

**FOR TAX YEAR 2018**

MATTS PLACE FOUNDATION INC

Reliable Accounting LLC

4240 N 16th St

Coeur D Alene, ID 83815

(208)691-6324

# Reliable Accounting LLC

4240 N 16th St  
Coeur D Alene, ID 83815  
firetaxpro@yahoo.com  
Phone: (208)691-6324 | Fax: (208)501-8292

March 26, 2019

MATTS PLACE FOUNDATION INC  
PO BOX 3673  
Coeur D Alene, ID 83816

Subject: Preparation of 2018 Tax Returns

MATTS PLACE FOUNDATION INC:

Thank you for choosing Reliable Accounting LLC to assist with the 2018 taxes for MATTS PLACE FOUNDATION INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2018 federal and state income tax returns for MATTS PLACE FOUNDATION INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of MATTS PLACE FOUNDATION INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2018 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (208)691-6324.

Sincerely,

William Dodd, EA  
Reliable Accounting LLC

Accepted By:

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Officer

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Date

# Reliable Accounting LLC

4240 N 16th St  
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March 26, 2019

MATTS PLACE FOUNDATION INC  
PO BOX 3673  
Coeur D Alene, ID 83816

MATTS PLACE FOUNDATION INC:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for MATTS PLACE FOUNDATION INC from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (208)691-6324.

Sincerely,

William Dodd, EA  
Reliable Accounting LLC

# Reliable Accounting LLC

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Coeur D Alene, ID 83815  
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March 26, 2019

MATTS PLACE FOUNDATION INC  
PO BOX 3673  
Coeur D Alene, ID 83816

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (208)691-6324.

Sincerely,

William Dodd, EA  
Reliable Accounting LLC

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

**For calendar year 2018 or tax year beginning** \_\_\_\_\_, **2018, and ending** \_\_\_\_\_, **20**

|  |  |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
|--|--|---|----------------|--------------------------|--------------|--------------------------|----------------|--------------------------|---|--------------------------|----------------|--------------------------|-------------|---|
| Name of foundation<br><b>MATTS PLACE FOUNDATION INC</b>  |  | <b>A Employer identification number</b><br>47-3442301   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>PO BOX 3673</b>  | Room/suite   | <b>B Telephone number (see instructions)</b><br>(208)964-2104   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Coeur D Alene, ID 83816</b>   |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <b>G</b> Check all that apply: <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td><input type="checkbox"/></td><td>Initial return</td></tr> <tr><td><input type="checkbox"/></td><td>Final return</td></tr> <tr><td><input type="checkbox"/></td><td>Address change</td></tr> </table> <table style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/></td><td>Amended return</td></tr> <tr><td><input type="checkbox"/></td><td>Name change</td></tr> </table> |  | <input type="checkbox"/>  | Initial return | <input type="checkbox"/> | Final return | <input type="checkbox"/> | Address change | <input type="checkbox"/> | Initial return of a former public charity | <input type="checkbox"/> | Amended return | <input type="checkbox"/> | Name change | <b>D</b> 1. Foreign organizations, check here . . . . <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation . . . . <input type="checkbox"/> |
| <input type="checkbox"/>   | Initial return   |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <input type="checkbox"/>   | Final return   |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <input type="checkbox"/>   | Address change   |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <input type="checkbox"/>   | Initial return of a former public charity  |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <input type="checkbox"/>   | Amended return   |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <input type="checkbox"/>   | Name change  |   |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>  |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>300,000</b>  | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . <input type="checkbox"/> |                |                          |              |                          |                |                          |   |                          |                |                          |             |   |

| <b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>   | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                                     | 29,268                             |                           |                         |   |
|  | <b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B . . . |                                    |                           |                         |   |
|  | <b>3</b> Interest on savings and temporary cash investments . . . . .                                       | 35                                 | 35                        | 35                      |   |
|  | <b>4</b> Dividends and interest from securities . . . . .   |                                    |                           |                         |   |
|  | <b>5a</b> Gross rents . . . . .   |                                    |                           |                         |   |
|  | <b>b</b> Net rental income or (loss) _____  |                                    |                           |                         |   |
|  | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .                                   |                                    |                           |                         |   |
|  | <b>b</b> Gross sales price for all assets on line 6a  |                                    |                           |                         |   |
|  | <b>7</b> Capital gain net income (from Part IV, line 2) . . . . .   |                                    |                           |                         |   |
|  | <b>8</b> Net short-term capital gain . . . . .  |                                    |                           |                         |   |
|  | <b>9</b> Income modifications . . . . .   |                                    |                           |                         |   |
|  | <b>10a</b> Gross sales less returns and allowances . . . . .  | 115                                |                           |                         |   |
| <b>b</b> Less: Cost of goods sold . . . . .  | 0   |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule) . . . . .  | STM102 115  |                                    | 115                       |                         |   |
| <b>11</b> Other income (attach schedule) . . . . .   | STM106 73,197   |                                    | 73,197                    |                         |   |
| <b>12 Total.</b> Add lines 1 through 11 . . . . .  | 102,615   | 35                                 | 73,347                    |                         |   |
| <b>Operating and Administrative Expenses</b>   | <b>13</b> Compensation of officers, directors, trustees, etc . . . . .                                      |                                    |                           |                         |   |
|  | <b>14</b> Other employee salaries and wages . . . . .   |                                    |                           |                         |   |
|  | <b>15</b> Pension plans, employee benefits . . . . .  |                                    |                           |                         |   |
|  | <b>16a</b> Legal fees (attach schedule) . . . . .   |                                    |                           |                         |   |
|  | <b>b</b> Accounting fees (attach schedule) . . . . .  |                                    |                           |                         |   |
|  | <b>c</b> Other professional fees (attach schedule) . . . . .  |                                    |                           |                         |   |
|  | <b>17</b> Interest . . . . .  |                                    |                           |                         |   |
|  | <b>18</b> Taxes (attach schedule) (see instructions) . . . . .  |                                    |                           |                         |   |
|  | <b>19</b> Depreciation (attach schedule) and depletion . . . . .  | STM126 950                         |                           |                         |   |
|  | <b>20</b> Occupancy . . . . .   |                                    |                           |                         |   |
|  | <b>21</b> Travel, conferences, and meetings . . . . .   | 420                                |                           |                         |   |
|  | <b>22</b> Printing and publications . . . . .   | 3,016                              |                           |                         |   |
|  | <b>23</b> Other expenses (attach schedule) . . . . .  | STM103 57,346                      |                           | 18,085                  |   |
|  | <b>24 Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .                 | 61,732                             | 0                         | 18,085                  | 0   |
|  | <b>25</b> Contributions, gifts, grants paid . . . . .   | 60,289                             |                           |                         | 60,289  |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .  | 122,021   | 0                                  | 18,085                    | 60,289                  |   |
| <b>27</b> Subtract line 26 from line 12:   |   |                                    |                           |                         |   |
| <b>a Excess of revenue over expenses and disbursements</b> . . . . .   | (19,406)  |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-) . . . . .  |   | 35                                 |                           |                         |   |
| <b>c Adjusted net income</b> (if negative, enter -0-) . . . . .  |   |                                    | 55,262                    |                         |   |

| Part II Balance Sheets      |   | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)    |                | Beginning of year     | End of year |         |
|-----------------------------|---|---|----------------|-----------------------|-------------|---------|
|                             |   | (a) Book Value  | (b) Book Value | (c) Fair Market Value |             |         |
| Assets                      | 1   | Cash - non-interest-bearing   |                | 74,153                | 55,697      |         |
|                             | 2   | Savings and temporary cash investments  |                |                       |             |         |
|                             | 3   | Accounts receivable   |                |                       |             |         |
|                             |   | Less: allowance for doubtful accounts   |                |                       |             |         |
|                             | 4   | Pledges receivable  |                |                       |             |         |
|                             |   | Less: allowance for doubtful accounts   |                |                       |             |         |
|                             | 5   | Grants receivable   |                |                       |             |         |
|                             | 6   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |                |                       |             |         |
|                             | 7   | Other notes and loans receivable (attach schedule)  |                |                       |             |         |
|                             |   | Less: allowance for doubtful accounts   |                |                       |             |         |
|                             | 8   | Inventories for sale or use   |                |                       | 1,874       |         |
|                             | 9   | Prepaid expenses and deferred charges   |                |                       |             |         |
|                             | 10a   | Investments - U.S. and state government obligations (attach schedule)   |                |                       |             |         |
|                             | b   | Investments - corporate stock (attach schedule)   |                |                       |             |         |
|                             | c   | Investments - corporate bonds (attach schedule)   |                |                       |             |         |
|                             | 11  | Investments - land, buildings, and equipment on basis   | 65,486         |                       |             |         |
|                             | Less: accumulated depreciation (attach schedule)  | 1,385   |                | 65,486                | 64,101      |         |
| 12                          | Investments - mortgage loans  |   |                |                       |             |         |
| 13                          | Investments - other (attach schedule)   |   |                |                       |             |         |
| 14                          | Land, buildings, and equipment: basis   |   |                |                       |             |         |
|                             | Less: accumulated depreciation (attach schedule)  |   |                |                       |             |         |
| 15                          | Other assets (describe)   |   |                |                       |             |         |
| 16                          | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)                                    |   |                | 139,639               | 121,672     | 300,000 |
| Liabilities                 | 17  | Accounts payable and accrued expenses   |                |                       |             |         |
|                             | 18  | Grants payable  |                |                       |             |         |
|                             | 19  | Deferred revenue  |                |                       |             |         |
|                             | 20  | Loans from officers, directors, trustees, and other disqualified persons  |                |                       |             |         |
|                             | 21  | Mortgages and other notes payable (attach schedule)   |                |                       |             |         |
|                             | 22  | Other liabilities (describe)  |                |                       |             |         |
|                             | 23  | <b>Total liabilities</b> (add lines 17 through 22)  |                |                       | 0           | 0       |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. <input checked="" type="checkbox"/> |   |                |                       |             |         |
|                             | 24  | Unrestricted  |                | 139,639               | 121,672     |         |
|                             | 25  | Temporarily restricted  |                |                       |             |         |
|                             | 26  | Permanently restricted  |                |                       |             |         |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>                          |   |                |                       |             |         |
|                             | 27  | Capital stock, trust principal, or current funds  |                |                       |             |         |
|                             | 28  | Paid-in or capital surplus, or land, bldg., and equipment fund  |                |                       |             |         |
| 29                          | Retained earnings, accumulated income, endowment, or other funds  |   |                |                       |             |         |
| 30                          | <b>Total net assets or fund balances</b> (see instructions)   |   |                | 139,639               | 121,672     |         |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions)  |   |                | 139,639               | 121,672     |         |

| Part III Analysis of Changes in Net Assets or Fund Balances |  |   |                |
|---|--|---|----------------|
| 1   | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 139,639        |
| 2   | Enter amount from Part I, line 27a   | 2 | (19,406)       |
| 3   | Other increases not included in line 2 (itemize) <b>STM115</b>   | 3 | 1,439          |
| 4   | Add lines 1, 2, and 3  | 4 | 121,672        |
| 5   | Decreases not included in line 2 (itemize)   | 5 |                |
| 6   | <b>Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30</b>   | 6 | <b>121,672</b> |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |   | (b) How acquired<br>P-Purchase<br>D-Donation  | (c) Date acquired<br>(mo., day, yr.)           | (d) Date sold<br>(mo., day, yr.)  |
|---|---|---|--|---|
| 1a  | N/A   |   |  |   |
| b   |   |   |  |   |
| c   |   |   |  |   |
| d   |   |   |  |   |
| e   |   |   |  |   |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other basis<br>plus expense of sale                                     | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |   |
| a   |   |   |  |   |
| b   |   |   |  |   |
| c   |   |   |  |   |
| d   |   |   |  |   |
| e   |   |   |  |   |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  |   |   |  | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
| (i) FMV as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col. (i)<br>over col. (j), if any                                     |  |   |
| a   |   |   |  |   |
| b   |   |   |  |   |
| c   |   |   |  |   |
| d   |   |   |  |   |
| e   |   |   |  |   |
| 2   | Capital gain net income or (net capital loss)   | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2  |   |
| 3   | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in<br>Part I, line 8 | { }   | 3  |   |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|---|--|---|
| 2017   |   | 60,993                                       | 0.0   |
| 2016   |   |  |   |
| 2015   |   |  |   |
| 2014   |   |  |   |
| 2013   |   |  |   |
| 2  | Total of line 1, column (d)   |  | 0.0   |
| 3  | Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by<br>the number of years the foundation has been in existence if less than 5 years                                     |  | 0.0   |
| 4  | Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  |  | 32,635  |
| 5  | Multiply line 4 by line 3   |  | 0   |
| 6  | Enter 1% of net investment income (1% of Part I, line 27b)  |  |   |
| 7  | Add lines 5 and 6   |  | 0   |
| 8  | Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the<br>Part VI instructions. |  | 60,289  |



Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes items like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', 'Tax under section 511', and 'Credits/Payments'.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions like 'During the tax year, did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 during the year for political purposes?', and 'Has the foundation engaged in any activities that have not previously been reported to the IRS?'.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.MATTSPLACEFOUNDATION.OCM
14 The books are in care of BRENDA BOOKHOLTZ Telephone no. 208-964-2104 Located at 806 E COEUR DALENE AVE, Coeur D Alene, ID ZIP+4 83814
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |   |                              |  |                          |
|-----------|---|------------------------------|--|--------------------------|
| <b>5a</b> | During the year, did the foundation pay or incur any amount to:   |                              | Yes                                    | No                       |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| <b>b</b>  | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions |                              |  | <b>5b</b>                |
|           | Organizations relying on a current notice regarding disaster assistance check here  |                              |  | <input type="checkbox"/> |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |                          |
|           | If "Yes," attach the statement required by Regulations section 53.4945-5(d).  |                              |  |                          |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |                              |  | <b>6b</b>                |
|           | If "Yes" to 6b, file Form 8870.   |                              |  |                          |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |
| <b>b</b>  | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   |                              |  | <b>7b</b>                |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |                          |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

| (a) Name and address                                      | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| See 990_OFOV<br>MATTHEW WILD<br>2678 W SORBONNE, ID 83815 | PRESIDENT<br>15.00  | 0   | 0   | 0                                     |
| BRENDA BOOKHOLTZ<br>806 E COEUR DALENE AVE, ID 83814      | TREASURER<br>10.00  | 0   | 0   | 0                                     |
| MELISSA PRIANO<br>7495 N BARBIE ST, ID 83815              | SECRETARY<br>2.00   | 0   | 0   | 0                                     |
| THERESA WHITLOCK-WILD<br>2678 W SORBONNE, ID 83815        | VICE PRESIDENT<br>25.00                                   | 0   | 0   | 0                                     |

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000 . . . . . **0**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000                                 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services . . . . . ▶ |                     |                  |

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 N/A  |          |
| 2  | 0        |
| 3  |          |
| 4  |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 CONSTRUCTION OF A HOME FOR ALS PATIENTS   | 0      |
| 2   |        |
| All other program-related investments. See instructions.<br>3   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ▶   |        |

**Part X** **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |  |           |        |
|----------|--|-----------|--------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:          |           |        |
| <b>a</b> | Average monthly fair market value of securities . . . . .  | <b>1a</b> | 0      |
| <b>b</b> | Average of monthly cash balances . . . . .   | <b>1b</b> | 33,132 |
| <b>c</b> | Fair market value of all other assets (see instructions) . . . . .   | <b>1c</b> | 0      |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) . . . . .  | <b>1d</b> | 33,132 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .  | <b>1e</b> |        |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets . . . . .   | <b>2</b>  | 0      |
| <b>3</b> | Subtract line 2 from line 1d . . . . .   | <b>3</b>  | 33,132 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) . . . . .  | <b>4</b>  | 497    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. . . . . | <b>5</b>  | 32,635 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .   | <b>6</b>  | 1,632  |

**Part XI** **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

|           |   |           |       |
|-----------|---|-----------|-------|
| <b>1</b>  | Minimum investment return from Part X, line 6 . . . . .   | <b>1</b>  | 1,632 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5 . . . . .  | <b>2a</b> |       |
| <b>b</b>  | Income tax for 2018. (This does not include the tax from Part VI.) . . . . .  | <b>2b</b> |       |
| <b>c</b>  | Add lines 2a and 2b . . . . .   | <b>2c</b> |       |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .                                     | <b>3</b>  | 1,632 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions . . . . .   | <b>4</b>  |       |
| <b>5</b>  | Add lines 3 and 4 . . . . .   | <b>5</b>  | 1,632 |
| <b>6</b>  | Deduction from distributable amount (see instructions) . . . . .  | <b>6</b>  |       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . . | <b>7</b>  | 1,632 |

**Part XII** **Qualifying Distributions** (see instructions)

|          |   |           |        |
|----------|---|-----------|--------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |           |        |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .   | <b>1a</b> | 60,289 |
| <b>b</b> | Program-related investments - total from Part IX-B . . . . .  | <b>1b</b> |        |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .   | <b>2</b>  |        |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:  |           |        |
| <b>a</b> | Suitability test (prior IRS approval required) . . . . .  | <b>3a</b> |        |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .   | <b>3b</b> |        |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .                                   | <b>4</b>  | 60,289 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions . . . . . | <b>5</b>  |        |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .   | <b>6</b>  | 60,289 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7 . . . . .   |               |                            |             | 1,632       |
| <b>2</b> Undistributed income, if any, as of the end of 2018:   |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only . . . . .   |               |                            | 3,050       |             |
| <b>b</b> Total for prior years: _____, _____, _____   |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018:   |               |                            |             |             |
| <b>a</b> From 2013 . . . . .  |               |                            |             |             |
| <b>b</b> From 2014 . . . . .  |               |                            |             |             |
| <b>c</b> From 2015 . . . . .  |               |                            | 4,405       |             |
| <b>d</b> From 2016 . . . . .  |               |                            | 36,942      |             |
| <b>e</b> From 2017 . . . . .  |               |                            | 105,780     |             |
| <b>f</b> <b>Total</b> of lines 3a through e . . . . .   | 147,127       |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ <u>60,289</u>  |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a . . . . .   |               |                            | 3,050       |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .  |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .  |               |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount . . . . .   |               |                            |             | 1,632       |
| <b>e</b> Remaining amount distributed out of corpus . . . . .   | 55,607        |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .  |               |                            |             |             |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>  |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .  | 202,734       |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .   |               |                            |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .   |               |                            |             |             |
| <b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .  |               |                            |             |             |
| <b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .  |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .  |               |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .   | 202,734       |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2014 . . . . .   |               |                            |             |             |
| <b>b</b> Excess from 2015 . . . . .   |               |                            | 4,405       |             |
| <b>c</b> Excess from 2016 . . . . .   |               |                            | 36,942      |             |
| <b>d</b> Excess from 2017 . . . . .   |               |                            | 105,780     |             |
| <b>e</b> Excess from 2018 . . . . .   |               |                            | 55,607      |             |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling . . . . . ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|   | Tax year |          |          |          | (e) Total |
|---|----------|----------|----------|----------|-----------|
|   | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 |           |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |          |          |          |           |
| b 85% of line 2a . . . . .  |          |          |          |          |           |
| c Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |          |          |          |           |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |          |          |          |           |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |          |          |          |           |
| 3 Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| a "Assets" alternative test - enter:  |          |          |          |          |           |
| (1) Value of all assets . . . . .   |          |          |          |          |           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |          |          |          |          |           |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |          |          |          |          |           |
| c "Support" alternative test - enter:   |          |          |          |          |           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |          |          |          |           |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |          |          |          |          |           |
| (3) Largest amount of support from an exempt organization . . . . .   |          |          |          |          |           |
| (4) Gross investment income . . . . .   |          |          |          |          |           |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NA

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NA

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

990APP

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

c Any submission deadlines:

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

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

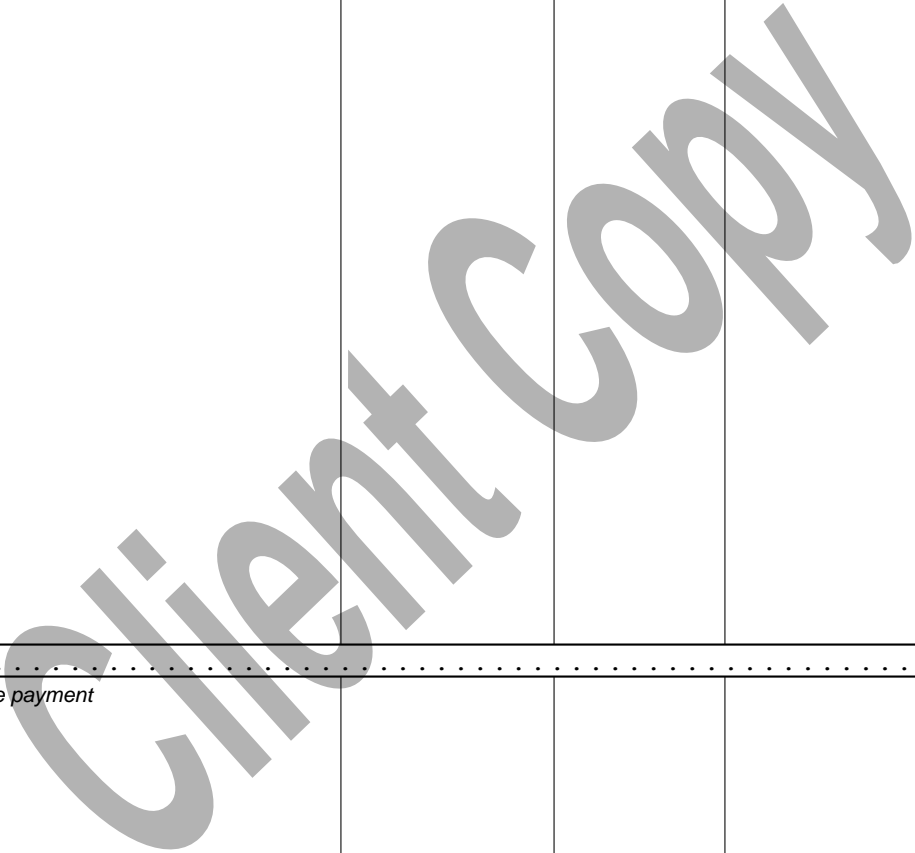
| Recipient<br>Name and address (home or business)   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| <b>a</b> <i>Paid during the year</i><br>KENNETH MCELHENNEY<br>1537 W COLUMBUS AVE<br>Coeur D Alene, ID 83814 |   |                                | DISABILITY ACCOMODATIONS         | 7,400     |
| KIRK TOULOUSE<br>22324 BLUE LAKE CT SE<br>Yelm, WA 98597   |   |                                | DISABILITY ACCOMODATIONS         | 4,286     |
| JOAN BEST<br>720 JUNIPER ST<br>Kettle Falls, WA 99141  |   |                                | DISABILITY ACCOMODATIONS         | 3,953     |
| JOEL LEMUS<br>73 E 8TH ST<br>Republic, WA 99166  |   |                                | DISABILITY ACCOMODATIONS         | 1,749     |
| MORGAN NOESEN<br>PO BOX 1653<br>Post Falls, ID 83854   |   |                                | DISABILITY ACCOMODATIONS         | 15,600    |
| SCOTT WEYRAUCH<br>12312 N WEST NEWMAN LAKE DR<br>Newman Lake, WA 99025                                       |   |                                | DISABILITY ACCOMODATIONS         | 3,800     |
| DANIEL MARLOW<br>6903 E CARLISLE AVE<br>Spokane, WA 99212  |   |                                | DISABILITY ACCOMODATIONS         | 6,500     |
| KOLE PEPPER<br>111 S 24TH ST<br>Mount Vernon, WA 98274   |   |                                | DISABILITY ACCOMODATIONS         | 2,000     |
| <b>Total</b>   |   |                                |                                  | <b>3a</b> |
| <b>b</b> <i>Approved for future payment</i>  |   |                                |                                  |           |
| <b>Total</b>   |   |                                |                                  | <b>3b</b> |



**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount           |
|---|---|--------------------------------|----------------------------------|------------------|
| Name and address (home or business)   |   |                                |                                  |                  |
| a <i>Paid during the year</i><br>LARRY COOMBES<br>14814 N MCCLEAN<br>Mead, WA 99021 |   |                                | DISABILITY<br>ACCOMODATIONS      | 15,000           |
| <b>Total</b> ..... ►  |   |                                |                                  | <b>3a</b> 60,288 |
| b <i>Approved for future payment</i>  |   |                                |                                  |                  |
| <b>Total</b> ..... ►  |   |                                |                                  | <b>3b</b>        |





Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, d regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. BRENDA BOOKHOLTZ Signature of officer or trustee Date TREASURER Title

Paid Preparer Use Only Print/Type preparer's name William Dodd, EA Preparer's signature William Dodd, EA Date 03-26-2019 Check self-employed if PTIN XXXXXXXXXXXX Firm's name Reliable Accounting LLC Firm's address 4240 N 16th St Coeur D Alene ID 83815 Firm's EIN Phone no. 208-691-6324

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Includes entries for Barbara Smalley, Chad Gardner, Kristi Messinger, Bryan Rasumssen, Pat Tebo, Raeanne Capaul, Andy Barrett, Ardyce Plumblee, and Casey Maslonka.

Client Copy

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>MATTS PLACE FOUNDATION INC</b> | Business or activity to which this form relates<br><b>FORM 990PF - 1</b> | Identifying number<br><b>47-3442301</b> |
|--|--|---|

### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12   | ▶ 13                         |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

|    |   |                            |     |
|----|---|----------------------------|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018  | 17                         | 950 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |     |

#### Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

#### Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

|     |            |  |         |    |     |  |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life |  |         |    | S/L |  |
| b   | 12-year    |  | 12 yrs. |    | S/L |  |
| c   | 30-year    |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    |  | 40 yrs. | MM | S/L |  |

### Part IV Summary (See instructions.)

|    |   |      |     |
|----|---|------|-----|
| 21 | Listed property. Enter amount from line 28  | 21   |     |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22   | 950 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | ▶ 23 |     |

**For Paperwork Reduction Act Notice, see separate instructions.**

**IRS e-file Signature Authorization  
for an Exempt Organization**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2018**

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**MATTS PLACE FOUNDATION INC**

**47-3442301**

Name and title of officer

**BRENDA BOOKHOLTZ, TREASURER**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

- 1a** Form 990 check here ▶  **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . . . **1b** \_\_\_\_\_
- 2a** Form 990-EZ check here ▶  **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . **2b** \_\_\_\_\_
- 3a** Form 1120-POL check here ▶  **b Total tax** (Form 1120-POL, line 22) . . . . . **3b** \_\_\_\_\_
- 4a** Form 990-PF check here ▶  **b Tax based on investment income** (Form 990-PF, Part VI, line 5) . . . . . **4b** \_\_\_\_\_
- 5a** Form 8868 check here ▶  **b Balance Due** (Form 8868, line 3c) . . . . . **5b** \_\_\_\_\_

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Reliable Accounting LLC to enter my PIN 42301 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **03-20-2019**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**XXXXXX 44444**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **William Dodd, EA**

Date ▶ **03-26-2019**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see instructions.**

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

MATTS PLACE FOUNDATION INC

47-3442301

Form 990PF - Part I - Line 10  
Sales of Inventory Schedule

Statement #102

| Category          | Gross Sales       | COGS            | Net               |
|-------------------|-------------------|-----------------|-------------------|
| MERCHANDISE SALES | <u>115</u>        | <u>0</u>        | <u>115</u>        |
| <b>Total</b>      | <u><u>115</u></u> | <u><u>0</u></u> | <u><u>115</u></u> |

Form 990PF - Part III - Line 3  
Other Increases Schedule

PG01  
Statement #115

|                 |                     |
|-----------------|---------------------|
| MISC CORRECTION | <u>1,439</u>        |
| <b>Total</b>    | <u><u>1,439</u></u> |

Client Copy

## Federal Supporting Statements

**2018** PG01

Name(s) as shown on return

Tax ID Number

MATTS PLACE FOUNDATION INC

47-3442301

Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103~

| Description              | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|--------------------------|-------------------------|-------------------|------------------------|-----------------------|
| GOLF TOURNEY EXPS        | 15,052                  | 0                 | 15,052                 | 0                     |
| HARVEST STOMP EXPS       | 0                       | 0                 | 0                      | 0                     |
| PUB CRAWL EXPS           | 3,033                   | 0                 | 3,033                  | 0                     |
| ADVERTISING              | 2,264                   | 0                 | 0                      | 0                     |
| DUES AND SUBSCRIPTIONS   | 249                     | 0                 | 0                      | 0                     |
| INFORMATION TECHNOLOGY   | 1,069                   | 0                 | 0                      | 0                     |
| INSURANCE                | 472                     | 0                 | 0                      | 0                     |
| MISC MERCHANDISE         | 7,067                   | 0                 | 0                      | 0                     |
| OFFICE EXPENSE           | 199                     | 0                 | 0                      | 0                     |
| POSTAGE                  | 1,937                   | 0                 | 0                      | 0                     |
| CONTRACT SERVICES        | 2,925                   | 0                 | 0                      | 0                     |
| BANK FEES                | 1,537                   | 0                 | 0                      | 0                     |
| CONSTRUCTION AND REPAIRS | 13,040                  | 0                 | 0                      | 0                     |
| HOA DUES                 | 900                     | 0                 | 0                      | 0                     |
| PROPERTY TAXES           | 750                     | 0                 | 0                      | 0                     |
| UTILITIES                | 3,458                   | 0                 | 0                      | 0                     |
| CDA HOUSE OTHER          | 3,394                   | 0                 | 0                      | 0                     |
| <b>Totals</b>            | <u>57,346</u>           | <u>0</u>          | <u>18,085</u>          | <u>0</u>              |



## Federal Supporting Statements

**2018** PG01

Name(s) as shown on return

Tax ID Number

MATTS PLACE FOUNDATION INC

47-3442301

Form 990PF - Part I - Line 11 - Other Income Schedule

Statement #106~

| Description   | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income |
|---------------|-------------------------|-------------------|------------------------|
| GOLF TOURNEY  | 41,057                  | 0                 | 41,057                 |
| HARVEST STOMP | 0                       | 0                 | 0                      |
| PUB CRAWL     | <u>32,140</u>           | <u>0</u>          | <u>32,140</u>          |
| <b>Totals</b> | <u><u>73,197</u></u>    | <u><u>0</u></u>   | <u><u>73,197</u></u>   |

Form 990PF - Part II - Line 11 - Investments: Land Schedule

PG01  
Statement #117~

| Description      | Cost or<br>other basis | Accumulated<br>depreciation | End of year<br>book value | FMV |
|------------------|------------------------|-----------------------------|---------------------------|-----|
| <b>CDA HOUSE</b> | <u>65,486</u>          | <u>1,385</u>                | <u>64,101</u>             |     |
| <b>Total</b>     | <u><u>65,486</u></u>   | <u><u>1,385</u></u>         | <u><u>64,101</u></u>      |     |

**Federal Supporting Statements**

**2018** PG01

Name(s) as shown on return

Tax ID Number

MATTS PLACE FOUNDATION INC

47-3442301

Form 990PF - Part I - Line 19 - Depreciation Schedule

Statement #126

| Description   | Date<br>Acquired | Cost or<br>Other basis | Prior year<br>Depreciation | Computation<br>Method | Rate  | Life | Current Year<br>Depreciation | Net Investment<br>Income | Adjusted Net<br>Income |
|---------------|------------------|------------------------|----------------------------|-----------------------|-------|------|------------------------------|--------------------------|------------------------|
| HOME          | 07-15-2017       | 26,115                 | 435                        | ADS                   | 3.636 | 27.5 | 950                          | 0                        | 0                      |
| <b>Totals</b> |                  | <u>26,115</u>          | <u>435</u>                 |                       |       |      | <u>950</u>                   |                          |                        |

Client Copy

**Federal Supporting Statements**

**2018 PG01**

Name(s) as shown on return

MATTS PLACE FOUNDATION INC

Your Social Security Number

47-3442301

**Form 990PF - Part XV - Line 2**  
Application Submission Information

Grant Program

GRANTS

Applicant Name

MARK WILD

Address

915 WALLACE

Coeur D Alene, ID 83814

Telephone

208-964-2104

Email Address

MARK@MATTSPLACEFOUNDATION.COM

Form & Content

CALL FOR DETAILS.

Submission Deadline

NONE

Restrictions on Award

RESTRICTED TO FAMILIES AFFECTED BY ALS.

Client Copy

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

**2018**

990 PF

PAGE 1

For your records only

Name(s) as shown on return

Social security number/EIN

MATTS PLACE FOUNDATION INC

47-3442301

| No.           | Description | Date     | Cost   | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate  | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---------------|-------------|----------|--------|------------------|---------------------|-------------|--------------------|-------------------|------|--------|-------|--------------------|----------------------|--------------------------|-------------|
| 1             | HOME        | 07152017 | 26,115 |                  | 100.00              |             |                    | 26,115            | 27.5 | SL MM  | 3.636 | 435                | 950                  | 1,385                    | 950         |
| 1             | LAND        | 07152017 | 39,371 |                  | 100.00              |             |                    |                   | 0    | NDA    |       |                    |                      |                          |             |
| <b>Totals</b> |             |          | 65,486 |                  |                     |             |                    | 26,115            |      |        |       | 435                | 950                  | 1,385                    | 950         |

Land Amount 39,371  
Net Depreciable Cost 26,115

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

950 ST ADJ: