMANN	0.30									
DIRECTOR		х						0.	0.	0.
(2) AMY BARTOO	0.50									
DIRECTOR		х						0.	0.	0.
(3) ALLAN BOSCH	0.30									
DIRECTOR		Х						٥.	0.	0.
(4) CHRIS REITEN	0.90									
IMMEDIATE PAST CHAIRMAN		Х						٥.	0.	0.
(5) TODD WELTNER	1.60									
CHAIRMAN		Х						0.	0.	0.
(6) DAVID R. MURRAY	0.90									
DIRECTOR		х						0.	0.	0.
(7) PAM AHRENS	0.60									
DIRECTOR		Х						0.	0.	0.
(8) JANELLE ECKHARDT	0.10									
DIRECTOR		х						0.	0.	0.
(9) RICHARD CUMMINGS	0.30									
DIRECTOR		Х						0.	0.	0.
(10) DAVE LAKHANI	0.60									
DIRECTOR		Х						0.	0.	0.
(11) TIM REID	1.10									
VICE CHAIRMAN		х						0.	0.	0.
(12) JOSH TYREE	0.50									
DIRECTOR		X						0.	0.	0.
(13) GARRY BEATY	1.00									
DIRECTOR		X						0.	0.	0.
(14) DAVID HITCHIN	0.10									
DIRECTOR		X						0.	0.	0.
(15) DONNA FINDLAY	0.60									
DIRECTOR		х						0.	0.	0.
(16) BRINNON MANDEL	0.40									
DIRECTOR		х						0.	0.	0.
(17) JENNIFER GOTTO	0.70									
DIRECTOR		Х						0.	0.	0.
632007 11-11-16						_				Form <b>990</b> (2016)

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Form 990 (2016) IDAHO YOUTH R	/								82-02533	46		Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	<b>es</b> (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c , unle	Pos heck	C) ition more erson		one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		am	(F) timate	of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)	comp fro orga and	other oensa om th anizat I relat nizati	ation ie tion ted
(18) HARRY AMEND DIRECTOR	2.10	x						0.		٥.			0.
(19) LEROY CUSTER DIRECTOR	0.40	x						0.		0.			0.
(20) RENAE WALTER DIRECTOR	0.40	x						0.		0.			0.
(21) DALLAS MOCK	0.10												
DIRECTOR (22) BEN BOETTCHER	0.10	x						0.		0.			0.
DIRECTOR (23) JAMES BAILEY	0.10	X				$\left  \right $		0.		0.			0.
DIRECTOR (24) TONY WHEELWRIGHT	0.10	X						0.		0.			0.
DIRECTOR (25) JULIE VANORDEN	0.40	x						0.		٥.			0.
DIRECTOR (26) STEVEN WOODWORTH	40.00	x						0.		٥.			0.
CEO	40.00			x				130,845.		٥.		20	,051.
1b Sub-total								130,845.		٥.			,051.
c Total from continuation sheets to Part VI								278,601.		0.			,714.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>							$\mathbf{P}$	409,446.	000 of reportable	0.		53	,765.
compensation from the organization		1000	liott	Juu		0, 11							3
<b>3</b> Did the organization list any <b>former</b> officer,	director, or tru	ustee	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	Г		Yes	No
<ul><li>line 1a? <i>If "Yes," complete Schedule J for s</i></li><li>For any individual listed on line 1a, is the su</li></ul>	<i>uch individual</i> Im of reportab	 le co	 omp	ensa	atior	n and	 d ot	her compensation from	the organization	-	3		x
and related organizations greater than \$150									-	[	4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			ted organization or indiv	idual for services		5		x
Section B. Independent Contractors		e J 1	01 50	ucn	pers	5011					5		- 11
1 Complete this table for your five highest co the organization. Report compensation for	-									ensa	ition fi	rom	
(A) Name and business	address							(B) Description of s	ervices	Со	(C mper		on
ANYTIME LABOR-IDAHO LLC PO BOX 900, KEARNEY, MO 64060								TEMPORARY LABOR				892	,524.
BOISE MUFFLER													,
6100 FAIRVIEW AVE, BOISE, ID 83704 INTEGRINET SOLUTIONS, INC							_	AUTOMOTIVE REPAIR				191	,707.
10020 FAIRVIEW AVE, BOISE, ID 83704 IES, LLC								INFORMATION TECHNO	LOGY			141	,298.
PO BOX 44260, BOISE, ID 83711								TEMPORARY LABOR				122	,647.
CTA INC. PO BOX 30071, BILLINGS, MT 59107								ARCHITECT				105	,054.
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	, and the second s	iot lii	mite	d to		se li 5	stec	d above) who received n	nore than				
SEE PART VII, SECTION A CONTINU		TS								F	orm <b>S</b>	<b>990</b> (	(2016)
632008 11-11-16						8							

Part VII Section A. Officers, Director	rs, Trustees, Key Ei	mplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					ly)	Reportable compensation from	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
27) NANCY PROCTOR	40.00									
/ PRESIDENT, CFO				х				110,372.	0.	11,78
(28) RICHARD C ALIS PRESIDENT, COO	40.00			x				116 796	0.	15 20
(29) SUSAN VISSER	40.00			Λ				116,786.	υ.	15,20
CORPORATE SECRETARY	40.00			x				51,443.	0.	6,73
		-								
		$\left  \right $								
		-								
otal to Part VII, Section A, line 1c	·							278,601.		33,71

04-01-16

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rt \	VIII							
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII		·····	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue exclu from tax und sections 512 - 514
1	а	Federated campaigns	1a	60,000.				
		Membership dues						
		Fundraising events		214,466.				
		Related organizations						
	е	Government grants (contribut	ions) <b>1e</b>	413,149.				
	f	All other contributions, gifts, grant	ts, and					
		similar amounts not included above		3,063,599.				
		Noncash contributions included in lines	-					
	h	Total. Add lines 1a-1f			3,751,214.			
_				Business Code	15 440 400	15 440 400		
2		SOCIAL ENTERPRISE COMMUNITY SERVICES		453310 624110	17,449,428.	17,449,428.		
	~	RESIDENTIAL		623990	209,025. 190,807.	209,025. 190,807.		
	c d			023330	190,007.	190,007.		
	u e							
	-	All other program service reve	nue					
		Total. Add lines 2a-2f			17,849,260.			
3		Investment income (including						
		other similar amounts)			210,976.			210,9
4		Income from investment of tax						
5		Royalties		►	12,577.			12,5
			(i) Real	(ii) Personal				
6		Gross rents	3,343.					
		Less: rental expenses	0.					
		Rental income or (loss)	3,343.		2.242			
_					3,343.			3,3
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
	Ŀ.	assets other than inventory	836,942.	313,267.				
	D	Less: cost or other basis and sales expenses	785,386.	111,585.				
	c	Gain or (loss)	51,556					
		Net gain or (loss)	,	,	253,238.			253,2
8		Gross income from fundraising			,			,
		including \$ 214	- ·					
		contributions reported on line						
		Part IV, line 18		76,433.				
	b	Less: direct expenses	b	162,195.				
		Net income or (loss) from func	-	····· ►	-85,762.			-85,7
9	а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		20,441.	2 004			
40		Net income or (loss) from gam		▶	2,804.			2,8
10	d	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
11	а	MISCELLANEOUS INCOME		454210	33,392.			33,3
	b							,
	с							
	d	All other revenue						
		Total. Add lines 11a-11d			33,392.			
		Total revenue. See instructions.		► T	22,031,042.	17,849,260.	0.	430,5

IDAHO YOUTH RANCH, INC.

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Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	33,959.	33,959.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	461,134.	115,600.	270,794.	74,740
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,518,763.	9,036,171.	867,957.	614,635
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	71,748.	41,361.	23,288.	7,099
9	Other employee benefits	1,632,503.	1,458,653.	121,189.	52,661
0	Payroll taxes	1,156,640.	982,985.	113,000.	60,655
1	Fees for services (non-employees):				
	Management	700		700	
b	F	796.		796.	
	Accounting	66,526.		66,526.	
d	, , , , , , , , , , , , , , , , , , ,	46.000			46.000
	Professional fundraising services. See Part IV, line 17	46,000.		E2 664	46,000
f	Investment management fees	53,664.		53,664.	
g		50 502	21 672	7 415	20 50/
~	column (A) amount, list line 11g expenses on Sch 0.)	59,592. 415,536.	21,673. 301,543.	7,415.	30,504 101,391
2	Advertising and promotion	548,762.	435,080.	60,216.	53,466
3	Office expenses	160,592.		44,506.	4,759
4	Information technology	100,392.	111,327.	44,500.	4,755
5	Royalties	3,495,621.	3,418,903.	63,424.	13,294
6 7		479,080.	439,969.	22,766.	16,345
7		475,000.	400,000.	22,700.	10,545
8	Payments of travel or entertainment expenses				
9	for any federal, state, or local public officials Conferences, conventions, and meetings				
0	· · · · · · · · · · · · · · · · · · ·	208,245.	127,398.	74,247.	6,600
1	Payments to affiliates		,		-,
2	Depreciation, depletion, and amortization	890,590.	835,739.	45,636.	9,215
3	Insurance	215,527.	195,172.	18,767.	1,588
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	, .	,	, ,	,
-	amount, list line 24e expenses on Schedule 0.) TEMPORARY LABOR	1,084,445.	1,082,395.		2,050
a	COGS	1,004,445.	1,002,395.		2,050
b	EQUIPMENT RENT		, ,	1 194	1,615
c d	BANK FEES	586,213. 440,049.	583,404. 386,390.	1,194. 32,179.	21,480
d		144,847.	144,847.	54,113.	21,400
	All other expenses	23,775,946.	20,757,683.	1,900,166.	1,118,097
25 26	Joint costs. Complete this line only if the organization	23,113,340.	20,131,003.	1,500,100.	
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

Check here

Form **990** (2016)

13541102 793698 090-13489200

if following SOP 98-2 (ASC 958-720)

2016.04030 IDAHO YOUTH RANCH, INC.

090-17F1

Form 990 (	2016)	
Part X	Balance	Sheet

IDAHO YOUTH RANCH, INC.

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

Beginning of year End of year 498,137, Cash - non-interest-bearing 1 2,256,464. 1 156,650. 52,986. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 4,999,921. 3 2,521,415. 3 90,938. 149,327. 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 369,635. 7 Notes and loans receivable, net 346,261, 7 404,490. 432,997. Inventories for sale or use 8 8 220,147. 207,619. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 30,731,397, basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 7,340,782. 23,390,615. 22,474,608. 10c Investments - publicly traded securities 10,419,985 10,861,950. 11 11 883,994. 936,781. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 93,822. 88,090. 14 Intangible assets 14 14,700. 14,700. 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 40,603,653. 16 41,282,579. 1,997,244. 2,371,948. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 4,023,149. 5,509,272. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 5,759,270. 23 Secured mortgages and notes payable to unrelated third parties 23 6,154,226. 24 Unsecured notes and loans payable to unrelated third parties 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 25 Schedule D 12,154,367. 13,660,742. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here **b** X and complete lines 27 through 29, and lines 33 and 34. **Vet Assets or Fund Balances** 17,127,789. 15,792,507. 27 27 Unrestricted net assets Temporarily restricted net assets 6,214,226. 6,112,337. 28 28 5,209,160. 5,615,104. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 27,621,837. Total net assets or fund balances 28,449,286. 33 33 40,603,653. 41,282,579. Total liabilities and net assets/fund balances 34 34

Form 990 (2016)

(A)

Page **11** 

(B)

Form	990 (2016) IDAHO YOUTH RANCH, INC.	82-0253346		Pa	ge <b>12</b>
-	t XI Reconciliation of Net Assets				<u></u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	,031	,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	,775	,946.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,744	,904.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	,449	,286.
5	Net unrealized gains (losses) on investments	5		917	,455.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	27	,621	,837.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2016)

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.

2016
Open to Public

OMB No. 1545-0047

Department of the Treasury

Internal	Rever	iue Service	Informat	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at ^w	/ww.irs.gov/fo	orm990.	Inspection		
Name	e of t	he organizat	ion						Employer	identification number		
Par	• •	Reason		YOUTH RANCH, IN	C. All organizations must co	moloto th	is part ) S	oo instruction		2-0253346		
					For lines 1 through 12, of				3.			
<b>1</b>	iyan		•		•		,					
Г	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3 L	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 L	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
Γ	city, and state:											
5 L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
۰ſ							70/1-1/41/41	4.0				
6 L 7 [					nental unit described in a				the general	public described in		
<b>7</b> L					intial part of its support f	rom a gov	ernmental	I UNIT OF ITOTI	ine general	public described in		
<b>o</b> [				omplete Part II.)								
8 L 9 [					(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(		ad in aanii	notion with a	land grant	collogo		
9 L		-		-	ulture (see instructions).		-		-	-		
		university:	or a non-ianu-i	grant college of agric			name, cit	y, and state c	in the colleg	6 01		
10	x		ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons member	shin faas a	nd gross receipts from		
					ct to certain exceptions,							
					(less section 511 tax) fr							
				mplete Part III.)			.5505 2090		gamzation			
<b>11</b> [				, ,	ively to test for public sa	fetv. See	section 50	09(a)(4).				
12		-	-	-	ively for the benefit of, to	-			arrv out the	e purposes of one or		
					ed in section 509(a)(1) o							
			,	•	of supporting organizatio							
а					upervised, or controlled					giving		
					gularly appoint or elect a							
		organizatio	on. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> As	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving		
		control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported		
		organizatio	on(s). <b>You mus</b>	t complete Part IV,	Sections A and C.							
с		Type III fu	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,		
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		J Type III no	on-functionall	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	orted organi	zation(s)		
		that is not	functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requiremer	nt (see instruct	tions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	۷.				
е		Check this	box if the org	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III			
				• •	nally integrated support		zation.					
g				n about the supporte		(iv) Is the orga	nization listed	(.) (	(			
	()	Name of supp) organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)		
		organization			above (see instructions))	Yes	No					
Total												
	or P	aperwork Re	eduction Act N	Notice, see the Inst	uctions for Form 990 o	r 990-E7.	632021 09-	1 -21-16 <b>Sche</b>	dule A (For	m 990 or 990-EZ) 2016		

090-17F1

### Schedule A (Form 990 or 990-EZ) 2016 IDAHO YOUTH RANCH, INC.

82-0253346

Page **2** 

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e	) 2016	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
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.							
_	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e	) 2016	(f) Total
	Amounts from line 4	(	(	(-,	(-,	<u> </u>	,	(1) 1
8	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
Ŭ	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
44	Total support. Add lines 7 through 10							
			()			12		
12	First five years. If the Form 990 is fo		,	d fourth or fifth t			-)/(2)	
13	organization, check this box and sto				2			
Se	ction C. Computation of Pub	ic Support Pe	rcentage					
	Public support percentage for 2016 (			column (f))		14		%
	Public support percentage from 2015					15		%
	<b>33 1/3% support test - 2016.</b> If the						neck this bo	
	stop here. The organization qualifies	-						
Ŀ	<b>33 1/3% support test - 2015.</b> If the							nis box
~	and <b>stop here.</b> The organization qua							
17=	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			-	-		-	
F	10% -facts-and-circumstances tes	-						
	more, and if the organization meets t							
	organization meets the "facts-and-cir							
10								
18	Private foundation. If the organization	n diu not check a		a, 100, 17a, 01 171			instruction	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

### Schedule A (Form 990 or 990-EZ) 2016 IDAHO YOUTH RANCH, INC.

### 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.)

#### Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,840,838 2,911,385 8,561,132 3,802,080 20,684,782. include any "unusual grants.") 2,569,347 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 13,555,670, 15,272,990 16,742,007 17,435,252 17,849,260 80,855,179. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4,738,718. 947,090. -354,358 389,652 1,412,142 2,344,192 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 17,343,598, 19,596,517 21,655,546 25,642,026 22,040,992 106,278,679. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 62,271. 28,570 5,585,715 522,955 6,242,194. 42,683 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 62,271 28,570 42,683 5,585,715 522,955 6,242 194 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 100,036,485. Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2015 (e) 2016 (a) 2012 (b) 2013 (c) 2014 (f) Total 9 Amounts from line 6 17,343,598 19,596,517 21,655,546 25,642,026 22,040,992 106,278,679. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 375,538 407,489 306,880 223,553 1,867,868. 554 408 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 375,538 223,553 1,867,868. 554,408 407,489 306,880 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17,898,006. 19,972,055. 22,063,035. 25,948,906. 22,264,545. 108,146,547. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 92.50 % 15 92.24 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.73 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 2.02 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 632023 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 16

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Section A. Public Support

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 550 of 550-E

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		┝
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		┝
	tion B. Type I Supporting Organizations			
			Yes	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			┢
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations	2		_
00			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	F
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			L
			Yes	Γ
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	┝
•	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			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		┝
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 <b>Part VI</b> how			
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<u></u>	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	turationa		
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions		
2	Activities Test. Answer (a) and (b) below.		Yes	
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 <b>Part VI identify</b>			
	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
D				
D	reasons for the organization's position that its supported organization(s) would have engaged in these			1
IJ	activities but for the organization's involvement.	2b		
		2b		
3	activities but for the organization's involvement.	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	2b 3a		
3 a	activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .			

Schedule A (Form 990 or 990-EZ) 2016 IDAHO YOUTH RANCH, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater an	nount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
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-fu	inctionally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		-	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
-	From 2014			
-	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
_ <u>i</u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
'	and 4c			
8	Breakdown of line 7:			
<u> </u>				
-	Excess from 2013			
	Excess from 2013			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A (Form 990 or 990-EZ) 2016	IDAHO	YOUTH	RANCH,	INC.
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		0-EZ) 2016 IDAHO YOU					2-0253346	Page
	Part IV, Section line 1; Part IV, S	<b>tal Information.</b> Pro n A, lines 1, 2, 3b, 3c, 4b Section D, lines 2 and 3; s 5, 6, and 8; and Part V	o, 4c, 5a, 6, 9a, 9b, 9c, ; Part IV, Section E, line	11a, 11b, and s 1c, 2a, 2b, 3	11c; Part IV, Sec 8a, and 3b; Part V	ction B, lines 1 ar /, line 1; Part V, S	nd 2; Part IV, Se ection B, line 16	ction C,
	(See instruction	35, 6, and 8, and Part V 18.)	, Section E, lines 2, 5, a	ind 6. Also col	mplete this part i	or any additional	information.	
32028 09-21-1	6			21		Schedule A	(Form 990 or §	990-EZ) 2
41102	793698 0	090-13489200	2016.04030		YOUTH RA	NCH, INC	. 09	0-17F

## Payments from Disqualified Persons Included on Part III, Line 7a

82-0253346

### 2016

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
DIRECTORS AND OFFICERS	62,271.	28,570.	42,683.	85,715.	522,955
HADLEY MARION STUART					
FOUNDATION	0.	0.	0.	5,500,000.	0
otal to Schedule A, Part III, Line 7a		28,570.	42,683.	5,585,715.	522,955

623172 04-01-16

** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

82-0253346

Name of the organization

Organization type (check one):

Schedule B

(Form 990, 990-FZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

IDAHO	YOUTH	RANCH	INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)			Page <b>2</b>
Name of or	ganization		Employ	ver identification number
IDAHO YO	DUTH RANCH, INC.		82-	-0253346
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
1		\$	9,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
2		\$	5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
3		\$	11,500.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
4		\$	18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
5		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
6		\$	7,014.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
623452 10-1	8-16 23		ile B (Form	990, 990-EZ, or 990-PF) (2016)

Page 2

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)			Page <b>2</b>
Name of or	ganization		Employe	er identification number
IDAHO YC	DUTH RANCH, INC.		82-0	0253346
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 contribution	ons	(d) Type of contribution
7		\$	5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
8		\$3	9 <u>,900.</u>	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
9		\$750	) <u>,000.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
10		\$500	0 <u>,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
11		\$	<u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
12				Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18		4	: в (Form 9	990, 990-EZ, or 990-PF) (2016)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	
Name of organization	

			-	_
vor	identification	numbe		

IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$5,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
14		\$80,588.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$6,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>   16                                 </u>		\$6,284.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$6,738.	Person Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>18</u>		\$\$	Person X Payroll Noncash (Complete Part II fo noncash contributi

	B (Form 990, 990-EZ, or 990-PF) (2016)			Page <b>2</b>
Name of or	ganization		Employ	yer identification number
IDAHO YC	DUTH RANCH, INC.		82-	-0253346
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 contribu	itions	(d) Type of contribution
19		\$	24,190.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
20		\$	8,853.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
21		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
22		\$	5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
23		\$	8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
24		\$	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-1		Sched	ule B (Form	990, 990-EZ, or 990-PF) (2016)

Page **2** 

(a)	istructions). Use duplicate copies of Part (b) ame, address, and ZIP + 4	l if additional space is needed (c) Total contri	. 82-	er identification number
Part I Contributors (See in (a) No. N	(b)	(c)		(d)
(a) No. N	(b)	(c)		
No. N			butions	
				Type of contribution
		\$	5,274.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. N	(b) ame, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. N	(b) ame, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
		\$	12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. N	(b) ame, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
		\$	7,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. N	(b) ame, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
		\$	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. N	(b) ame, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
30		\$	633,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016

Page 2

ame of or	ganization	Employer identification number
ДАНО УО	UTH RANCH, INC.	82-0253346
Part I	Contributors (See instructions). Use duplicate copies of Part	if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		\$\$,000.       \$\$       Person X         Payroll       \$\$         (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
32		\$\$,000.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio
33		\$\$,047.     Person     Payroll       \$\$,047.     Noncash     X       (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34		\$     25,000.     Person X       Payroll     Noncash       (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		\$     7,847.     Person X       \$     7,847.     Payroll I       (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio
36		Person X

### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

ber

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Payroll

Noncash

(Complete Part II for noncash contributions.)

090-17F1

5,000.

623452 10-18-16

28

\$

13541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH, INC.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)
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Page <b>2</b>

Employer identification number

IDAHO YOUTH RANCH, INC.

Name of organization

82-0253346

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
37		\$13,100.	Person X Payroll Noncash (Complete Part II fo noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization

Page 3

IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I MISC DISPLAY ITEMS 6 7,014. 07/22/16 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I ALL INCLUSIVE VACATION PACKAGES FOR FUNDRAISING EVENT 8 39,900. 06/30/17 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I 2000 BLAKE HORSE TRAILER, TACK, SADDLES, BRIDLES, PADS 17 06/30/17 6,738. \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I EIGHT YEAR OLD AQHA QUARTER HORSE 22 5,000. 01/11/17 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I 504 PAIRS OF OVER THE KNEE SOCKS 33 9,047. 05/01/17 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623453 10-18-16 30 13541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH, INC. 090-17F1

rt III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,00 Ig line entry. For organizations s for the year. (Enter this info ance) \$
	Use duplicate copies of Part III if addition	nal space is needed.	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			

SCHEDULE 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. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IDAHO YOUTH RANCH, INC.			82-0253346
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accoun	ts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	t funds	
Ũ	are the organization's property, subject to the organization's	0		Yes No
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor o	0 0		
		, <b>,</b> , , , , , , , , , , , , , , , , ,	Ũ	Yes No
Par		anization answered "Yes" on Form 990 Pa		
			itiv, mie 7.	
	Purpose(s) of conservation easements held by the organization		colly importo	nt land area
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a certifi	ed historic str	ucture
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of		
	day of the tax year.			eld at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization d	luring the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easen	nents during the year
	►			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements	during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	• • • •		
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	-		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organizatio	n's accounting for
	conservation easements.			<u> </u>
Par	t III Organizations Maintaining Collections of		er Similar	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	e of public se	ervice, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance s	heet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of publ	c service, pro	ovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		🕨 💲	
	(ii) Assets included in Form 990, Part X		🕨 💲	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial g	ain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> \$	
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			chedule D (Form 990) 2016
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Sche	dule D (Form 990) 2016 IDAHO YOUTH	I RANCH, INC.				82-02533	346	Р	age <b>2</b>
Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	ner Simi	lar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	t use of its	collectio	n iterr	IS
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purp	oose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be many	aintained as part of t	he organization's co	ollection?		L	Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, oi	r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other assets no	ot included	ł			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account lial	oility?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	
Pa	<b>t V</b> Endowment Funds. Complete i	f the organization an		1	1				
		(a) Current year	(b) Prior year			years back			
1a	Beginning of year balance	5,381,952.	4,812,813.		· · ·	085,412.	3		,053.
b	Contributions	405,945.	623,955.	,		602,142.			,402.
с	Net investment earnings, gains, and losses	104,620.	-30,625.	,		84,436.			,969. 
	Grants or scholarships	31,259.	24,191.	22,611	•	13,862.		9	,752.
е	Other expenditures for facilities			100 000		60 510		60	0.00
	and programs			102,623	•	62,712.		69,260.	
	Administrative expenses	5,861,258.	5,381,952.	4 910 912	4	COF 416		005	410
g	End of year balance	, ,	, ,	, ,	• 4,	695,416.	4	,085	,412.
2	Provide the estimated percentage of the cur	rent year end balanc		a)) neid as:					
a L	Board designated or quasi-endowment ►	0/	_%						
		% %							
C	Temporarily restricted endowment								
30	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are hold a	nd administored for	the organ	ization			
Uu	by:				the organ	ization	1	Yes	No
	(i) unrelated organizations						3a(i)	100	x
	(ii) related organizations								x
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	0							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part 3	X, line 10.				
	Description of property	(a) Cost or of			Accumulat	ed	(d) Boo	k valu	e
		basis (investn	nent) basis	(other) d	epreciation	n			
1a	Land		14	,432,740.			14	,432	,740.
	Buildings		11	,468,329.	4,617	,409.	6	,850	,920.
	Leasehold improvements								
	Equipment		3	,603,245.	2,723	,373.		879	,872.
	Other		1	,227,083.			1	,227	,083.
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)		. 🕨	23	,390	,615.
						Schedule	D (Forn	n 990	2016

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### 3 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 (including name of security) (b) Book value (c) Method of valuation: 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, 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. (Col. (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. (a) Description of liability (b) Book value 1. (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.) 

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [ 🗴

### Schedule D (Form 990) 2016

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Sche	edule D (Form 990) 2016 IDAHO YOUTH RANCH, INC.			82-0253346	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	23,182,002.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	917,455.		
b	Donated services and use of facilities	2b	50,867.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	968,322.
3	Subtract line 2e from line 1			3	22,213,680.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-182,638.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-182,638.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,031,042.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	23,961,847.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,263.		
b					
с	Other losses				
d			182,638.		
е				2e	185,901.
3	Subtract line 2e from line 1			3	23,775,946.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	23,775,946.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lines 1b a	nd 2b: Part V. line	4: Part X. line 2	: Part XI.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

CLIENTS AT OUR RESIDENTIAL PROGRAMS MAY RECEIVE CASH FROM VARIOUS SOURCES

SUCH AS PAYROLL OR MONEY FROM RELATIVES. ISSUES COULD ARISE WITH CLIENTS

HOLDING CASH THAT COULD POSE A RISK TO THEM, STAFF OR OTHER CLIENTS. DUE

TO THIS, THE CASH IS HELD IN A BANK ACCOUNT AND SAFEGUARDED BY THE

ORGANIZATION AND INDIVIDUAL CLIENT BALANCES MAINTAINED. CASH IS RETURNED

TO CLIENTS WHEN THEY LEAVE THE PROGRAMS.

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

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## Part XIII Supplemental Information (continued)

OPERATING COSTS TO FURTHER THE ORGANIZATION'S MISSION.

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND IS SUBJECT TO FEDERAL INCOME TAX ONLY ON NET

UNRELATED BUSINESS INCOME. THE ORGANIZATION CURRENTLY HAS NO UNRELATED

BUSINESS INCOME AND IS NOT CONSIDERED A PRIVATE FOUNDATION WITHIN THE

MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE AND ALL CHARITABLE

CONTRIBUTIONS ARE CONSIDERED TAX DEDUCTIBLE.

THE ORGANIZATION'S 2013, 2014, AND 2015 TAX YEARS ARE OPEN FOR EXAMINATION

BY THE INTERNAL REVENUE SERVICE AND VARIOUS STATE TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING EVENTS

DIRECT EXPENSES FROM GAMING ACTIVITIES

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT	EXPENSES	FROM	FUNDRAISING	EVENTS

DIRECT EXPENSES FROM GAMING ACTIVITIES

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2016

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-162,197.

-20,441.

-182,638.

162,197.

20,441.

182,638.

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SCHEDULE G		-					OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if th	ental Information Regarding the organization answered "Yes" on	Form	990, I	Part IV, line 17, 18, o			2016
Department of the Treasury	organization entered more than \$1 Attach to Form 990	0 or Fo	orm 99	0-EZ.			Open to Public Inspection
Name of the organization	about Schedule G (Form 990 or 990-EZ	) and its	s instru	uctions is at WWW.irS.g	gov/f	orm990. Employer id	entification number
-	H RANCH, INC.					82-0253346	
Part I Fundraising Activities required to complete this pa	Complete if the organization answert.	ered "Y	∕es" o	n Form 990, Part IV,	line ⁻	17. Form 990-E	Z filers are not
<ol> <li>Indicate whether the organization rate</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid ind</li> </ol>	ised funds through any of the followi e X Solicita s f S Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover aising ding c	overnment grants rnment grants events fficers, directors, tru fundraising services?	stee:	X Ye	
compensated at least \$5,000 by the	e organization.			1			-
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
LES SHOEMMELIERS - 440	WINE, WOMEN AND SHOES	Yes	No				
CRYSTAL SPRINGS ROAD, ST.	EVENT		Х	268,319.		46,000	. 222,319.
Total         3       List all states in which the organizati or licensing.         ID, OR, CO, IN, IA, NE, SD, TX, VT, AZ, W					d it is	46 , 000 s exempt from	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2016

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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.

			(a) Event #1	(b) Event #2		(c) Other events	(d) Total events
				WINE, WOMEN &			(add col. (a) through
			BALIHOO	SHOES - CDA		1	col. (c)
Ф			(event type)	(event type)		(total number)	001. <b>(0)</b>
Revenue	1	Gross receipts	45,180.	244	,160.	1,559.	290,899.
	2	Less: Contributions	34,640.	179	,276.	550.	214,466.
	3	Gross income (line 1 minus line 2)	10,540.	64	,884.	1,009.	76,433.
	4	Cash prizes					
Ś	5	Noncash prizes	23,035.	77	,071.	400.	100,506.
pense	6	Rent/facility costs	2,867.		572.	1,250.	4,689.
Direct Expenses	7	Food and beverages	1,419.	13	,670.	1,531.	16,620.
-	8	Entertainment					
	9	Other direct expenses	2,337.	17	,516.	20,527.	40,380.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			►	162,195.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			►	-85,762.

\$15.000 on Form 990-EZ. line 6a.

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	<b>(c)</b> Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue			23,245.	23,245.
ses	2 Cash prizes				
Expens	3 Noncash prizes			20,441.	20,441.
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes%	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		►	20,441.
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			2,804.
9 a	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac				X Yes No
b	If "No," explain:				
	Were any of the organization's gaming licenses re If "Yes," explain:		-	• · · · · · · · · · · · · · · · · · · ·	Yes X No
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Schedule G (Form 990 or 990-EZ) 2016 IDAHO YOUTH RANCH, INC.	82-0253346	Page
11 Does the organization conduct gaming activities with nonmembers?		Yes 🗌 N
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
to administer charitable gaming?		Yes 🗵 N
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	
b An outside facility	13b	100.00
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:	
Name NANCY PROCTOR		
Address 🕨 5465 W. IRVING STREET - BOISE, ID 83706		
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue?	Yes 🗵 N
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount	
of gaming revenue retained by the third party $\blacktriangleright$ \$		
<b>c</b> If "Yes," enter name and address of the third party:		
Name		
Address 🕨		
16 Gaming manager information:		
Name ►		
Gaming manager compensation 🕨 \$		
Description of services provided 🕨		
Director/officer		
17 Mandatory distributions:		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	X	Yes 🗆 N
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations		
organization's own exempt activities during the tax year <b>&gt;</b> \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9,	9b, 10b, 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		, , .
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: LES SHOEMMELIERS		
(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS ROAD, ST. HELENA, CA 94574		
32003.00.12.16 C	Schedule G (Form 990 c	or 990-E71 00
39	·	n 990-EZ) 20
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32084 4-01-16				40				
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)41107								

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Compl	irants and Oth vernments, an ete if the organizatio on about Schedule I	nd Individua n answered "Yes" Attach to For	<b>ls in the Ŭn</b> i ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.	0	OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
Name of the organization			(Form 550) and the		(		Employer identification number
•	JTH RANCH, INC.						82-0253346
Part I General Information on G	,						
<ol> <li>Does the organization maintain recriteria used to award the grants</li> <li>2 Describe in Part IV the organization</li> <li>Part II Grants and Other Assistant</li> </ol>	or assistance? on's procedures for monit	oring the use of grant	funds in the Unite	d States.		- 	Yes No
	-				anization answered "Y	res" on Form 990, Par	t IV, line 21, for any
recipient that received more <b>1 (a)</b> Name and address of organiza or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501</li> <li>3 Enter total number of other organ</li> <li>LHA For Paperwork Reduction Act</li> </ul>	izations listed in the line	1 table	e line 1 table				Schedule I (Form 990) (2016)

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 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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	7	31,259.	0.		
GRADUATE ASSISTANCE	6	2,700.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest         Complete If the organization answered "Yes" on Form 990, Part IV, line 23.         Line of the organization         Line organiza	SCHEDULE J	Compensation Information	OM	B No. 1	545-00	47			
Complete if the organization answered "Yes" on Ferm 990, Part IV, line 23.     Open to Public Inspection     Information about Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at www.is.gov/form390     Schedule J (Form 990) and its instructions is at wow.is.gov/form390     Schedule J (Form 990) and its instructions is at wow.is.gov/form390     Schedule J (Form 990) and its instructions is at wow.is.gov/form390     Schedule J (Form 990) and its instructions is at wow.is.gov/form390     Schedule J (Form 990) and its instructions is at provide any relevant information regaring these items.     Schedule J (Form 990) and itemses at a schedule J (Form 990) and itemses at expansite items     Decretionary spending account     Heatin or social club dues or initiation fees     Decretionary spending account     Heatin or social club dues or initiation fees     Decretionary spending account     House of the organization fail of the expansization follow a written policy regarding payment for chargenia is at work is a schedule J (Form 990) and ite is at work is a schedule J (Form 990) and ite is at work is a schedule J (Form 990) and ite is at work is a schedule J (Form 990) and ite is at work is a schedule J (Form 990) and ite is at work is a schedule J (Form 990) and ite is at work is a schedule J (Form 990) and J (Form 99		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16				
Personal starts traver     Personal starts to be come 990.     Personal starts the experiment of the organization number     Personal starts to book of the organization provided any of the following to of train personal issee of personal use     Personal starts to complete banks if the organization provided any of the following these items.     Personal starts to complete banks if the organization provided any of the following these items.     Personal starts to complete banks if the organization provided any of the following these items.     Personal starts to business use of personal use     Personal residence     Personal starts to business use of personal use     Personal services (such as, maid, chauffeur, cheft)     b If any of the books on line 1a are checked, did the organization to regarding these items.     Personal services (such as, maid, chauffeur, cheft)     b If any of the books on line 1a are checked, did the organization toware expenses incurred by all directors,     trustees, and officers, including the CEO/Executive Director, regarding the lines checked on line 1a?     Indicate which, if any, of the following the filing organization used to establish the compensation committee     Indicate which, if any, of the following the filing organization used to setablish the compensation committee     Indicate which, if any or the log organization to be point books or methods used by a related organization 's     CEO/Executive Director, luce split, in Part III.     Organization or analation companiation compensation committee     During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing     organization or analation organization:     Perticipate in, or receive payment from, an equiph-based compensation argo compensation     commitee and provide the personal sectore of provide any com				-0	IU	,			
Name of the organization         Employer identification number           1DAID         1DAID         YOUTH RANCH, INC.         82-0253346           Part I         Questions Regarding Compensation         Yes         No           1         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Secton A, Ine 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           1         First-tass or chafter travel         Payments for business use of personal residence         Payments for business use busines		Attach to Form 990.							
Date         Yourse         Bancel           Part I         Questions Regarding Compensation           Is         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, Ine 1a, Complete Part III to provide any view information regarding these terms.         Yes         No           Part U.         Complete Part III to provide any view information regarding these terms.         Pravel for companions         Payments for business use of personal see Discretionary spending account         Payments for business use of personal terms         Part III           b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinducement or provision of all of the expenses described above? II: No.' complete Part III to explain         10         10         2           2         Did the organization regule substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         10         2         2           3         Indicate which, if any, of the following the filing organization used to establish the compensation committee         Written employment contract         10         2         2         2           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         2         2         4									
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intravel Groompanions       Participate Part (III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intravel Groompanions       Personal services (such as, maid, chauffeur, cheft)       Image: Image: Complete Part III to explain and gross up payments       Image: Complete Part III to explain and provide Complete Part III to explain and provide of participate intravel interviews incred Up and idirectors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Complete Part III to explain and provide Complete Part III to explain and provide Compensation committee         3       Indicate which, if any, of the following the filing organization used to estabilish the compensation of the organization's CEO/Executive Director, use payment for main equipation in Part III.       Compensation committee       Image: Complete Part III to explain and participation in Part III.         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a verticed organization       Image: Complete Part III.       Image: Complete Part III.         4       During the year, did any	Name of the organize				, in the	linei			
Image: Constraint of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Possing allowance or residence for personal sestionce         Image: Comparison of the comparison of the comparison of the comparison of the comparison of all of the expanses described above? If No, "Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expanses described above? If No, "Complete Part III to explain.         It         It           2 bit the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the EIG/Executive Director, regarding the items checked on line 1a?         It         It           3 Indicate which, if any, of the following the filing organization used to establish the compensation to the companization to establish compensation or relead organizations         It         It           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:         It         It           9 Participate in, or receive payment from, an equity-based compensation margement?         It         It         It           9 Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation committee         It         It         It           9 Any relate	Part I Questi		02-0255540	,					
1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           Impact class or charter travel         Housing allowance or residence for personal use Part class or charter travel           Impact class or charter travel         Housing allowance or residence for personal use Part of item Part information and gross-up payments           Impact class or charter travel         Payments for business use of personal residence Discretionary spending account           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter travel         Personal services (such as, maid, chauffeur, chef)           Impact class or charter seves travel class or charter seves travel class or charter sevices (such as, maid, chauffeur, chef)					Vas	No			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Track indemnification and gross-up payments       Personal excluse due to using assume to personal excluse or initiation fees         Discretionary spending account       Personal excluse due to using assume to personal excluse as, maid, chardfreer, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Difference       2         3       Indicate which, If any, of the following the filling organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       Compensation committee         1       Compensation committee       Writtlen employment contract         2       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:         3       Receive a severance payment from, an equity-based compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:         a Receive a severance payment from, an equity-based compensation arrangement?       4a       X         C	<b>1a</b> Check the approx	priate box(es) if the organization provided any of the following to or for a person listed on Form	n 990		103				
Image: Prist-class or charter travel       Image: Image: Image: Payments or the personal use image: Payments or or scielacted or personal residence image: Image: Image: Payments or or scielacted balance or imitation fees         Image: I	•••		1000,						
Travel for companions       Payments for business use of personal residence         Bask indemification and gross-up payments       Personal services (such as, maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described abov? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation ormittee       2         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization in or a related organization:       3         a Receive a severance payment from, a supplemental nonqualified retirement plan?       4a       X         C Participate in, or roceive payment from, a supplemental nonqualified retirement plan?       4b       X         C Participate in, or roceive payment from, a supplemental nongualified retirement plan?       4b       X         C Participate in, or roceive payment from, a supplemental nongualified retirement plan?       4b       X         C Par			onaluse						
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Indicate which, if any of the following the filing organizations       X Compensation committee       3         Indicate organization       Written employment contract       4a       X         Expense of the organization:       X Compensation committee       4a       X         Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         I'res' to any of lines 4a-c, list the persons and provide the applicabl		, i i i i i i i i i i i i i i i i i i i							
Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee       2         Indicate which, if any, of the following the filing organization used to establish the compensation of the OCD/Executive Director, but explain in Part III.       2         Compensation committee       Witten employment contract       2         Independent compensation orsultant       X. Compensation survey or study       X         F participate in, or receive payment from, a supplemental nonqualified retimement plan?       4a       X         Participate in, or receive payment from, a supplemental compensation pay or accrue any compensation continget in, or receive payment from, a supplemental nonqualified retimement plan?       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       5       5b       X         For persons listed on Form 990, Par									
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       Written employment contract         Imopendent compensation or the CEO/Executive Director, but explain in Part III.       Compensation accommittee       4a         Value or a related organization:       X       Approval by the board or compensation committee       4a         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       0         Compensation committee       Written employment contract       0         Independent compensation comsultant       X Compensation survey or study       X         Approval by the board or compensation committee       4a       X         9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(X), 501(c)(A), and 501(c)(29) organizations must complete lines 5-9.       5b       X         16 Any related organization?       5a       X         17 Yes" to line 5a or 5b, describe in Part III.       5a       X         18 Any related orga			, ,						
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       0         Compensation committee       Written employment contract       0         Independent compensation comsultant       X Compensation survey or study       X         Approval by the board or compensation committee       4a       X         9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(X), 501(c)(A), and 501(c)(29) organizations must complete lines 5-9.       5b       X         16 Any related organization?       5a       X         17 Yes" to line 5a or 5b, describe in Part III.       5a       X         18 Any related orga	<b>b</b> If any of the box	es on line 1a are checked, did the organization follow a written policy regarding payment or							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or areidere aparment from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         6       Participate in, or receive payment from, a euply-based compensation arrangement?       4b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	•			1b					
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation oron to the CEO/Executive Director, but explain in Part III.       Indicate which, if any, of the following the filing organization write memployment contract       Image: CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract       Image: Cempensation committee         Image: Compensation committee       Written employment contract       Image: Cempensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Cempensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Cempensation cempensation committee         4       During the year, did any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Cempensation         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Cempensation pay or accrue any compensation contingent on the revenues of:         7       For persons listed on Form 990, Part VII, Section									
3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         3       Indicate which, if any, of the following the filing organization to establish compensation or committee       Written employment contract         4       Compensation committee       Written employment contract         5       Form 990 of other organizations       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a         4       Beceive a severance payment form, a supplemental nonqualified retirement plan?       4a         5       Participate in, or receive payment from, an equity-based compensation narrangement?       4c         1       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a         6       For persons listed on Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermuse of:       5a         7       X       Gb       X         6       For persons listed on Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         8       Pro persons listed on Form 90	-			2					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>X Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li> <ul> <li>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> </li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>Any related organization?</li> <li>Bo</li> <li>X</li> <li>Any related organization?</li> <li>Bo</li> <li>Any related organization?</li> <li>Bo</li> <li>Any related organization?</li> <li>Bo</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul></li>									
establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>X Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment form, an equity-based compensation arrangement?</li> <li>the vary of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>a The organization?</li> <li>f" Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>a The organization?</li> <li>f" Yes" on line 6a or 6b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>a The organization?</li> <li>f" Yes" on line 6a or 6b, describe in Part III.</li> <li>7 X</li> <li>8 Were any amounts reported on Form 990, Part VII, pad or accrued pursuant to a contract that was subject to the initial cortract excep</li></ul></li></ul></li></ul></li>	3 Indicate which, i	f any, of the following the filing organization used to establish the compensation of the organiza	ation's						
□ Compensation committee       □ Written employment contract         □ Independent compensation consultant       □ Compensation survey or study         ☑ Form 990 of other organizations       ☑ Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change of control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         b Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5a       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net emings of:       5b       X         a The organization?       6a       X       5b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments no	CEO/Executive	Director. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to						
Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not	establish compe	nsation of the CEO/Executive Director, but explain in Part III.							
Image: Section Section Section Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X       1         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       1       1       1         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <t< td=""><td>Compensa</td><td>ion committee Written employment contract</td><td></td><td></td><td></td><td></td></t<>	Compensa	ion committee Written employment contract							
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         f" Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         f" Yes" on line 6a or 6b, describe in Part III.       7       X         B       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7 <td>Independe</td> <td>t compensation consultant III Compensation survey or study</td> <td></td> <td></td> <td></td> <td></td>	Independe	t compensation consultant III Compensation survey or study							
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       x         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       x         a The organization?       5a       x       1f       Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       5a       X       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         Any related organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a	X Form 990 c	f other organizations X Approval by the board or compensation of	committee						
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       x         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       x         a The organization?       5a       x       1f       Yes" on line 5a or 5b, describe in Part III.       5b       x         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       x         a The organization?       5a       x       1f       1f       Yes" on line 6a or 6b, describe in Part III.       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       7       x       4b       x         9       If "Yes" on line 6a or 6b, describe in Part III.       7       x         8       Yes" on									
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6 Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.       7       X         8       X       9       If "Yes" on line 6a or 6b, describe in Part III.       8       X         9       If "Yes" on line 8, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	4 During the year,	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X	organization or a	related organization:							
c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       Image: Comparison of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	a Receive a sever	ance payment or change-of-control payment?		4a		X			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control of Co				4b		Х			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X	c Participate in, or	receive payment from, an equity-based compensation arrangement?		4c		Х			
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I	If "Yes" to any c	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I									
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9									
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	•								
If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III       9       9	a The organization	?	······			<u> </u>			
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			·····	5b		X			
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9									
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			on						
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	•								
If "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	a The organization	?				<u> </u>			
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li></ul>			·····	6b		X			
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9									
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li></ul>				_					
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <b>8 X</b> 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in <b>8 9 9 9</b>				7		X			
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	•								
Regulations section 53.4958-6(c)?			·····	8		X			

632111 09-09-16

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#### 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 other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents		reported as deferred on prior Form 990
(1) STEVEN WOODWORTH	(i)	123,950.	5,911.	984.	985.	19,066.	150,896.	0
CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

82-0253346

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(Form 9	CHEDULE K orm 990) partment of the Treasury erral Revenue Service Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. ame of the organization													
Name of	the organization								-	-		icatio	n num	ber
	IDAHO YOUTH RANCI								8	2-025	3346			
Part I	2011010000	PART VI FOR CC	1	1			(0.5		( ) Da	faaad	4.20-	hahalf	() 5	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	d (e) Issi	ue price	(f) Descript	tion of purpose	(g) Defeased (h)			of issuer		oled
													finan	-
	HO HOUSING AND FINANCE						DEETNANCE A	TAXABLE LOAN	Yes	No	Yes	NO	Yes	No
		82-0302333	NONE	12/08/11		106 356		OFFICE AND WA		x		x		x
ARSS		02-0302333	NONE	12/00/11	±,	100,550.	IN ZUII FOR	OFFICE AND WA				^		A
В														
С														
D														
Part II	Proceeds													
					A		В	С				D		
<b>1</b> An	nount of bonds retired													
<b>2</b> An	nount of bonds legally defeased													
<b>3</b> To	tal proceeds of issue													
<b>4</b> Gr	oss proceeds in reserve funds													
<b>5</b> Ca	apitalized interest from proceeds													
<b>6</b> Pr	oceeds in refunding escrows													
7 Iss	suance costs from proceeds													
<b>8</b> Cr	edit enhancement from proceeds													
<b>9</b> Wo	orking capital expenditures from proceeds													
<b>10</b> Ca	apital expenditures from proceeds													
11 Ot	her spent proceeds													
<b>12</b> Ot	her unspent proceeds													
<b>13</b> Ye	ear of substantial completion				2011									
				Yes	No	Yes	No	Yes	No		Yes		No	
	ere the bonds issued as part of a current ref	v			X			ļ						
-	ere the bonds issued as part of an advance	0			X									
<b>16</b> Ha	as the final allocation of proceeds been mad	e?												
<b>17</b> Doe	es the organization maintain adequate books and records t	o support the final allocation	on of proceeds?	Х										
Part III	Part III Private Business Use					1		1						
1 Wa	as the organization a partner in a partnershi	n or a member of cr		Yes	A No	Yes	B No	C Yes	No		Yes	D 	No	
	nich owned property financed by tax-exemption				X	105		165	NU	+	100	+	NU	
-	e there any lease arrangements that may re-									-		+		
	ond-financed property?				x									
00			· · · · -											

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Schedule K (Form 990) 2016 IDAHO YOUTH RANCH, INC.

82-0253346

Page 2

Part III Private Business Use (Continued)								
		A		В		ç	0	)
<b>3a</b> Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government >		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		1						
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		//		/2		,,,		, 
1.141-12 and 1.145-2?								
<ul> <li>9 Has the organization established written procedures to ensure that all nonqualified</li> </ul>								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		x						
Part IV Arbitrage								L
		Α		В		C		,
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	105	X	103		103		103	
2 If "No" to line 1, did the following apply?				I				<u> </u>
a Rebate not due yet?		x						
		X						
b Exception to rebate?		X						
c No rebate due?		A						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	x	1						
3 Is the bond issue a variable rate issue?	Δ							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		X						L
b Name of provider								
c Term of hedge		1						
d Was the hedge superintegrated?								
e Was the hedge terminated?								1

### Schedule K (Form 990) 2016 IDAHO YOUTH RANCH, INC. Part IV Arbitrage (Continued)

Page 3

Part IV Arbitrage (Continuea)								
		A B		c		D		
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of								1
section 148?		х						
Part V Procedures To Undertake Corrective Action								
		Α	E	3		)		<u>,</u>
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								1
closing agreement program if self-remediation isn't available under applicable								1
regulations?		x						1
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedu	le K. See inst	ructions	•				
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: IDAHO HOUSING AND FINANCE ASSOCIATION								
(F) DESCRIPTION OF PURPOSE:								
REFINANCE A TAXABLE LOAN IN 2011 FOR OFFICE AND WAREHOUSE FACILITY.								

### 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.

Open To Public Inspection

16

Name of the organization

### IDAHO YOUTH RANCH, INC.

Employer identification number

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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

82-0253346

Pa	TT Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	~
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution an	nount	5
1	Art - Works of art			, , <b>v</b>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		746,526.	SELLING PRICE			
5	Clothing and household goods	Х		15,954,350.	SELLING PRICE			
6	Cars and other vehicles	Х	339	553,434.	SELLING PRICE			
7	Boats and planes	Х	21	14,427.	SELLING PRICE			
8	Intellectual property							
9	Securities - Publicly traded	Х	5	30,976.	MARKET			
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	Х	3,255	180,690.	SELLING PRICES			
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 by the organiz		0 ,					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	allas da at u		of any non-tendend of a state	tion of		v	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties of		0	, ,		20-	x	
L.	contributions?					32a	~	
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olump (a) fa	raturo of propert	v for which column (a) is she	ekod			
33	describe in Part II.		a type of propert	y for which column (a) is che	undu,			
	UCOUNDE III FAIL II.							_

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

Schedule M (Form 990) (2016)

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Schedule M (Form 990) (2016) IDAHO YOUTH RANCH, INC

Page **2** 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) (2016)

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13541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH, INC.

82-0253346

SCHEDULE O	
------------	--

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number 82-0253346

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE IDAHO YOUTH RANCH PROVIDES TROUBLED YOUTH A BRIDGE TO A VALUED

IDAHO YOUTH RANCH, INC.

RESPONSIBLE AND PRODUCTIVE FUTURE. WE ARE A CATALYST FOR POSITIVE

CHANGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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

WORKFORCE DEVELOPMENT: LAUNCHED IN MARCH 2013, YOUTHWORKS! IS A

COMPREHENSIVE JOB TRAINING AND JOB PLACEMENT PROGRAM CREATED TO HELP

DISADVANTAGED YOUTH PEOPLE AGES 6-22 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.

EXPENSES \$ 143,395. INCLUDING GRANTS OF \$ 31,259. REVENUE \$ 0.

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

LINE 11A EXPLANATION - DRAFT PROVIDED TO BOARD FOR REVIEW PRIOR TO FILING.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

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Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Employer identification number
IDAHO YOUTH RANCH, INC.	82-0253346
ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF	
THE POLICY AND READ, 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 COMPENSATION FOR THAT	
INDIVIDUAL.	
THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE PERFORMANCE AND USE	
PROFESSIONALLY PUBLISHED SALARY SURVEYS AS WELL AS SALARY INFORMATION	
GATHERED FROM LOCAL NON-PROFITS OF SIMILAR SIZE TO ASSESS THE	
REASONABLENESS OF COMPENSATION FOR THAT INDIVIDUAL.	
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 XII, LINE 2C:	
THERE HAVE BEEN NO CHANGES TO THE OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE YEAR.	
52	chedule O (Form 990 or 990-EZ) (2016
541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANC	H, INC. 090-17F1

# TAX RETURN FILING INSTRUCTIONS

## FORM 990-T

### FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	
	IDAHO YOUTH RANCH, INC. 5465 W. IRVING STREET BOISE, ID 83706
Prepared by	CLIFTONLARSONALLEN LLP 800 WEST MAIN ST, STE 1220 BOISE, ID 83702 208-387-6400
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2017
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form <b>990-T</b>	Exempt Organization			ax Return	È	OMB No. 1545-0687				
	(and proxy tax under section 6033(e)) For calendar year 2016 or other tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 2016									
	► Information about Form 990-T and its				- ·	2016				
Department of the Treasury Internal Revenue Service	<ul> <li>Do not enter SSN numbers on this form as</li> </ul>		-		- C 5	open to Public Inspection for 01(c)(3) Organizations Only				
A Check box if address changed	Name of organization ( Check box if n		DEmployer identification number (Employees' trust, see instructions.)							
B Exempt under section	Print IDAHO YOUTH RANCH, INC.		82	-0253346						
x 501(c)(3)	or Number, street, and room or suite no. If a P	.O. box, see in	structions.			ted business activity codes structions.)				
408(e)220(e)										
408A 530(a)	City or town, state or province, country, and BOISE, ID 83706									
<b>C</b> Book value of all assets at end of year	F Group exemption number (See instructions.)									
	G Check organization type ► 🛛 🗴 501(c) corp		501(c) trust	401(a) trust		Other trust				
	n's primary unrelated business activity. FILING									
	the corporation a subsidiary in an affiliated group or a	a parent-subsi	diary controlled group?	► L	Yes	s X No				
	and identifying number of the parent corporation.		Talaak		0 277					
	Trade or Business Income		(A) Income	one number 🕨 20 (B) Expenses		(C) Net				
1a Gross receipts or sal						(0) 1101				
<b>b</b> Less returns and allo		▶ 1c								
	Schedule A, line 7)									
3 Gross profit. Subtrac										
	me (attach Schedule D)									
	1 4797, Part II, line 17) (attach Form 4797)									
	n for trusts									
5 Income (loss) from p	partnerships and S corporations (attach statement) $\ldots$	5								
	ule C)									
	ced income (Schedule E)									
	oyalties, and rents from controlled organizations (Sch.									
	of a section $501(c)(7)$ , (9), or (17) organization (Sched									
	ivity income (Schedule I)									
	Schedule J)									
	istructions; attach schedule) s 3 through 12		0.							
	ons Not Taken Elsewhere (See instruction		•							
	contributions, deductions must be directly con			s income.)						
14 Compensation of of	ficers, directors, and trustees (Schedule K)				14					
15 Salaries and wages					15					
	nance				16					
					17					
	edule)				18					
19 Taxes and licenses	inne (One instructions for limitation mula)				19					
	tions (See instructions for limitation rules)				20					
	n Form 4562)				22b					
					220					
	ferred compensation plans				24					
	rograms				25					
26 Excess exempt exp	enses (Schedule I)				26					
27 Excess readership of	costs (Schedule J)				27					
28 Other deductions (a	ttach schedule)				28					
29 Total deductions. A	Add lines 14 through 28				29	0.				
30 Unrelated business	taxable income before net operating loss deduction. S	Subtract line 29	9 from line 13		30	0.				
	leduction (limited to the amount on line 30)				31					
	taxable income before specific deduction. Subtract lin				32	0.				
	(Generally \$1,000, but see line 33 instructions for exce				33	1,000.				
	s taxable income. Subtract line 33 from line 32. If line	0	,			^				
	or Panarwork Reduction Act Notice, see instructions				34	0. Form <b>990-T</b> (2016)				
623701 01-18-17 LHA F	or Paperwork Reduction Act Notice, see instructions					101111 <b>330-1</b> (2016)				

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Form 990-	IDAILO IOUIII KANCH INC.			82-0253	3346			Page 2
Part	III Tax Computation							
35	Organizations Taxable as Corporations. See instru	ctions for tax computation.						
	Controlled group members (sections 1561 and 1563		and:					
a	Enter your share of the \$50,000, \$25,000, and \$9,92	25,000 taxable income brackets (in that or	der):					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(3) \$	,.	1				
b	Enter organization's share of: (1) Additional 5% tax							
	(2) Additional 3% tax (not more than \$100,000)							
C	Income tax on the amount on line 34					F		
36	Trusts Taxable at Trust Rates. See instructions for	tay computation. Income tay on the amoun	t on line (	A from	3	5c		0.
	Tax rate schedule or Schedule D (Forr	n 1041)	it on line a	54 ILUIII.				
37	Proxy tax. See instructions		•••••		3	16		
38	Alternative minimum tax		*********			37		
39	Alternative minimum tax	tione	******			8		
40	Tax on Non-Compliant Facility Income. See instruct	uons		•••••••	3	19		
	Total. Add lines 37, 38 and 39 to line 35c or 36, white V Tax and Payments	chever applies			4	0		0.
	Foreign tax credit (corporations attach Form 1118; tr	unto ottoob Form 1110			-			
					-			
U			41b		-			
С 	General business credit. Attach Form 3800	00071	41c		-			
u	Credit for prior year minimum tax (attach Form 8801	or 8827)	41d		_			
42	Total credits. Add lines 41a through 41d	•••••••••••••••••••••••••••••••••••••••			4	1e		
	Subtract line 41e from line 40				4	2		0.
43		orm 8611 Form 8697 Form 8	866	Other (attach schedule	) 4	3		
44	Total tax. Add lines 42 and 43				. 4	4		0.
45 a	Payments: A 2015 overpayment credited to 2016		45a					
b	2016 estimated tax payments		45b		_			
C	Tax deposited with Form 8868		45c					
d	Foreign organizations: Tax paid or withheld at source	(see instructions)	45d					
е	Backup withholding (see instructions)		45e					
f	Credit for small employer health insurance premiums	(Attach Form 8941)	45f					
g	Other credits and payments:	m 2439						
	Form 4136 Oth	er Total ►	45g					
46	Iotal payments. Add lines 45a through 45g				4	6		
4/	Estimated tax penalty (see instructions). Check if For	m 2220 is attached 🕨 🛄			4			
48	Tax due. If line 46 is less than the total of lines 44 and	d 47, enter amount owed		•	- 4			0.
49	Overpayment. If line 46 is larger than the total of line	s 44 and 47, enter amount overpaid		•••••••••••••••••••••••••••••••••••••••	4			0.
50	Enter the amount of line 49 you want: Credited to 20	17 estimated tax		Refunded	5	1		<u> </u>
Part V	Statements Regarding Certain A	ctivities and Other Informat	ion (see	instructions)				
51	At any time during the 2016 calendar year, did the or	ganization have an interest in or a signature	e or other	authority			Yes	No
	over a financial account (bank, securities, or other) in	a foreign country? If YES, the organization	n mav hav	re to file			103	NU
	FinCEN Form 114, Report of Foreign Bank and Finance	al Accounts. If YES, enter the name of the	foreign c	ountry				
	here		U -					v
52	During the tax year, did the organization receive a dis	tribution from, or was it the grantor of, or t	ransferor	to a foreign trust?				X
	If YES, see instructions for other forms the organizati	on may have to file.		to, a foroigh trabt	•••••			X
	Enter the amount of tax-exempt interest received or a							
	Under penalties of Beriury I declare that I have exemined the	denskun installer in den beiter	statements	, and to the best of my k	nowledo	e and belief it	t is true	
Sign	correct, and complete. Declaration of preparer (other than ta	axpayer) is based on all information of which prepa	arer has any	knowledge.				
Here		11-2-17 PRESIDENT	C00			e IRS discuss t		with
	Signature of officer	Date Title				parer shown be		٦.
	Print/Type preparer's name	Preparer's signature Da	ato	Check		and the second se	Yes	No
Paid			116	Check		PTIN		
Prepa	rer ANN SWINDELL	NN SWINDELL 10	105 145	self- employe		and the second second	80	
Use O			/05/17	Einerte Citt A		P0167740		
058 0	800 W MAIN ST, ST			Firm's EIN		41-07467	49	
	Firm's address <b>BOISE</b> ID 83702	16 1220		DL				
	- DOIDE ID 03/02			Phone no.	208-3			
						Form	990-T	(2016)

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Page 3

_													
Sc	Schedule A - Cost of Goods Sold. Enter method of inventory valuation  N/A												
1	Inventory at beginning of year	1	6	Inventory at end of year	6								
2	Purchases	2	7	Cost of goods sold. Subtract line 6									
3	Cost of labor	3		from line 5. Enter here and in Part I,									
4 a	Additional section 263A costs			line 2	7								
	(attach schedule)	4a	8	Do the rules of section 263A (with respect to			Yes	No					
b	Other costs (attach schedule)	4b		property produced or acquired for resale) apply to									
5	Total. Add lines 1 through 4b	5		the organization?									

### 5 Total. Add lines 1 through 4b ..... Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			<b>0</b> ()	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly c columns 2(a) and	onnected with the income in 2(b) (attach schedule)		
(1)						
(2)						
(3)						
(4)						
Total	٥.	Total		٥.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column				٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Del	ht-Financec		instructions)	••		• • •
			2. Gross income from		3. Deductions directly conne to debt-financed	
1. Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			►		0.	0.
Total dividends-received deductions in						0.

Form **990-T** (2016)

623721 01-18-17

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Form 990-T (2016) IDAHO YOUTH RANCH, INC. 82-0253346								Page 4			
Schedule F - Interest, A	Annuitie	es, Roya	lties, ar	1				atio	<b>ns</b> (see ins	struction	ns)
				Exempt	Controlled O	rganizati	ons				
1. Name of controlled organizat	lion	<b>2.</b> Em identifi num	cation				al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		Inrelated incon see instructions		9. Total	of specified pay made	ments	<b>10.</b> Part of colu in the controlli gross		nization's		eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
				·			Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						►			٥.		0.
Schedule G - Investme (see instr		me of a	Sectior	n 501(c)(	(7), (9), or	(17) Or	ganizatior	)			
1. Desc	ription of inco	ome			2. Amount of	income	<ol> <li>Deductio directly conner (attach sched)</li> </ol>	cted	<b>4.</b> Set- (attach s	asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals				►		٥.					0.
Schedule I - Exploited (see instru	-	t Activity	Incom	ie, Othe	r Than Ac	lvertisi	ng Income	•			
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly o with pro of uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3). If a ie cols. 5	<b>5.</b> Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2) (3)											
(3)											
(4)											
Totals	page 1	re and on I, Part I, col. (A). 0	page 1	re and on 1, Part I, , col. (B). 0 .							Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi	na Inco		ostruction								0.
Part I Income From					solidated	Basis					
							1		1		-
1. Name of periodical		2. Gross advertising income		<b>3.</b> Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput hrough 7.	e 5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2)											
(3)											

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Totals (carry to Part II, line (5)) ...

(4)

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13541102 793698 090-13489200 2016.04030 IDAHO YOUTH RANCH, INC.

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### Form 990-T (2016) IDAHO YOUTH RANCH, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	advertising advertis		<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		<b>6.</b> Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I 🛛 🛌 🕨	0.		0.						0
	page 1, Part I, page			ere and on 1, Part I, , col. (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) 🕨	0.		0.						C
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	structio	ons)			
1. Name			2. Title					ensation attributable related business	
(1)						%			
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, line 14									0

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