Form 990
(Rev. January 2020)
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

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

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

OMB No. 1545-0047

For the 2010 colordor w	oor ortow yoor beginning	TITT	1	2010		TTIN 20	2020
partment of the Treasury rnal Revenue Service	Go to www.irs.go	gov/Fc	orm	990 for	instructions and the late	est information	ation.
		ai Sece		y mannoc	213 OH this form as it ma	y be made	public

_	heck if	C Name of organization	ending of	D Employer identif	ication number						
	oplicable:										
	Address change	DAHO YOUTH RANCH, INC.									
	Name change	Doing business as	82-0253346								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	er							
	Final return/	5465 W. IRVING STREET		208-377-261	3						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,532,537.						
	Amendeo	BOISE, ID 83706		H(a) Is this a group	eturn						
	Applica-	F Name and address of principal officer: SCOTT CURTIS		for subordinate	s? Yes X No						
	pending	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No						
		npt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	or 📃 527	If "No," attach a	a list. (see instructions)						
J۷	Vebsite	WWW.YOUTHRANCH.ORG		H(c) Group exemption	on number 🕨						
		rganization: X Corporation _ Trust _ Association _ Other ►	L Year	of formation: 1953	M State of legal domicile: ID						
Pa		Summary									
6	1 B	riefly describe the organization's mission or most significant activities: SEE SCH	HEDULE O								
Governance	_										
erne	2 C	heck this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.						
ove					17						
5		umber of independent voting members of the governing body (Part VI, line 1b) $\ $			17						
es		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			766						
iviti		otal number of volunteers (estimate if necessary)			1736						
Activities &		<u>7a</u>									
_	b N	et unrelated business taxable income from Form 990-T, line 39	<u></u>								
				Prior Year	Current Year						
е		ontributions and grants (Part VIII, line 1h)		3,793,375.	7,977,404.						
Revenue		rogram service revenue (Part VIII, line 2g)		19,718,051.	18,875,547.						
Rev		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,604,147.	333,914.						
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-26,246. 25,089,327.	55,127. 27,241,992.						
		5		39,549.	27,241,392.						
		rants and similar amounts paid (Part IX, column (A), lines 1-3)			24,200.						
		enefits paid to or for members (Part IX, column (A), line 4)		13,812,596.	14,720,012.						
ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		48,000	32,000.						
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		40,000.	52,000.						
EXE		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,279,541.	9,049,491.						
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,179,686.	· · ·						
		evenue less expenses. Subtract line 18 from line 12		1,909,641.	3,416,289.						
or				ginning of Current Year	End of Year						
ets c ance	20 T	otal assets (Part X, line 16)		41,261,503.	44,422,357.						
Assets 1 Balanc		otal liabilities (Part X, line 26)		12,893,310	12,323,146.						
Net ,		et assets or fund balances. Subtract line 21 from line 20		28,368,193.	, ,						
		Signature Block	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		-									

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 officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer			Date				
Here		KIM THOMAS, CFO							
		Type or print name and title							
	Prin	t/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	ANN	SWINDELL	11/12/20	self-employed	P01677409				
Preparer	Firm	's name 🕒 CLIFTONLARSONALLEN LLP			Firm's EIN 🕨 🕴 43	1-0746749			
Use Only	Dnly Firm's address 🖌 101 S. CAPITOL BLVD., SUITE 1700								
	BOISE, ID 83702 Phone no. (208) 387-64								
May the II	RS di	scuss this return with the preparer shown abov	/e? (see instructions)			X Yes	No		

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	WE UNITE FOR IDAHO'S YOUTH BY PROVIDING ACCESSIBLE PROGRAMS AND		
	SERVICES THAT NURTURE HOPE, HEALING, AND RESILIENCE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O.	····· L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	۲	
3	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 n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total exper	ises, and
	revenue, if any, for each program service reported.		40.000.544
4a	(Code:) (Expenses \$16,530,245. including grants of \$) (Revenue)	.e \$	18,232,511.
	SOCIAL ENTERPRISE: IDAHO YOUTH RANCH (IYR) OWNS AND OPERATES 24 THRIFT		
	STORES, ONLINE BOOK AND COLLECTIBLE DIVISIONS, AND A VEHICLE SALES LOT.		
	THESE LOCATIONS SELL AND/OR RECYCLE CLOTHING, VEHICLES AND OTHER		
	NON-CASH GOODS DONATED BY THE PUBLIC TO FUND THERAPEUTIC PROGRAMS 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 422,000 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.		
			205 005
4b	(Code:) (Expenses \$ 2,668,723. including grants of \$) (Revenu	e\$	395,095.
	RESIDENTIAL: IYR OPERATES A RESIDENTIAL FACILITY THAT HOUSES 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 ARE		
	TAILORED TO MEET EACH CHILD'S UNIQUE SITUATION AND MAY INCLUDE ANIMAL		
	ASSISTED THERAPY, BEHAVIORAL THERAPY, FUNCTIONAL FAMILY THERAPY,		
	SERVICE LEARNING, EDUCATIONAL RECOVERY, AND LIFE SKILL DEVELOPMENT.		
	REINTEGRATION SERVICES AND ONGOING ACCESS TO THERAPY ARE A KEY PART OF		
	FINISHING THE JOB AS YOUTH ARE BROUGHT BACK INTO THEIR HOMES.		
	1.005.100		0.45.45.6
4c	(Code:) (Expenses \$1, 285, 198. including grants of \$) (Revenue) (Revenue)	e\$	247,456.
	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 PROVEN EVIDENCE-BASED		
	THERAPIES; TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY, DIALECTICAL		
	BEHAVIOR THERAPY, EYE MOVEMENT DESENSITIZATION AND REPROCESSING		
	THERAPY, AND ADDING EQUINE ASSISTED THERAPY, IDAHO YOUTH RANCH PROVIDES		
	A TREATMENT MODEL UNLIKE OTHERS, PROVEN TO HEAL YOUTH WHO STRUGGLE WITH		
	ACUTE, CHRONIC, AND COMPLEX TRAUMA.		
	IYR'S ADOPTION SERVICES PROGRAM IN NORTHERN IDAHO OFFERS A FULL RANGE		
	IYR'S ADOPTION SERVICES PROGRAM IN NORTHERN IDAHO OFFERS A FULL RANGE OF SERVICES INCLUDING PLACEMENT OF INFANTS, SPECIAL-NEEDS ADOPTION,		
4d	OF SERVICES INCLUDING PLACEMENT OF INFANTS, SPECIAL-NEEDS ADOPTION,		
4d	OF SERVICES INCLUDING PLACEMENT OF INFANTS, SPECIAL-NEEDS ADOPTION, Other program services (Describe on Schedule O.)	485.)	
	OF SERVICES INCLUDING PLACEMENT OF INFANTS, SPECIAL-NEEDS ADOPTION, Other program services (Describe on Schedule O.) (Expenses \$ 165,822. including grants of \$ 24,200.) (Revenue \$	485.)	
	OF SERVICES INCLUDING PLACEMENT OF INFANTS, SPECIAL-NEEDS ADOPTION, Other program services (Describe on Schedule O.)	1	Form 990 (201

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Part IV

IDAHO YOUTH RANCH, INC.

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)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f 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 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 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 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 Х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Form 990 (2019) 932003 01-20-20

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IDAHO YOUTH RANCH, INC.

Pa	t IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-	х	1
	Schedule K. If "No," go to line 25a	24a	А	x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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
	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? 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			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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 related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35 a		35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	1
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	А	L
	Charly if Schoolula O contains a reasonance or note to any line in this Dart)/			
	Check it Schedule O contains a response of note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0 , if not applicable $1a$		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		4-		
0000	(gambling) winnings to prize winners?	1c	990	(2010
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	990 (2019) IDAHO YOUTH RANCH, INC.	82-025334	6	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
-		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	766			
	filed for the calendar year ending with or within the year covered by this return	2a 766	<u>.</u>	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		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)	-		
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	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 service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	X	
			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.		-	0000	(2010)
			17		10040

Form **990** (2019)

932005 01-20-20

	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			
4		17	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	–		
•	of officers, directors, 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 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r —	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	? 11a	X	
b			v	
-			X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	x	
С		10-	x	
10	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	
a b			x	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	155		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
162	taxable entity during the year?	16a		x
16a	, , ,			
	It "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
b		16 b		
b Sec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b		
b Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ^{ID} , OR		availa	ble
b Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed ▶ID, OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(context))		availa	ble
b Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ID, OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply.		availa	ble
b Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ID, OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply.	c)(3)s only)		ble
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect status s	c)(3)s only)		ble
b Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed ▶ID, OR List the states with which a copy of this Form 990 is required to be filed ▶ID, OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(or for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	c)(3)s only)		ble
b Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect to the public during the tax year. Exempt status with respect to such arrangements are arrangement arrangement are arrangement arrangement arrangement	c)(3)s only)		ble

Form 990 (2019)	IDAHO YOUTH RANCH, INC.	82-0253346	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors							
Check if Scl	hedule O contains a response or note to any line in this Part	VII						
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Comper	isated Employees						
1a Complete this table	for all persons required to be listed. Report compensation fo	r the calendar year ending with or within the organization	's tax year.					
 List all of the orga 	nization's current officers, directors, trustees (whether indiv	iduals or organizations), regardless of amount of compension	sation.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week		cer an	uau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual ti	ıtiona	-	nploy	st cor	-			organizations
	line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) CHRIS TAYLOR	0.10									
DIRECTOR		Х						0.	Ο.	0.
(2) BRIAN SCOTT	0.40									
DIRECTOR		Х						0.	Ο.	0.
(3) SHANE MACE	0.70									
DIRECTOR		Х						0.	0.	0.
(4) JIM BRATNOBER	0.30									
DIRECTOR		Х						0.	٥.	0.
(5) GARRY BEATY	0.30									
CHAIRMAN		Х						0.	0.	0.
(6) ANGELA HARRISON	0.30									
DIRECTOR		Х						٥.	0.	0.
(7) DONNA FINDLAY	0.30									
DIRECTOR		Х						0.	0.	0.
(8) DAVE LAKHANI	0.20									
DIRECTOR		Х						0.	0.	0.
(9) DAVE MURRAY	0.10									
DIRECTOR		Х						0.	0.	0.
(10) TIM REID	0.50									
DIRECTOR		Х						0.	0.	0.
(11) RICK RIETMANN	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JOSH TYREE	0.80									
CHAIRMAN		х						0.	0.	0.
(13) STEPHEN ROBERTSON	0.30									
DIRECTOR		х						0.	0.	0.
(14) BRINNON MANDEL	0.40									_
DIRECTOR		х						0.	0.	0.
(15) HARRY AMEND	0.40									_
DIRECTOR		х						0.	0.	0.
(16) LEROY CUSTER	0.60									_
		X				<u> </u>		0.	0.	0.
(17) JULIE VANORDEN	0.30							_	_	
DIRECTOR		X						0.	0.	0.
932007 01-20-20				_	-					Form 990 (2019)

2019.05000 IDAHO YOUTH RANCH, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. (confined) Name and tills Nerroge Pastion Pastio	Form 990 (2019) IDAHO YOUTH F	ANCH, INC.								82-025334	6	Page 8
Name and tile Average Provide (Bit and particular (Bit and Bit and	Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)	-	
week (bit are 5 record value) mounts for related organizations (W2/1009-MISC) room organization (W2/1009-MISC) other organization organization and related organization 136 SHETLA HENNESSEY 0.50 0. 0. 0. 0. 137 SHETLA HENNESSEY 0.50 0.	(A)	(B) Average	(do	not c	(C Pos heck	C) ition) than c	one	(D) Reportable	(E) Reportable		stimated
(13) SETLA HENRESERY 0,50 0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,		week (list any hours for related organizations below	offi	cer ar	id a di	irecto	r/trus	ee)	from the organization	from related organizations	com fr org an	other pensation om the anization d related
DIRECTOR x 0. 0. 0. 0. 0. (30) HENRY AFENCIO 0.10 x 0. 0. 0. 0. 0. (21) JASON FRY 40.00 x 16,667. 0. 0. 0. (21) JASON FRY 40.00 x 16,667. 0. 0. 0. (23) SCOTT CURTIS 40.00 x 102,177. 0. 840. (24) SUSAN VISSER 40.00 x 102,177. 0. 840. (24) SUSAN VISSER 40.00 x 12,666. 0. 0. (25) MARGARET SCRETAX 0.00 x 134,507. 0. 14,780. (26) AUCHARD ALLS 40.00 x 134,507. 0. 14,780. (26) AUCHARD ALLS 40.00 x 134,507. 0. 14,780. (26) AUCHARD ALLS 40.00 x 134,507. 0. 35,201. (26) AUCHARD ALLS 40.00 x 134,507. 0. 35,202. (26) AUCHARD ALLS 40.00 x 134,507. 0. 35,500.		0.50	x						0.	0.		0.
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation JORDAN WILCOME CONSTRUCTION INC. (B) (C) Compensation 406 SOUTH 6TH STREET, BOISE, ID 83707 CONSTRUCTION 1,399,785. INTEGRINET SOLUTIONS, INC 10020 FAIRVIEW AVE, BOISE, ID 83704 INFORMATION TECHNOLOGY 270,874. MULTISITE LED LLC 6 2 LAKE SUCCESS DR, PALM COAST, FL 32137 CONSTRUCTION 253,133. ARBEL GROUP LLC 6 SHIRLEY AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS 5 5200 FREEMONT RD, NEW PLYMOUTH, ID 83655 CONSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019) 5	5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services		
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation JORDAN WILCOME CONSTRUCTION INC. 406 SOUTH 6TH STREET, BOISE, ID 83707 CONSTRUCTION 1,399,785. INTEGRINET SOLUTIONS, INC 1020 FAIRVIEW AVE, BOISE, ID 83704 INFORMATION TECHNOLOGY 270,874. MULTISITE LED LLC 62 LAKE SUCCESS DR, PALM COAST, FL 32137 CONSTRUCTION 253,133. ARBEL GROUP LLC 6 5811RLEY AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS 5200 FREEMONT RD, NEW PLYMOUTH, ID 83655 CONSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 5 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)	Section B. Independent Contractors											
(A) Name and business address(B) Description of services(C) CompensationJORDAN WILCOME CONSTRUCTION INC.406 SOUTH 6TH STREET, BOISE, ID 83707CONSTRUCTION1,399,785.INTEGRINET SOLUTIONS, INC10020 FAIRVIEW AVE, BOISE, ID 83704INFORMATION TECHNOLOGY270,874.MULTISITE LED LLC62 LAKE SUCCESS DR, PALM COAST, FL 32137CONSTRUCTION253,133.ARBEL GROUP LLC6INVENTORY193,039.6 SHIRLEY AVE, SOMERSET, NJ 08873INVENTORY193,039.LARRY REED NICHOLS5CONSTRUCTION154,561.2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶5SEE PART VII, SECTION A CONTINUATION SHEETS	. , , ,	•	•								tion fro	om
406 SOUTH 6TH STREET, BOISE, ID 83707 CONSTRUCTION 1,399,785. INTEGRINET SOLUTIONS, INC INFORMATION TECHNOLOGY 270,874. 10020 FAIRVIEW AVE, BOISE, ID 83704 INFORMATION TECHNOLOGY 270,874. MULTISITE LED LLC INFORMATION TECHNOLOGY 253,133. 62 LAKE SUCCESS DR, PALM COAST, FL 32137 CONSTRUCTION 253,133. ARBEL GROUP LLC INVENTORY 193,039. 6 SHIRLEY AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS INSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)	(A)				<u>ig n</u>		<u>, , , , , , , , , , , , , , , , , , , </u>		(B)			
INTEGRINET SOLUTIONS, INC INFORMATION TECHNOLOGY 270,874. 10020 FAIRVIEW AVE, BOISE, ID 83704 INFORMATION TECHNOLOGY 270,874. MULTISITE LED LLC 62 LAKE SUCCESS DR, PALM COAST, FL 32137 CONSTRUCTION 253,133. ARBEL GROUP LLC 6 6 10020 FAIRVIEW AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS 5 5200 FREEMONT RD, NEW PLYMOUTH, ID 83655 CONSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)	JORDAN WILCOMB CONSTRUCTION INC.								·			
10020 FAIRVIEW AVE, BOISE, ID 83704 INFORMATION TECHNOLOGY 270,874. MULTISITE LED LLC 62 LAKE SUCCESS DR, PALM COAST, FL 32137 CONSTRUCTION 253,133. ARBEL GROUP LLC 6 10020 FAIRVIEW AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS 5 CONSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 5 \$100,000 of compensation from the organization 5 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)	406 SOUTH 6TH STREET, BOISE, ID 8370	7							CONSTRUCTION		1	,399,785.
62 LAKE SUCCESS DR, PALM COAST, FL 32137 CONSTRUCTION 253,133. ARBEL GROUP LLC INVENTORY 193,039. 6 SHIRLEY AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS INVENTORY 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 5 \$100,000 of compensation from the organization 5 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)									INFORMATION TECHNO	LOGY	270,874.	
6 SHIRLEY AVE, SOMERSET, NJ 08873 INVENTORY 193,039. LARRY REED NICHOLS 5 CONSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 of compensation from the organization 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)		2137							CONSTRUCTION		253,133.	
5200 FREEMONT RD, NEW PLYMOUTH, ID 83655 CONSTRUCTION 154,561. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019) Form 900									INVENTORY		193,039.	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)									00M@BD11@BT015			154 554
\$100,000 of compensation from the organization 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)	· · · ·		ot liv	nito	1+~	ther		_		are then		154,561.
		JATION SHEE	TS								Form	990 (2019)

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Form 990 IDAHO YOUTH F	1								82-02533	346
Part VII Section A. Officers, Directors, Tru (A)	stees, Key En (B)	nplo	yee		<u>nd H</u> C)	lighe	est (Compensated Employe (D)	ees <u>(continued)</u> (E)	(F)
Name and title	Average hours	(cł		Posi all t	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) JEFF MYERS VICE PRESIDENT, MARKETING & COMMUNIC	40.00					x		112,317.	0.	22,143
(28) RICHARD CLINE /P, SOCIAL ENTERPRISE	40.00					x		99,275.	0.	7,151
(29) JAMES BUCKLES	40.00									
CDO						X		86,092.	0.	4,296
otal to Part VII, Section A, line 1c								297,684.		33,590

932201 04-01-19

		Check if Schedule O	00111		100		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu from tax und
'n	1 a	Federated campaigns		1a		41,000.				
IUN						, ,				
Ē		Fundraising events				392,170.				
E A		Related organizations								
		Government grants (cont				3,337,487.				
0		All other contributions, gifts,								
le		similar amounts not included				4,206,747.				
5	g	Noncash contributions included in	lines 1	a-1f 1g \$		426,880.				
	h	Total. Add lines 1a-1f				►	7,977,404.			
						Business Code				
	2 a	SOCIAL ENTERPRISE				453310	18,232,511.	18,232,511.		
1)	b	RESIDENTIAL				623990	395,095.	395,095.		
nu	с	COMMUNITY SERVICES				624110	247,456.	247,456.		
Program Service Revenue	d	WORKFORCE DEVELOPME	ENT			624310	485.	485.		
Ċ	е									Revenue exclu
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					18,875,547.			
	3	Investment income (inclu	ding	dividends, ir	itere	st, and				
		other similar amounts)				►	287,273.			287,2
	4	Income from investment	of tax	exempt bo	nd p	roceeds 🕨 🕨				
	5	Royalties	<u></u>				8,835.			8,8
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	62,1	79.					
	b	Less: rental expenses	6b		٥.					
	С	Rental income or (loss)	6c	62,1	79.					
	d	Net rental income or (loss	s) <u></u>			►	62,179.			62,1
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	836,9	42.	313,267.				
	b	Less: cost or other basis								
		and sales expenses	7b	774,3		329,215.				
	С	Gain or (loss)	7c	62,5	89.	-15,948.				
	d	Net gain or (loss)				►	46,641.			46,6
	8 a	Gross income from fundrais		•						
		including \$	392,	170. of						
		contributions reported or	n line	1c). See						
		Part IV, line 18			8a	69,932.				
		Less: direct expenses			8b	135,425.				
		Net income or (loss) from		-	ts	····· ►	-65,493.			-65,4
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>	25,950.				
		Less: direct expenses			9b	51,552.				
		Net income or (loss) from	-	-	·	▶	-25,602.			-25,6
	10 a	Gross sales of inventory,								
		and allowances			<u>10a</u>					
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	s of inventor	у	>				
		MICODI I ANDORG THEOR	1 5			Business Code	75 000			75.0
Hevenue	-	MISCELLANEOUS INCOM	4E			454210	75,208.			/5,2
/eu	b					├				
é	c					├				
1		All other revenue				L	75 000			
		Total. Add lines 11a-11d					75,208.	10.075.5/5	-	
	12	Total revenue. See instructi	ons			🕨 🗌	27,241,992.	18,875,547.	U. U.	J89,0

IDAHO YOUTH RANCH, INC.

Form 990 (2019)

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Page **9**

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IDAHO YOUTH RANCH, INC.

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	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
i	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22	24,200.	24,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	952,910.	323,091.	376,440.	253,37
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	10,935,693.	9,562,071.	715,139.	658,48
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	80,932.	50,329.	22,581.	8,02
	Other employee benefits	1,589,967.	1,424,074.	107,430.	58,46
0	Payroll taxes	1,160,510.	989,006.	98,853.	72,65
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	57,575.		57,575.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	32,000.			32,00
f	Investment management fees	34,295.		34,295.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	169,859.	121,744.	21,192.	26,92
	Advertising and promotion	301,734.	190,933.	4,651.	106,15
	Office expenses	775,901.	653,958.	47,026.	74,91
4	Information technology	227,388.	176,841.	39,737.	10,81
5	Royalties				
6	Occupancy	2,830,603.	2,765,978.	46,123.	18,50
7	Travel	366,672.	328,021.	26,086.	12,56
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
D	Interest	242,402.	171,662.	65,508.	5,23
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,275,878.	1,185,155.	34,249.	56,47
3	Insurance	275,054.	240,735.	31,925.	2,39
1	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
a	COGS	1,195,065.	1,195,065.		
b	EQUIPMENT RENT	547,708.	546,424.	1,092.	19
c	OTHER EXPENSES	347,631.	299,066.	10,345.	38,22
d	TEMPORARY LABOR	285,261.	285,261.		
е	All other expenses	116,465.	116,374.		9
5	Total functional expenses. Add lines 1 through 24e	23,825,703.	20,649,988.	1,740,247.	1,435,46
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fillowing SOP 98-2 (ASC 958-720)				

2019.05000 IDAHO YOUTH RANCH, INC.

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			225,213.	1	2,140,398
	2	Savings and temporary cash investments			437,166.	2	4,095
	3	Pledges and grants receivable, net			619,381.	3	1,465,637
	4	Accounts receivable, net			170,466.	4	244,933
	5	Loans and other receivables from any current or				-	,
	Ū	trustee, key employee, creator or founder, subst		· · · ·			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif				5	
	Ŭ	under section 4958(f)(1)), and persons described		6			
_	7		351,613.	7	339,639		
<u>ה</u>	-	Notes and loans receivable, net	107,105.	8	216,569		
Assels	8	Inventories for sale or use			236,145.	<u> </u>	248,985
	9			·····	230,143.	9	240,505
	10a	Land, buildings, and equipment: cost or other	10	35,779,994.			
		basis. Complete Part VI of Schedule D		8,579,025.	27 522 535	10 -	27,200,969
		Less: accumulated depreciation	-		27,522,535.	10c	, ,
	11	Investments - publicly traded securities			11,500,542.	11	12,475,527
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	76 627	13	70.005		
	14	Intangible assets	76,637.	14	70,905		
	15	Other assets. See Part IV, line 11		14,700.	15	14,700	
_	16	Total assets. Add lines 1 through 15 (must equa	41,261,503.	16	44,422,357		
	17	Accounts payable and accrued expenses	1,996,993.	17	2,230,230		
	18	Grants payable			18		
	19	Deferred revenue	4,281,111.	19	3,967,623		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
2	22	Loans and other payables to any current or form	er office	er, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
2		controlled entity or family member of any of thes	e perso	ns		22	
ן נ	23	Secured mortgages and notes payable to unrela	ted thire	d parties	6,615,206.	23	6,125,293
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			12,893,310.	26	12,323,146
		Organizations that follow FASB ASC 958, che	ck here	X			
Net Assets of Fund Datances		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			20,780,382.	27	22,511,755
3	28	Net assets with donor restrictions			7,587,811.	28	9,587,456
2		Organizations that do not follow FASB ASC 9					
5		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds		29			
	30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated inc				31	
	32	Total net assets or fund balances			28,368,193.	32	32,099,211
	33	Total liabilities and net assets/fund balances			41,261,503.	33	44,422,357
	00				,202,000,	00	Form 990 (201

IDAHO YOUTH RANCH, INC.

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

82-0253346 Page **11**

Form 990 (2019) Part X Balance Sheet

Form	990 (2019) IDAHO YOUTH RANCH, INC.	82-0253346	5	Pad	_{ge} 12		
Par	XI Reconciliation of Net Assets				4		
	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	27,	241,	992.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,	825,	703.		
	Revenue less expenses. Subtract line 2 from line 1	3	З,	416,	289.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
6	Donated services and use of facilities	6		80,	757.		
	Investment expenses	7					
	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	32,	099,	211.		
Par	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
		_		Yes	No		
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 📃 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	o.					
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	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a .	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		I		

Form **990** (2019)

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Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2019

Open to Public

Inspection
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Name o	of the organization	- do to www.ii3.gov				normation.	Employer	r identification numbe				
	-	YOUTH RANCH, IN	Ċ.					82-0253346				
Part				omplete th	is part.) Se	e instruction	I S.					
The ora	anization is not a private found											
1	A church, convention of ch					1)(A)(i).						
2	A school described in sect					· //· ·//·						
3	A hospital or a cooperative					ii)						
4	A medical research organiz						Viii) Enter	the hospital's name				
	city, and state:		ijunotion with a noopital	accombed	in Sectio			the hospital o hame,				
5	An organization operated for	or the benefit of a col	leae or university owner	l or operat	ed by a do	vernmentalu	nit describe	ed in				
5	section 170(b)(1)(A)(iv). (0			i or operat	cu by u ge							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that norma	e e				.,	ho gonoral i	public described in				
	section 170(b)(1)(A)(vi). (C	-	niiai part of its support ii	on a gove	mmentai		lie general j					
8	A community trust describe		1)(A)(vi) (Complete Par	+ 11 \								
9	An agricultural research or				ad in coniu	unction with a	land-grant	college				
5	or university or a non-land-g	-			-		-	-				
	university:	grant concyc or agrici			name, eny	, and state of	the conege					
10 X		ally receives: (1) more	than 33 1/3% of its sum	oort from o	ontributio	ns members	hin fees ar	nd aross receipts from				
	activities related to its exen											
	income and unrelated busin	-						-				
	See section 509(a)(2). (Co						gamzation					
11	An organization organized a	. ,	vely to test for public sa	fetv See	section 50)9(a)(4)						
12	An organization organized a	-	•	•			arry out the	purposes of one or				
	more publicly supported or	-	-	-			•					
	lines 12a through 12d that	-										
a	Type I. A supporting orga	• •					-	aivina				
	the supported organization	-	-	• • • •	-		•••••					
	organization. You must o							, pp - 1				
ьΓ	Type II. A supporting org	-		tion with its	s supporte	ed organizatio	n(s), by hay	/ina				
~ _	control or management of					0		•				
	organization(s). You mus						3					
c [Type III functionally inte	-		in connect	tion with, a	and functiona	Ilv integrate	ed with.				
_	its supported organizatio						, ,	,				
d	Type III non-functionally		-				rted organiz	zation(s)				
_	that is not functionally int						-					
	requirement (see instruct			•		-						
e	Check this box if the orga		-				II. Type III					
	functionally integrated, or					JI 7 JI	, ,,					
fΕ	nter the number of supported of	organizations	, , ,									
gР	rovide the following information	n about the supporte	d organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions				
Total												
						1		1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990 EZ) 2019 IDAHO YOUTH RANCH, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction				12	
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t			
10	organization, check this box and stop	0					
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2018		-			15	%
	33 1/3% support test - 2019. If the c					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on				
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 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.)

Section A. Public Support (e) 2019 Calendar year (or fiscal year beginning in) 🕨 **(a)** 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 8,561,132 3,802,080 4,330,055 3,793,375. 7,977,404 28,464,046. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 17,435,252 17,849,260 18,783,965. 19,718,051 18,875,547. 92,662,075. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 -354,358, 389,652 1,330,756 279,912. 3,218,094. 1,572,132. Tax revenues levied for the organ-4 ization'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 25,642,026 22,040,992, 24,444,776 25,083,558, 27,132,863. 124,344,215. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 5,585,715. 522,955 653,159 702,302. 447,427 7,911,558. 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. c Add lines 7a and 7b 5,585,715. 522,955 653,159 702,302, 447,427 7,911, 558 116,432,657. Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2017 Calendar year (or fiscal year beginning in) 🕨 (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 25,642,026 22,040,992 24,444,776 25,083,558 27,132,863 124,344,215. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 306,880 223,553 337,975 414,849. 296,108. 1,579,365. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 306,880 223,553 337,975 414,849 296,108 1,579,365. 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.) 25,948,906. 22,264,545. 24,782,751. 25,498,407. 27,428,971. 125,923,580. **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 92.46 % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 92.37 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.25 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.40 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. 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 - 2018. 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 Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19 16

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090 - 1341

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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			Ver	N-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	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 Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ч	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
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Sche	edule A (Form 990 or 990-EZ) 2019 IDAHO YOUTH RANCH, INC.			82-0253346 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	<u>ц</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	T age T
-	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
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 organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Fauna 000 au 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2019

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	(Form 990 or 990-EZ) 2019 IDAHO YOUTH RANCH, INC.	82-0253346	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Sectio 1; Part V, Section B, line 1e; F	Page 8 on C, Part V,

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

2019

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

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
DIRECTORS AND OFFICERS	85,715.	522,955.	153,159.	202,302.	447,427
ADLEY MARION STUART					
FOUNDATION	5,500,000.	0.	500,000.	500,000.	0
otal to Schedule A, Part III, Line 7a	5,585,715.	522,955.	653,159.	702,302.	447,427

Schedule B

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

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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Section:
X 501(c)(³) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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

X 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set of the parts unless the **form any form any**

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)	(2019)
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IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
1	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$8,050	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$27,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$22,500.	Person X Payroll Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
923452 11-06-		\$\$,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)			

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Employer identification number

IDAHO YOUTH RANCH, INC.

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$7,440.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	, , , , , , , , , , , , , , , , ,	\$5,591.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,574	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$37,397.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12</u> 923452 11-06-		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

IDAHO YOUTH RANCH, INC.

Employer identification number

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 contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$29,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$64,022.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,210.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,200.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u> 923452 11-06		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Name of organization

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IDAHO YOUTH RANCH, INC.

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$28,895.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,104.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,175.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

IDAHO YOUTH 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 contributions	(d) Type of contribution			
25		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$10,458.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28_		\$7,598.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$159,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		\$32,890.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)			

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IDAHO YOUTH RANCH, INC.

Employer identification number

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 contributions	(d) Type of contribution		
		\$26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33_		\$16,200.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35		\$13,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)		

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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IDAHO YOUTH RANCH, INC.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_		\$7,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$84,112.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,162.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> 923452 11-06		\$146,678.	Person X Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Employer identification number

IDAHO YOUTH 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 contributions	(d) Type of contribution		
43		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>45</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
47_		\$5,293.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>48</u> 923452 11-06		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)		

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IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		. \$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		. \$5,270.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		. \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		. \$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		. \$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$7,217.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		- _ \$20,702.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	, , , , , , , , , , , , , , , , ,	- \$\$5,306	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		- \$\$1,000,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		- \$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		- \$\$5,175.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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Employer identification number

IDAHO YOUTH RANCH, INC.

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,694.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,033.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,054.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$20,085.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06-		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$16,955.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$12,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$16,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$26,300.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06-		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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IDAHO YOUTH RANCH, INC.

Employer identification number

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$10,210.	Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Name of organization

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Employer identification number

IDAHO YOUTH RANCH, INC.

82-0253346

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
79		\$ 20,000. \$ 20,000. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
80		\$ 76,125. \$ 76,125. \$ Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
81		_ \$S,000. \$S,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
82		\$9,745. \$\$9,745. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		_ \$ Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Payroll (Complete Part II for noncash contributions.)

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lame of or	ganization		Employer identification number
DAHO YO	UTH RANCH, INC.		82-0253346
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	STOCK FOR STORES		
7			
		\$7,	.440. 09/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
9	SUPPLIES FOR YOUTH		
		\$6,	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l listo received
10	ENERGY CREDITS		
		\$37,	,397. 06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
	DONATION OF SECURITIES		
		\$8,	,127. 02/29/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
4.5	STOCK FOR STORES		
		——	
		\$6,	.200. 03/02/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	AUCTION ITEMS		
21			
		\$28,	,895. 06/12/20

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	UTH RANCH, INC.			0253346
rt II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is	s needed.	
(a) No. rom Part I	(b) Description of noncash property given	FMV (or	c) estimate) ructions.)	(d) Date received
	AUCTION ITEMS			
22		\$	6,104.	07/01/19
(a) No. rom art I	(b) Description of noncash property given	FMV (or	c) estimate) ructions.)	(d) Date received
	STOCK FOR STORES			
23		\$	5,175.	11/04/19
(a) No. rom Part I	(b) Description of noncash property given	FMV (or	c) estimate) ructions.)	(d) Date received
	DONATION OF SECURITIES			
26		\$	10,458.	02/29/20
(a) No. rom art I	(b) Description of noncash property given	FMV (or	c) estimate) rructions.)	(d) Date received
	STOCK FOR STORES			
41				
		\$	6,162.	11/18/19
(a) No. rom Part I	(b) Description of noncash property given	FMV (or	c) estimate) ructions.)	(d) Date received
	DONATION OF SECURITIES			
42				
		\$	144,323.	12/01/19
(a) No. [.] om art I	(b) Description of noncash property given	FMV (or	c) estimate) ructions.)	(d) Date received
	STOCK FOR STORES			
50				
		\$	5,270.	02/20/20

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.05000 IDAHO YOUTH RANCH, INC. 090-1341

Page 3

lame of o	organization		Employ	er identification number
ДАНО УС	DUTH RANCH, INC.		82	-0253346
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is n	eeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
	AUCTION ITEMS			
55		\$	20,702.	12/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instruc		(d) Date received
5.6	AUCTION ITEMS			
56		\$	4,943.	06/29/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instruc		(d) Date received
60	STOCK FOR STORES			
		\$	5,175.	08/19/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esi (See instruc		(d) Date received
	AUCTION ITEMS			
61		\$	5,694.	07/01/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
	DONATION OF SECURITIES			
62		\$	5,033.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
64	DONATION OF SECURITIES			
04				
23453 11-06		\$	20,085.	<u>12/31/19</u> 90, 990-EZ, or 990-PF) (2019

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.05000 IDAHO YOUTH RANCH, INC. 090-1341

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page
Name of o	rganization		Employ	yer identification number
IDAHO YC	DUTH RANCH, INC.		82	2-0253346
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	,	(d) Date received
68	STOCK FOR STORES			

		\$16,955.	02/11/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Faili	USE OF FACILITIES AND HORSES		
71		_	
		\$26,300.	06/01/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
80	DONATION OF SECURITIES		
		\$76,125.	07/24/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	AUCTION ITEMS		
82		—	
		\$9,745.	07/01/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
453 11-06		\$ Schedule B /Form 9	990, 990-EZ, or 990-PF) (20

09261112 131839 090-134892-00

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Page 4

	nization		Employer identification numb
ано уоиті	I RANCH _ INC.		82-0253346
art III 🛛 E	xclusively religious, charitable, etc., contribu		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the y
fr	rom any one contributor. Complete columns (ompleting Part III, enter the total of exclusively religious,	(a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le :	. For organizations ss for the year. (Enter this info. once.) \$
l	Ise duplicate copies of Part III if additiona	Il space is needed.	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
-			
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
_			
		(e) Transfer of gift	· · ·
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
-			
-			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom		(e) Transfer of gift	
rom	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held
rom		(e) Transfer of gift	
rom		(e) Transfer of gift	
rom art 		(e) Transfer of gift	
rom art I 		(e) Transfer of gift	
rom art I 	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
rom art I 	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
rom art I 	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
rom art I 	Transferee's name, address,	(e) Transfer of gift and ZIP + 4 	Relationship of transferor to transferee
rom art I No. No.	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
rom art I 	(b) Purpose of gift	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
rom art I 	Transferee's name, address,	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee
rom art I 	(b) Purpose of gift	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
rom	(b) Purpose of gift	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held

09261112 131839 090-134892-00



Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



-	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Acc	82-0253346
	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 w		/ised funds	
•	are the organization's property, subject to the organization's ex	-		Yes
6	Did the organization inform all grantees, donors, and donor ad			
•	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990), Part IV, Iir	ne 7.
1	Purpose(s) of conservation easements held by the organization		, ,	
	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	of a histori	cally important land area
	Protection of natural habitat			d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements		Г	2a
b				2b
с	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, release			tion during the tax
	year 🕨		-	-
	Number of states where property subject to conservation ease	ment is located		
4			_	
4 5			 If	
	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h	dic monitoring, inspection, handling o		YesI
	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o nolds?		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h	odic monitoring, inspection, handling o nolds?		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, he	odic monitoring, inspection, handling on nolds?	nservation	easements during the year
5 6	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h	odic monitoring, inspection, handling on nolds?	nservation	easements during the year
5 6	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, he	odic monitoring, inspection, handling on nolds? andling of violations, and enforcing conserving of violations, and enforcing conserving conserv	nservation vation ease	easements during the year
5 6 7	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handling \$ Does each conservation easement reported on line 2(d) above	odic monitoring, inspection, handling on nolds? andling of violations, and enforcing co ng of violations, and enforcing conser- satisfy the requirements of section 17	nservation vation ease 0(h)(4)(B)(i)	ments during the year
5 6 7	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, have Amount of expenses incurred in monitoring, inspecting, handling \$	odic monitoring, inspection, handling on holds? andling of violations, and enforcing co ng of violations, and enforcing conser- satisfy the requirements of section 17	nservation vation ease 0(h)(4)(B)(i)	ments during the year
5 6 7	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h. ►Amount of expenses incurred in monitoring, inspecting, handlin ► \$Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	odic monitoring, inspection, handling of nolds? andling of violations, and enforcing consen ng of violations, and enforcing consen satisfy the requirements of section 17	nservation vation ease 0(h)(4)(B)(i) se statemer	easements during the year ments during the year
5 6 7 8	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, he ▲	odic monitoring, inspection, handling of nolds? andling of violations, and enforcing consen satisfy the requirements of section 17 n easements in its revenue and expensite te to the organization's financial state	nservation vation ease 0(h)(4)(B)(i) se statemer ments that	easements during the year ments during the year
5 6 7 8	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h →	odic monitoring, inspection, handling of nolds? andling of violations, and enforcing consen satisfy the requirements of section 17 n easements in its revenue and expensite te to the organization's financial state	nservation vation ease 0(h)(4)(B)(i) se statemer ments that	easements during the year ments during the year
5 6 7 8	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, he ▲	odic monitoring, inspection, handling of nolds? andling of violations, and enforcing consen satisfy the requirements of section 17 in easements in its revenue and expensite to the organization's financial state Art, Historical Treasures, or (nservation vation ease 0(h)(4)(B)(i) se statemer ments that	easements during the year ments during the year
5 6 7 8 9 2ar	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, he Amount of expenses incurred in monitoring, inspecting, handlin \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footno organization's accounting for conservation easements. TIII Organizations Maintaining Collections of A	odic monitoring, inspection, handling of nolds? andling of violations, and enforcing con- ng of violations, and enforcing conser- satisfy the requirements of section 17 in easements in its revenue and expens- te to the organization's financial state Art, Historical Treasures, or C 290, Part IV, line 8.	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin	easements during the year ments during the year Yes I th and describes the nilar Assets.
5 6 7 8 9 2ar	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h. ▲	odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser- satisfy the requirements of section 17 in easements in its revenue and expensi- te to the organization's financial state Art, Historical Treasures, or (990, Part IV, line 8. , not to report in its revenue statement	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Other Sin	easements during the year ments during the year Yes I of and describes the nilar Assets.
5 6 7 8 9 2ar	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h →	andic monitoring, inspection, handling of holds? andling of violations, and enforcing con- ng of violations, and enforcing consen- satisfy the requirements of section 17 in easements in its revenue and expensive te to the organization's financial state Art, Historical Treasures, or (<u>090, Part IV, line 8.</u> , not to report in its revenue statement c exhibition, education, or research in	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Other Sin t and baland furtherance	easements during the year ments during the year Yes I of and describes the nilar Assets.
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h →	and ing of violations, and enforcing conservations, and enforcing conservation, and expensions, and enforced and expensions, and enf	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Other Sin t and baland furtherance ems.	easements during the year ments during the year
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h →	and ling of violations, and enforcing conservations, and enforcing conservation, and enforcing conservation, easements in its revenue and expensive to the organization's financial statement construction, education, or research in construction, education, or research in constructions, that describes these iterations, to report in its revenue statement and constructions.	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s	easements during the year ments during the year
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, he Amount of expenses incurred in monitoring, inspecting, handlin \$	and ling of violations, and enforcing conservations, and enforcing conservation, and enforcing conservation, easements in its revenue and expensive to the organization's financial statement construction, education, or research in construction, education, or research in constructions, that describes these iterations, to report in its revenue statement and constructions.	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s	easements during the year ments during the year
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, h. Amount of expenses incurred in monitoring, inspecting, handling \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. TIII Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public art, historical treasures, or other similar assets held for public end of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public end of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public end of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public end of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public end of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public end of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public end of the organization elected,	andic monitoring, inspection, handling of nolds? andling of violations, and enforcing con- ng of violations, and enforcing conser- satisfy the requirements of section 17 in easements in its revenue and expens- te to the organization's financial state Art, Historical Treasures, or C 990, Part IV, line 8. , not to report in its revenue statement c exhibition, education, or research in tial statements that describes these ite , to report in its revenue statement and exhibition, education, or research in fu	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Yes I t and describes the nilar Assets. ce sheet works e of public heet works of f public service,
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, h. Amount of expenses incurred in monitoring, inspecting, handling \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. TIII Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form S If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	andic monitoring, inspection, handling of holds? andling of violations, and enforcing con- ng of violations, and enforcing consen- satisfy the requirements of section 17 in easements in its revenue and expensi- te to the organization's financial state Art, Historical Treasures, or (990, Part IV, line 8. , not to report in its revenue statement c exhibition, education, or research in cial statements that describes these ite , to report in its revenue statement and exhibition, education, or research in fu	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Yes I t and describes the nilar Assets. ce sheet works of public heet works of f public service, \$
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, ha Amount of expenses incurred in monitoring, inspecting, handling \$ 	andic monitoring, inspection, handling of holds? andling of violations, and enforcing con- ng of violations, and enforcing consen- satisfy the requirements of section 17 in easements in its revenue and expensi- te to the organization's financial state Art, Historical Treasures, or (990, Part IV, line 8. , not to report in its revenue statement c exhibition, education, or research in cial statements that describes these ite , to report in its revenue statement and exhibition, education, or research in fu	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Yes Yes I t and describes the nilar Assets. ce sheet works of public heet works of f public service, \$ \$
5 6 7 8 9 Par 1a b	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, ha Amount of expenses incurred in monitoring, inspecting, handling \$	andling of violations, and enforcing conservations, and enforcing conservation, and enforced and expenses a	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Yes Yes I t and describes the nilar Assets. ce sheet works of public heet works of f public service, \$ \$
5 6 7 8 9 Par 1a b	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, hardlin ▲ Amount of expenses incurred in monitoring, inspecting, handlin ▲ Mount of expenses incurred in monitoring, inspecting, handlin Mount of expenses incurred in form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical treasures in the organization received or held works of art, historical tr	andling of violations, and enforcing conservations, and enforcing conservation, and enforcing conservations, and enforcing conservation, and expension, education, or research in function, education, educ	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Yes Yes I t and describes the nilar Assets. ce sheet works of public heet works of f public service, \$ \$
5 6 7 8 9 Par 1a b 2 2	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it staff and volunteer hours devoted to monitoring, inspecting, hardin →Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in monitoring, inspecting, handlin > \$Amount of expenses incurred in Part XIII, describe how the organization reports conservation and section 170(h)(4)(B)(ii)? If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1	andling of violations, and enforcing conservations, and enforcing conservation, and enforcing conservations, and enforcing conservation, and enforcing conservation, easements in its revenue and expensive to the organization's financial statement constraints, in a section, or research in the exhibition, education, or research in functions, or other similar assets for finance of 958 relating to these items:	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Ments during the year Yes I Yes I
5 6 7 8 9 Par 1a b 2 a b	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, hardin →	andling of violations, and enforcing conservations, and enforcing conservation, and enforcing conservation, and enforcing conservation, and enforcing conservation, and enforcing conservations, and enforcing conservations, and enforcing conservations, and enforcing conservation, and enforced and expenses	nservation vation ease 0(h)(4)(B)(i) se statemer ments that Dther Sin t and balance furtherance ems. d balance s rtherance o	easements during the year ments during the year Yes I Yes I Y

Sche		I RANCH, INC.				82-025		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make s	significant	use of its	•	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co					se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical trea	sures, or other simila	ir assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1 a	Is the organization an agent, trustee, custodia					_	-		-
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amount	:	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					V	7		1
	Did the organization include an amount on Fo				• • • • • • •	A	Yes	X	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i	Check here if the exp	Dianation has been	provided on Part XIII	10			Δ	<u> </u>
1 41						vaara baalu	(a) [aur		hool
10	Paginning of year balance	(a) Current year 6,349,136.	(b) Prior year 6,236,596.	(c) Two years back 5,861,258.		years back 81,952.		912,	
1a 5	Beginning of year balance	692,185.	81,564.			05,945.	,	623,	
b	Contributions Net investment earnings, gains, and losses	65,964.	69,976.	,		04,620.	,		
d	Grants or scholarships	24,000.	39,000.	,		31,259.		,	191.
	Other expenditures for facilities	,				•=,=••		,	
e									
f	Administrative expenses								
g	End of year balance	7,083,285.	6,349,136.	6,236,596.	5.8	61,258.	5.	381,	952.
2	Provide the estimated percentage of the curr	, ,	, ,		,	, .	,	,	
- a	Board designated or quasi-endowment		%						
b	Permanent endowment 94.72	%							
c	Term endowment 5.28								
-	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses		tion that are held ar	nd administered for t	he organiz	ation			
	by:	5			5		ſ	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	see Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Bool	k value	э
		basis (investr	nent) basis	(other) de	epreciation				
1a	Land			,382,047.			15,	382,	047.
	Buildings		14	,906,444.	5,438,	105.	9,	468,	339.
	Leasehold improvements								
d	Equipment		4	,805,019.	3,140,	920.	,	664,	
e	Other			686,484.				686,	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (B), line 1	0c.)				200,	
						Schedule	D (Form	n 990)	2019

Part VII Investments - Other Securities.

(c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

X

►

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Schedule D (Form 990) 2019 IDAHO YOUTH RANCH, INC.		82-0253346	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements W	/ith Revenue per Ret	urn.	<u>V</u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements		1	27,807,515.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments2a	233,972.		
b Donated services and use of facilities 2b	144,574.		
c Recoveries of prior year grants2c	;		
d Other (Describe in Part XIII.) 2d	1		
e Add lines 2a through 2d		2e	378,546.
3 Subtract line 2e from line 1		3	27,428,969.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.) 4b	-186,977.		
c Add lines 4a and 4b		4c	-186,977.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			27,241,992.
Part XII Reconciliation of Expenses per Audited Financial Statements V	Nith Expenses per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements		1	24,076,497.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
a Donated services and use of facilities2a	63,817.		
b Prior year adjustments2b)		
c Other losses2c			
d Other (Describe in Part XIII.)2d	186,977.		
e Add lines 2a through 2d		2e	250,794.
3 Subtract line 2e from line 1		3	23,825,703.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)4b			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	23,825,703.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		Part X, line 2; I	Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	nformation.		
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

46

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Schedule D (Form 990) 2019

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 IRC 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 IRC AND ALL CHARITABLE CONTRIBUTIONS ARE CONSIDERED

TAX DEDUCTIBLE.

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) 2019

-135,425.

-51,552.

-186,977.

135,425.

51,552.

186,977.

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2019
Department of the Treasury Internal Revenue Service		► Attach to Form 990 to www.irs.gov/Form990 for instr				.		Open to Public Inspection
Name of the organizatior	· · · · ·		uction	5 anu		011.		ntification number
	IDAHO YOUT	H RANCH, INC.					82-025334	16
	ing Activities. complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f X Solicita g X Special or oral agreement with any individual eart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fi	overnment grants nment grants events ficers, directors, trust undraising services?		X Yes	
(i) Name and addres or entity (func		(ii) Activity	fundraiser have custody or control of from activity			tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
LES SHOEMMELIERS/STUDIO			Yes	No				
4FORTY, LLC - 440	CRYSTAL	WINE, WOMEN & SHOES		X	488,053.		32,000.	456,053.
Total			<u></u>		488,053.		32,000.	456,053.
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is o	exempt from re	gistration
ID, OR, CO, IN, IA, NE,	SD, TX, VT, AZ, W	A,NV,UT,WY,MT,MI,CA,NJ,NC,S	C,AK	,IL,F	L,WI,KY			

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) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 IDAHO YOUTH RANCH, INC.

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.

2 Les 3 Gro 4 Cas 5 Nor 5 Nor 6 Ren 7 Foo 8 Entu 9 Oth 10 Dire 11 Net Part III 9 Cas 2 Cas 3 Nor	iross receipts ess: Contributions iross income (line 1 minus line 2)	SHOES - BOISE (event type) 5,644.	WINE, WOMEN & SHOES - CDA (event type) 299,656. 229,201. 70,455.	1 (total number) 159,303. 159,103.	(add col. (a) through col. (c)) 464,603. 393,469.
2 Les 3 Gro 4 Cas 5 Nor 6 Ren 7 Foo 8 Entu 9 Oth 10 Direc 11 Net Part III 9 Cas	ess: Contributions	(event type) 5,644. 5,165.	(event type) 299,656. 229,201.	(total number) 159,303. 159,103.	col. (c)) 464,603.
2 Les 3 Gro 4 Cas 5 Nor 6 Ren 7 Foo 8 Entu 9 Oth 10 Direc 11 Net Part III 9 Cas	ess: Contributions	5,644.	299,656. 229,201.	159,303. 159,103.	464,603.
2 Les 3 Gro 4 Cas 5 Nor 6 Ren 7 Foo 8 Entu 9 Oth 10 Direc 11 Net Part III 9 Cas	ess: Contributions	5,165.	229,201.	159,103.	
3 Gro 4 Cas 5 Nor 6 Ren 7 Foo 8 Entr 9 Oth 10 Dire 11 Net Part III	iross income (line 1 minus line 2)	,	,		393,469.
4 Cas 5 Nor 6 Rer 6 Rer 7 Foo 8 Entr 9 Oth 10 Dire 11 Net Part III		479.	70,455.		
5 Nor 6 Rer 7 Foo 8 Entr 9 Oth 10 Dire 11 Net Part III	rash prizes			200.	71,134,
6 Ren 7 Foo 8 Entre 9 Oth 10 Dire 11 Net Part III	ash prizes				
8 Ente 9 Oth 10 Dire 11 Net Part III 1 Gro	oncash prizes	2,495.	62,265.		64,760
8 Ente 9 Oth 10 Dire 11 Net Part III 1 Gro	ent/facility costs	2,625.	1,088.		3,713.
8 Ente 9 Oth 10 Dire 11 Net Part III 1 Gro	ood and beverages	2,423.	21,163.		23,586
10 Dire 11 Net Part III 1 Gro	ntertainment				
11 Net Part III	ther direct expenses		32,476.	230.	36,808
Part III	irect expense summary. Add lines 4 throu			►	128,867
1 Gro	Let income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				-57,733
1 Gro		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
2 Cas	ross revenue			25,950.	25,950
3 Nor					
	ash prizes				
일 4 Ren	ash prizes			51,552.	51,552
5 Oth				51,552.	51,552
6 Volu	loncash prizes			51,552.	51,552

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	•
•		
9	Enter the state(s) in which the organization conducts gaming activities: ID	
a	a Is the organization licensed to conduct gaming activities in each of these states?	

7 Direct expense summary. Add lines 2 through 5 in column (d)

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes X No b If "Yes," explain: _____

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Schedule G (Form 990 or 990-EZ) 2019

X Yes

51,552.

<25,602.>

No

Schedule G (Form 990 or 990-EZ) 2019 IDAHO YOUTH RANCH, INC.	82-0253346	Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Ye	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		s X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		
Name KIM THOMAS		
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 revenue?	Ye	s X No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the ar	mount	
of gaming revenue retained by the third party \blacktriangleright \$		
c 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 Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	X Ye	s 🗌 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen		
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v); and Part III, lines	9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: LES SHOEMMELIERS/STUDIO 4FORTY, LLC		
(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS ROAD, ST. HELENA, CA 94574		
	ula C /Faura 000 cm 0	00 EZ 0040
932083 09-11-19 Schedu 50	ıle G (Form 990 or 9	90-EZ) 2019

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		Schedule G (Form 990 or 990-E
32084 04-01-19		
	51	

SCHEDULI	=ı	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, ar lete if the organizatio	nd Individua	ls in the Ŭni	ted States		2019
Department of t		Compi	ete il the organizatio	Attach to For		rt iv, inte z i or zz.		Open to Public
Internal Revenu	e Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the	organization IDAHO YOUTH R.	ANCH, INC.						Employer identification number 82-0253346
Part I	General Information on Grants a	nd Assistance						
	the organization maintain records t a used to award the grants or assis		0	,	0 0 1	0	,	
	ibe in Part IV the organization's pro		<u> </u>					
Part II	Grants and Other Assistance to	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than s					(f) Method of		
1 (a) Na	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter	total number of section 501(c)(3) a	I nd government org	I ganizations listed in the	l e line 1 table				········ ▶
	total number of other organizations							
LHA For	Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) IDAHO

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	14	24,000.	0.		
GRADUATE ASSISTANCE	1	200.	0.		

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

SCHEDU	E J Compensation Information	OME	3 No. 1545-	-0047			
(Form 990	•	9	1	0			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		201	9			
Department of th	Treasury Attach to Form 990.	Open to Publ					
Internal Revenue			nspectio				
Name of the		mployer identifi		number			
Part I	IDAHO YOUTH RANCH, INC.	82-025334	6				
Faili							
10 Chooks	he appropriate bay(as) if the graphization provided any of the following to as far a person listed on Farm 00		Ye	es No			
	he appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990 Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	0,					
	st-class or charter travel Housing allowance or residence for personal						
	ivel for companions Payments for business use of personal reside						
	k indemnification and gross-up payments I Health or social club dues or initiation fees						
	cretionary spending account	chef)					
	,,, _,, _	,					
b If any o	the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
reimbui	sement 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				
	which, if any, of the following the organization used to establish the compensation of the organization's						
CEO/E>	ecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to					
establis	n compensation of the CEO/Executive Director, but explain in Part III.						
	mpensation committee Written employment contract						
	ependent compensation consultant						
E Fo	m 990 of other organizations	nmittee					
	he year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	ation or a related organization: a severance payment or change-of-control payment?		4a	x			
	a severance payment or change-of-control payment? ate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	X			
	ate in, or receive payment from, an equity-based compensation arrangement?		4c	x			
	to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only se	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
-	ons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	ent on the revenues of:						
a The org	anization?	L	5a	X			
b Any rela	ted organization?		5b	X			
	on line 5a or 5b, describe in Part III.						
6 For per	ons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
conting	ent on the net earnings of:						
a The org	anization?	L	6a	X			
b Any relation	ted organization?	····· _	6b	X			
	on line 6a or 6b, describe in Part III.						
	ons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	cribed on lines 5 and 6? If "Yes," describe in Part III	····· _	7	X			
	y amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
		·····	8	X			
	on line 8, did the organization also follow the rebuttable presumption procedure described in						
	ons section 53.4958-6(c)?		9				
LHA For Pa	perwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (rorm 99	JU) 2019			

932111 10-21-19

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) SCOTT CURTIS	(i)	151,817.	0.	902.	0.	10,687.	163,406.	0
CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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.

Schedule J (Form 990) 2019

(Form 9 Departmer	explanations, and any additional information in Part VI. I Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										OMB No. 1545-0047 2019 Open to Public Inspection			
Name o	f the organization IDAHO YOUTH RANC	H, INC.								-	identif 53346		n num	ber
Part I	Bond Issues SEE	E PART VI FOR CO	DLUMN (F) CONT	INUATIONS										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descript	ion of purpose	se (g) Defeased		(h) On of is			ooled
									Vee	No		No		<u> </u>
	HO HOUSING AND FINANCE						REFINANCE A	TAXABLE LOAN	Yes		Yes	NO	res	No
	SOCIATION	82-0302333	NONE	12/08/11	1 1	06 356		OFFICE AND WA		x		х		x
<u>A 1100</u>		02 0302333	NONE	12/00/11		,		office had wh						
в														
<u> </u>														<u> </u>
_														
D Dout II	Due se a de													Ĺ
Part II	Proceeds							•				D		
- ^	mount of bondo rotivod			A			В	С				<u>U</u>		
	mount of bonds retired mount of bonds legally defeased													
	and a second and for a second													
		·····												
-														
-														
9 W	orking capital expenditures from proceeds													
	apital expenditures from proceeds													
11 0	ther spent proceeds													
12 0	ther unspent proceeds													
13 Y	ear of substantial completion				2011									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 W	lere the bonds issued as part of a refunding i	issue of tax-exempt b	oonds (or,											
if	issued prior to 2018, a current refunding issu	ue)?			Х									
	/ere the bonds issued as part of a refunding i		-											
is	sued prior to 2018, an advance refunding iss	sue)?			Х									
	as the final allocation of proceeds been made			Х										
	oes the organization maintain adequate bool	ks and records to su	pport the											
fir	nal allocation of proceeds?			Х										

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

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 IDAHO YOUTH RANCH, INC.

			-		-	
82-	02	53	3	4	6	

Page 2

Par	t III Private Business Use										
			A	I	В		С	[כ		
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No		
	which owned property financed by tax-exempt bonds?		x								
2	Are there any lease arrangements that may result in private business use of										
	bond-financed property?		х								
3a	Are there any management or service contracts that may result in private										
	business use of bond-financed property?		х								
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?										
с	Are there any research agreements that may result in private business use of										
	bond-financed property?		х								
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?		Х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed										
	of		%		%		%		%		
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections										
	1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all nonqualified										
	bonds of the issue are remediated in accordance with the requirements under										
	Regulations sections 1.141-12 and 1.145-2?		Х								
Par	t IV Arbitrage										
			<u> </u>	I	B		ç)		
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?		Х								
_2	If "No" to line 1, did the following apply?		-		_						
a	Rebate not due yet?		Х								
b	Exception to rebate?		X								
C	No rebate due?		X								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
	performed		-								
3	Is the bond issue a variable rate issue?	Х									

Schedule K (Form 990) 2019 IDAHO YOUTH RANCH, INC.

		4	B	3		;	C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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								
section 148?		Х						
Part V Procedures To Undertake Corrective Action								
		4	B	8	C	;	D	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		х						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
CHEDULE K, PART I, BOND ISSUES:								
A) ISSUER NAME: IDAHO HOUSING AND FINANCE ASSOCIATION								
F) DESCRIPTION OF PURPOSE:								
EFINANCE A TAXABLE LOAN IN 2011 FOR OFFICE AND WAREHOUSE FACILITY.								

82-0253346

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

ſ 19 ZU **Open to Public** Inspection

N

Name	e of the organization					identificatio		nber
Dec	IDAHO YOUTH RANCH,	INC.				82-025334	6	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determin ntribution ar		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		777,963.	SELLING PRIC	Е		
5	Clothing and household goods	Х		16,827,250.	SELLING PRIC	Е		
6	Cars and other vehicles	Х	190	367,553.	SELLING PRIC	Е		
7	Boats and planes	Х	6	8,667.	SELLING PRIC	Е		
8	Intellectual property							
9	Securities - Publicly traded	Х	11	271,789.	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	3,148	251,078.	SELLING PRIC	ES		
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	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828							
							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			-		30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	tions?	31	х	
	Does the organization hire or use third parties							
	contributions?		0	, , ,		32a	х	1
b	If "Yes," describe in Part II.							

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2019

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describe in Part II.

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) 2019

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Page 2

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



Employer identification number 82-0253346

IDAHO YOUTH RANCH, INC.

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

WE UNITE FOR IDAHO'S YOUTH BY PROVIDING ACCESSIBLE PROGRAMS AND

SERVICES THAT NURTURE HOPE, HEALING, AND RESILIENCE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

CLOSED INTERIM RANCH PROGRAM, CLOSED TWO THRIFT STORES

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

HOME STUDIES AND POST-PLACEMENT SUPERVISION, INTERNATIONAL AND

INTERSTATE ADOPTION, AND NON-AGENCY ADOPTION. SINCE 1983, IYR HAS

PRACTICED AN "OPEN ADOPTION" PHILOSOPHY, HELPING FACILITATE

COLLABORATION AND COOPERATION BETWEEN BIRTH PARENTS AND ADOPTIVE

PARENTS OVER THE CHILD'S LIFETIME, TO THE GREATEST EXTENT POSSIBLE.

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 \$ 165,822. INCLUDING GRANTS OF \$ 24,200. REVENUE \$ 485.

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

DRAFT IS PROVIDED TO MANAGEMENT, AUDIT & FINANCE COMMITTEE, AND BOARD FOR

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O ((Form 990 or 990-EZ)) (2019)
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IDAHO YOUTH RANCH, INC.

Employer identification number 82-0253346

REVIEW AND APPROVAL 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

ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF

THE POLICY AND READY, UNDERSTOOD AND COMPLIED WITH IT. WHEN A POTENTIAL

CONFLICT IS IDENTIFIED THE REMAINING INDEPENDENT PERSONS SHALL DECIDE,

AFTER REVIEWING ALL MATERIAL FACTS, IF A CONFLICT OF INTEREST EXISTS AND

THE APPROPRIATE ACTIONS NECESSARY.

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

THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE PERFORMANCE OF THE CEO IN A

CLOSED BOARD MEETING. AT THAT TIME THEY USE PROFESSIONALLY PUBLISHED SALARY

SURVEYS AS WELL AS SALARY INFORMATION GATHERED FROM LOCAL NON-PROFITS OF

SIMILAR SIZE TO ASSESS THE REASONABLENESS OF THE COMPENSATION FOR THAT

INDIVIDUAL.

AT THAT TIME THEY USE PROFESSIONALLY PUBLISHED SALARY SURVEYS AS WELL AS

SALARY INFORMATION GATHERED FROM LOCAL NON-PROFITS OF SIMILAR SIZE TO

ASSESS THE REASONABLENESS OF THE COMPENSATION FOR THAT INDIVIDUAL.

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.

932212 09-06-19

Form 990-T	E	Exempt Organization Bus			ax Return	۱	OMB No. 1545-0047
	_	(and proxy tax under		·	20 2020		2019
	For ca	lendar year 2019 or other tax year beginning JUL 1, 20				— ·	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in • Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)		Emp	oyer identification number loyees' trust, see uctions.)
B Exempt under section	Print	IDAHO YOUTH RANCH, INC.					82-0253346
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo>	k, see ir	structions.			ated business activity code nstructions.)
408(e) 220(e)	'''	5465 W. IRVING STREET				-	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of BOISE, ID 83706	r foreig	n postal code			
C Book value of all assets at end of year							
44,490,		G Check organization type ► X 501(c) corp			401(a)		Other trust
	Ū		1		the only (or first) un		
trade or business here		SE STATEMENT 1			complete Parts I-V.		
	•	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or
business, then complete		-v. Ioration a subsidiary in an affiliated group or a paren	t cubci	diary controlled group?		Ye	s X No
		tifying number of the parent corporation.	11-20021	ulary controlled group?	F L		
\mathbf{J} The books are in care of				Teleph	one number 🕨 2	08-97	2-5506
		le or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es						
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S	Schedule	A, line 7)	2				
		rom line 1c	3				
4a Capital gain net incon	ne (attac	h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	, ,		6				
		ne (Schedule E)	7				
		nd rents from a controlled organization (Schedule F) on $501(c)(7)$, (9), or (17) organization (Schedule G)	8 9				
		me (Schedule I)	10				
		(Sofication)	11				
12 Other income (See in:			12				
(gh 12	13	0.			
Part II Deductio	ons No	ot Taken Elsewhere (See instructions fo	or limita	ations on deductions.)	•		
(Deductions	s must k	be directly connected with the unrelated busin	ess ind	come.)			
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
						16	
17 Bad debts						17	
		ee instructions)				18	
19 Taxes and licenses						19	
		562) 1 Schedule A and elsewhere on return				21b	
						210	
		mpensation plans				23	
						24	
		chedule I)				25	
		hedule J)				26	
		iedule)				27	
28 Total deductions. A	dd lines	14 through 27				28	0.
29 Unrelated business t	taxable i	ncome before net operating loss deduction. Subtract	t line 28	3 from line 13		29	0.
	-	oss arising in tax years beginning on or after Janua	-				
(see instructions)						30	0.
		ncome. Subtract line 30 from line 29				31	.0.
923701 01-27-20 LHA Fo	or Paper	work Reduction Act Notice, see instructions.					Form 990-T (2019)

Form 99) IDAHO YOUTH RANCH, INC.						82-025334	6	Page 2
Part	: 111	Total Unrelated Business Taxa	ble Income							
32	Total o	f unrelated business taxable income compute	d from all unrelated trades or businesses (see instruc	ctions)		. 3	2		0.
33	Amour	nts paid for disallowed fringes					3	3		
34		ble contributions (see instructions for limitati						4		0.
35	Total u	nrelated business taxable income before pre-2	018 NOLs and specific deduction. Subtrac	ct line 34 fror	n the sum of line	es 32 and 33	3	5		
36	Deduct	tion for net operating loss arising in tax years	beginning before January 1, 2018 (see ins	tructions)			. 3	6		
37	Total o	f unrelated business taxable income before sp	ecific deduction. Subtract line 36 from line	e 35			. 3	7		
38	Specifi	c deduction (Generally \$1,000, but see line 38	instructions for exceptions)				. 3	8	1,	000.
39	Unrela	ted business taxable income. Subtract line 3								
							3	9		0.
Part	: IV	Tax Computation								
40	Organi	zations Taxable as Corporations. Multiply li	ne 39 by 21% (0.21)			🕨	▶ 4	0		0.
41		Taxable at Trust Rates. See instructions for								
		ax rate schedule or 🛛 🔲 Schedule D (For					▶ 4	1		
42		tax. See instructions					▶ 4	2		
43	Alterna	tive minimum tax (trusts only)					4	3		
44		Noncompliant Facility Income. See instruct					4	4		
45		Add lines 42, 43, and 44 to line 40 or 41, whic	hever applies				. 4	5		0.
Part		Tax and Payments					_			
46 a	Foreigr	n tax credit (corporations attach Form 1118; ti	usts attach Form 1116)	46a	ι <u> </u>		_			
b	Other of	credits (see instructions)		46b)		_			
							_			
		for prior year minimum tax (attach Form 880					_			
е	Total c	redits. Add lines 46a through 46d					46	6e		
47	Subtra	ct line 46e from line 45					4			0.
48		axes. Check if from: 🔄 Form 4255								
49		ax. Add lines 47 and 48 (see instructions) \dots								0.
50		et 965 tax liability paid from Form 965-A or F					. 5	0		0.
		nts: A 2018 overpayment credited to 2019					_			
		stimated tax payments					_			
C	Tax de	posited with Form 8868		510			_			
		n organizations: Tax paid or withheld at source					_			
		withholding (see instructions)					_			
		for small employer health insurance premium		<u>51f</u>			_			
g			Form 2439							
			Other Total	-			-	-		
52		ayments. Add lines 51a through 51g						2		
53		ted tax penalty (see instructions). Check if For								
54		e. If line 52 is less than the total of lines 49, 5 ayment. If line 52 is larger than the total of lin						4 r		
55 56		he amount of line 55 you want: Credited to 20						5		
Part		Statements Regarding Certain		ation (Refur		- 0	6		
57		time during the 2019 calendar year, did the o				0113)			Yes	No
57		financial account (bank, securities, or other) i	• •						105	
		I Form 114, Report of Foreign Bank and Finan		-						
	here			ne toreign	country					х
58		the tax year, did the organization receive a di	stribution from or was it the granter of or	transferor	to a foreign	truet?				x
50	-	" see instructions for other forms the organization		uansicioi	io, a loroign					
59		he amount of tax-exempt interest received or	•							
	U	Inder penalties of perjury, I declare that I have examine	d this return, including accompanying schedules a			st of my knov	wledge a	and belief, it is true		
Sign	C	orrect, and complete. Declaration of preparer (other that	in taxpayer) is based on all information of which pro	eparer has ar	ny knowledge.					
Here			CFO				-	e IRS discuss this parer shown below		ith
		Signature of officer	Date Title					tions)? X Ye	·	No
	I	Print/Type preparer's name	Preparer's signature	Date	CI	neck		PTIN	l	
Daia						If- employe				
Paic		ANN SWINDELL	ANN SWINDELL	11/12/:		snipioy		P01677409		
-	Darer					irm's EIN		41-07467	49	
USE	e Only HIM'S name CLIFTONLARSONALLEN LLP FIRM'S EIN FIR									
		Firm's address BOISE , ID 8370	,		F	hone no.	(208	3) 387-6400)	
923711	01-27-20	,			I'			Form 9		(2019)
			65					1 6111 9	- (

2019.05000 IDAHO YOUTH RANCH, INC. 090-1341

			6 Inventory a	t end of vear	r		6			
 Inventory at beginning of year Purchases 			7 Cost of goo							
3 Cost of labor			-	Enter here a						
4a Additional section 263A costs			-		7					
=						Yes	No			
(attach schedule)			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to							
b Other costs (attach schedule)						,				
5 Total. Add lines 1 through 4b Schedule C - Rent Income (5	Dronorty and	the organiz			With Dool Dror	ortu			
(see instructions)	riun near	Property and			easet		Jerty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
<u>. , , , , , , , , , , , , , , , , , , ,</u>	2. Rent receiv	ed or accrued								
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	ind personal property (i personal property exceents is based on profit or i	ds 50% or if	je	e 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			٥.					
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.				
here and on page 1, Part I, line 6, column		•			٥.	Enter here and on page 1, Part I, line 6, column (B)			Ο.	
Schedule E - Unrelated Deb		Income (see	instructions)			<i>, , , , , .</i>				
		(2. Gross incon	ne from		3. Deductions directly con to debt-finan	nnected	with or allocable		
1. Description of debt-fir	1. Description of debt-financed property			an alla sable to debt		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
						(attach schedule)				
(1)						(attach schedule)				
						(attach schedule)		· · ·		
(2)						(attach schedule)		· · · · ·		
(2) (3)						(attach schedule)			, 	
(2)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 d by column	vided		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	ctions	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property	6, Column 4 d	vided 5		7. Gross income reportable (column		8. Allocable deduc (column 6 x total of c	ctions	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or a debt-fina	allocable to nced property	6, Column 4 d	vided 5 %		7. Gross income reportable (column		8. Allocable deduc (column 6 x total of c	ctions	
 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) 	of or a debt-fina	allocable to nced property	6, Column 4 d	vided 5 %		7. Gross income reportable (column		8. Allocable deduc (column 6 x total of c	ctions	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or a debt-fina	allocable to nced property	6, Column 4 d	vided 5 %		7. Gross income reportable (column		8. Allocable deduc (column 6 x total of c	ctions	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or a debt-fina	allocable to nced property	6, Column 4 d	vided 5 %		7. Gross income reportable (column		8. Allocable deduc (column 6 x total of c	ctions olumns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or a debt-fina (attacl	allocable to	6. Column 4 d by column	vided 5 %		7. Gross income reportable (column 2 x column 6) ter here and on page 1, art I, line 7, column (A).	0.	8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	ctions olumns	

Form **990-T** (2019)

923721 01-27-20

Form 990-T (2019) IDAHO YOU									82-025	3346	Page 4
Schedule F - Interest, /	Annuitie	s, Royal	ties, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	s)
				Exempt	Controlled O	rganizati	ons				
1. Name of controlled organizat	tion				unrelated income 4. To pay		ments made includ		Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5
(1)											
_(2)											
(3)											
(4)	Tationa										
Nonexempt Controlled Organi	1			•							
7. Taxable Income		Inrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's		ductions directly connected income in column 10
(1)											
_(2)											
_(3)											
(4)											
_(+)	1		I				Add colun Enter here and line 8, c		e 1, Part I,	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									0.		0.
Schedule G - Investme	nt Incor	no of a G	Soction	501(0)(7	7) (0) or (17) Ora	anization		••		••
(see inst			bection	501(0)(7	r), (9), 0r (17) 010	Janization				
	cription of inco	me			2. Amount of	income	3. Deduction directly conner	cted	4. Set-	asides schedule)	5. Total deductions and set-asides
(1)							(attach sched	ule)	(undoff c	, solicidate)	(col. 3 plus col. 4)
(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				>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	unrelated	Gross I business le from business	3. Exp directly co with pro- of unre business	onnected duction elated	4. Net incom from unrelated business (co minus colum gain, comput through	l trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											+
(1)											+
(2)											
(3)											
(4)	Entry ha		Ester here								Enter here and
	page 1	re and on , Part I, col. (A).	Enter here page 1, line 10, c	Part I,							on page 1, Part II, line 25.
Totals		0.		0.							0.
Schedule J - Advertisi	•	•		,							
Part I Income From	Periodic	als Repo	orted on	a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	or (loss) (c		e 5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(0)											
(4)											
			1								

Ο.

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

►

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	2. Gross advertising income	advertising 3. Direct					6. 1	Readership costs	 Excess readershi costs (column 6 minu column 5, but not mo than column 4). 	JS	
(1)											
(2)											
(3)											
(4)											
Totals from Part I	0.		٥.							٥.	
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).	, Part I,					Enter here and on page 1, Part II, line 26.		
Totals, Part II (lines 1-5)	٥.		0.							Ο.	
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees (see in	nstructio	ns)					
1. Name									npensation attributable unrelated business		
(1)							%				
(2)							%				
(3)							%				
(4)							%				
Total. Enter here and on page 1, Part II, I	ine 14									0.	

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82-0253346

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

FILING TO TRACK GENERAL BUSINESS CREDIT CARRYFORWARD

TO FORM 990-T, PAGE 1