

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** , **and ending**

**B** Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C Name of organization**  
**Idaho Community Action Network**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO Box 1927**  
 City or town State ZIP code  
**Boise ID 83701**  
 Foreign country name Foreign province/state/county Foreign postal code

**D Employer identification number**  
**82-0357348**

**E Telephone number**  
**(206) 385-9146**

**F Group Exemption Number** ▶

**G Accounting Method** ☐ Cash ☒ Accrual Other (specify) ▶

**I Website:** ▶ [www.idahocan.org](http://www.idahocan.org)

**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **151,022**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

| Revenue |                                                                                                                                                  | Expenses |         | Net Assets |                                                                                                                                                  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Contributions, gifts, grants, and similar amounts received                                                                                       | 1        | 131,420 | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  |
| 2       | Program service revenue including government fees and contracts                                                                                  | 2        | 2,371   | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3       | Membership dues and assessments                                                                                                                  | 3        |         | 20         | Other changes in net assets or fund balances (explain in Schedule O)                                                                             |
| 4       | Investment income                                                                                                                                | 4        | 6,603   | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          |
| 5a      | Gross amount from sale of assets other than inventory                                                                                            | 5a       |         |            |                                                                                                                                                  |
| b       | Less cost or other basis and sales expenses                                                                                                      | 5b       |         |            |                                                                                                                                                  |
| 6       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | 5c       | 0       |            |                                                                                                                                                  |
| 7a      | Gross sales of inventory, less returns and allowances                                                                                            | 7a       |         |            |                                                                                                                                                  |
| b       | Less cost of goods sold                                                                                                                          | 7b       |         |            |                                                                                                                                                  |
| 8       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                   | 7c       | 0       |            |                                                                                                                                                  |
| 9       | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                           | 8        |         |            |                                                                                                                                                  |
| 10      | Grants and similar amounts paid (list in Schedule O)                                                                                             | 9        | 149,003 |            |                                                                                                                                                  |
| 11      | Benefits paid to or for members                                                                                                                  | 10       |         |            |                                                                                                                                                  |
| 12      | Salaries, other compensation, and employee benefits                                                                                              | 11       | 58,676  |            |                                                                                                                                                  |
| 13      | Professional fees and other payments to independent contractors                                                                                  | 12       | 27,374  |            |                                                                                                                                                  |
| 14      | Occupancy, rent, utilities, and maintenance                                                                                                      | 13       | 29,565  |            |                                                                                                                                                  |
| 15      | Printing, publications, postage, and shipping                                                                                                    | 14       | 2,949   |            |                                                                                                                                                  |
| 16      | Other expenses (describe in Schedule O)                                                                                                          | 15       | 44,926  |            |                                                                                                                                                  |
| 17      | Total expenses. Add lines 10 through 16                                                                                                          | 16       | 163,490 |            |                                                                                                                                                  |
| 18      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 17       | -14,487 |            |                                                                                                                                                  |
| 19      | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 18       |         |            |                                                                                                                                                  |
| 20      | Other changes in net assets or fund balances (explain in Schedule O)                                                                             | 19       | 50,324  |            |                                                                                                                                                  |
| 21      | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | 20       |         |            |                                                                                                                                                  |
|         |                                                                                                                                                  | 21       | 35,837  |            |                                                                                                                                                  |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

☒

|                                                                                       | (A) Beginning of year |           | (B) End of year |
|---------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments                                              | 58,097                | <b>22</b> | 6,904           |
| <b>23</b> Land and buildings                                                          | 172,281               | <b>23</b> | 163,953         |
| <b>24</b> Other assets (describe in Schedule O)                                       | 4,078                 | <b>24</b> | 8,525           |
| <b>25</b> Total assets                                                                | 234,456               | <b>25</b> | 179,382         |
| <b>26</b> Total liabilities (describe in Schedule O)                                  | 184,132               | <b>26</b> | 143,545         |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 50,324                | <b>27</b> | 35,837          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? To educate & advocate on social & economic justice issues

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|                                                                                                                                                                                                                               |                          |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
| <b>28</b> ADVANCING ECONOMIC JUSTICE ICAN leaders did public outreach & education about new payday loan regulations, cuts to the SNAP food program & the need for Medicaid expansion (See Sched O)                            |                          |                   |
| (Grants \$ ) If this amount includes foreign grants, check here                                                                                                                                                               | <input type="checkbox"/> | <b>28a</b> 53,429 |
| <b>29</b> BUILDING A STRONG IMMIGRANT COMMUNITY ICAN continued to educate the public & decision makers about the immigration system, & organized to make drivers licenses available to all regardless of status (See Sched O) |                          |                   |
| (Grants \$ ) If this amount includes foreign grants, check here                                                                                                                                                               | <input type="checkbox"/> | <b>29a</b> 35,619 |
| <b>30</b> COMMUNITY EDUCATION & ENGAGEMENT ICAN leaders registered over 1700 people to vote, hosted leadership trainings in the Burley community & continued to run Radio Voz, the ICAN community radio station (See Sched O) |                          |                   |
| (Grants \$ ) If this amount includes foreign grants, check here                                                                                                                                                               | <input type="checkbox"/> | <b>30a</b> 29,682 |
| <b>31</b> Other program services (describe in Schedule O)                                                                                                                                                                     |                          |                   |
| (Grants \$ ) If this amount includes foreign grants, check here                                                                                                                                                               | <input type="checkbox"/> | <b>31a</b>        |
| <b>32</b> Total program service expenses. (add lines 28a through 31a)                                                                                                                                                         |                          | <b>32</b> 118,730 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

| (a) Name and title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Krista Ziebarth           |                                                |                                                                            |                                                                                         |                                            |
| Co-Chair & Board member   | Hr/WK 2 00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| Luis Herrera Perales      |                                                |                                                                            |                                                                                         |                                            |
| Co-Chair & Board member   | Hr/WK 1 00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| Chelsea Gaona Lincoln     |                                                |                                                                            |                                                                                         |                                            |
| Treasurer & Board member  | Hr/WK 2 00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| Michael Pool              |                                                |                                                                            |                                                                                         |                                            |
| Secretary & Board member  | Hr/WK 2 00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| Robynhawk Wilson          |                                                |                                                                            |                                                                                         |                                            |
| Vice-Chair & Board member | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |
| Kaye Turner               |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |
| Leo Garcia                |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |
| Karen McWilliams          |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |
| Lorena Rivera             |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |
| Belia Paz                 |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 2 00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| Janet Nieves              |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |
| Christina McNeil          |                                                |                                                                            |                                                                                         |                                            |
| Board member              | Hr/WK 50                                       | 0                                                                          | 0                                                                                       | 0                                          |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                                                                                                                  |     | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                                                                                                                                           | X   |    |
| <b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                               |     | X  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                                                                                           |     |    |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                      |     | X  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                                                                                                                                    |     | X  |
| <b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                |     | X  |
| <b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                       |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>39</b> Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>                                                                                                                                                                                                                                                        |     |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                    |     | X  |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>                                                                                                                                                                                                                                  |     |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0</b>                                                                                                                                                                                                                                                                                                    |     |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                               |     |    |
| <b>41</b> List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>42 a</b> The organization's books are in care of <b>Terri Sterling</b> Telephone no <b>(208) 385-9146</b><br>Located at <b>PO Box 1927</b> City <b>Boise</b> ST <b>ID</b> ZIP + 4 <b>83701</b>                                                                                                                                                                                                                                              |     |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> |     | X  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                              |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>                                                                                                                                                                                                             |     |    |
| <b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                 |     | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                             |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                   |     |    |
| <b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                            |     | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                                                                                                                                    |     | X  |

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|           | Yes | No |
|-----------|-----|----|
| <b>46</b> |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

|           | Yes | No |
|-----------|-----|----|
| <b>47</b> | X   |    |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

|           |  |   |
|-----------|--|---|
| <b>48</b> |  | X |
|-----------|--|---|

**49 a** Did the organization make any transfers to an exempt non-charitable related organization?

|            |  |   |
|------------|--|---|
| <b>49a</b> |  | X |
|------------|--|---|

**b** If "Yes," was the related organization a section 527 organization?

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Name None                           |                                                |                                                   |                                                                                         |                                            |
| Title                               | Hr/WK 00                                       |                                                   |                                                                                         |                                            |
| Name                                |                                                |                                                   |                                                                                         |                                            |
| Title                               | Hr/WK 00                                       |                                                   |                                                                                         |                                            |
| Name                                |                                                |                                                   |                                                                                         |                                            |
| Title                               | Hr/WK 00                                       |                                                   |                                                                                         |                                            |
| Name                                |                                                |                                                   |                                                                                         |                                            |
| Title                               | Hr/WK 00                                       |                                                   |                                                                                         |                                            |
| Name                                |                                                |                                                   |                                                                                         |                                            |
| Title                               | Hr/WK 00                                       |                                                   |                                                                                         |                                            |

**f** Total number of other employees paid over \$100,000 **►**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| Name None                                                    |                     |                  |
| City                                                         |                     |                  |
| Name                                                         |                     |                  |
| City                                                         |                     |                  |
| Name                                                         |                     |                  |
| City                                                         |                     |                  |
| Name                                                         |                     |                  |
| City                                                         |                     |                  |
| Name                                                         |                     |                  |
| City                                                         |                     |                  |

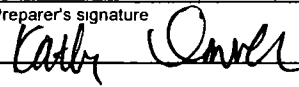
**d** Total number of other independent contractors each receiving over \$100,000 **►**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

**►** ☒ Yes ☐ No

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.

|                  |                                                                                                          |              |
|------------------|----------------------------------------------------------------------------------------------------------|--------------|
| <b>Sign Here</b> | Signature of officer  | Date 6/15/17 |
|                  | Type or print name and title Terry L Sterling                                                            |              |

|                               |                                                                 |                                                                                                              |                   |                                                            |                   |
|-------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Kathryn Donaldson                 | Preparer's signature<br> | Date<br>3/16/2017 | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P01318306 |
|                               | Firm's name <b>►</b>                                            | Firm's EIN <b>►</b>                                                                                          |                   |                                                            |                   |
|                               | Firm's address <b>►</b> 1924 SE 35th Avenue, Portland, OR 97214 | Phone no 503-233-6078                                                                                        |                   |                                                            |                   |

May the IRS discuss this return with the preparer shown above? See instructions

**►** ☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Idaho Community Action Network

Employer identification number

82-0357348

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: 0
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    | 0                                                 | 0                                               |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                    | 302,470  | 245,150  | 171,868  | 112,148  | 131,420  | 963,056   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                      |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                              |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                         | 302,470  | 245,150  | 171,868  | 112,148  | 131,420  | 963,056   |
| <b>5</b> 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). |          |          |          |          |          | 33,520    |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                          |          |          |          |          |          | 929,536   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                             | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4                                                                                                                                                                                            | 302,470  | 245,150  | 171,868  | 112,148  | 131,420  | 963,056   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 | 2,554    | 3,857    | 6,655    | 6,580    | 6,603    | 26,249    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                             | 7,285    | 21,646   | 7,045    | 3,128    | 8,609    | 47,713    |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                               |          |          |          |          |          | 0         |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                         |          |          |          |          |          | 1,037,018 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                               |          |          |          |          | 12       | 25,492    |
| <b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                    | <b>14</b> | 89.64% |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                          | <b>15</b> | 91.32% |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                               |           |        |
| <b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                        |           |        |
| <b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                               |           |        |

**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**

| Calendar year (or fiscal year beginning in)                                                                                                                                       | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received (Do not include any "unusual grants.")                                                                         |          |          |          |          |          | 0         |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          | 0         |
| <b>b</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         |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                             | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                            | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                               |          |          |          |          |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                        |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                          | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                   |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                               |          |          |          |          |          | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |       |
|--------------------------------------------------------------------------------------------------|-----------|-------|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 0.00% |
| <b>16</b> Public support percentage for 2015 Schedule A, Part III, line 15                       | <b>16</b> | 0.00% |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |       |
|-------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 0.00% |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17                        | <b>18</b> | 0.00% |

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** 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**.

|            | Yes | No |
|------------|-----|----|
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |

**Section B. Type I Supporting Organizations**

- 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.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

**Section D. All Type III Supporting Organizations**

- 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?
- 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).
- 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.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2** Activities Test. Answer (a) and (b) below.
- a** 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.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- 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.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> |     |    |
| <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

| Section A - Adjusted Net Income                                                                                                                                                                            |   | (A) Prior Year | (B) Current Year (optional) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------|-----------------------------|
| 1 Net short-term capital gain                                                                                                                                                                              | 1 |                |                             |
| 2 Recoveries of prior-year distributions                                                                                                                                                                   | 2 |                |                             |
| 3 Other gross income (see instructions)                                                                                                                                                                    | 3 |                |                             |
| 4 Add lines 1 through 3                                                                                                                                                                                    | 4 | 0              | 0                           |
| 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 | 0              | 0                           |

| Section B - Minimum Asset Amount                                                                                                 |    | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------------------------------------------------------------------------------------------------|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) |    |                |                             |
| a Average monthly value of securities                                                                                            | 1a |                |                             |
| b Average monthly cash balances                                                                                                  | 1b |                |                             |
| c Fair market value of other non-exempt-use assets                                                                               | 1c |                |                             |
| d Total (add lines 1a, 1b, and 1c)                                                                                               | 1d | 0              | 0                           |
| e 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  | 0              | 0                           |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | 4  | 0              | 0                           |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | 5  | 0              | 0                           |
| 6 Multiply line 5 by .035                                                                                                        | 6  | 0              | 0                           |
| 7 Recoveries of prior-year distributions                                                                                         | 7  | 0              | 0                           |
| 8 Minimum Asset Amount (add line 7 to line 6)                                                                                    | 8  | 0              | 0                           |

| Section C - Distributable Amount                                                                                        |   | Current Year |
|-------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                                                 | 1 | 0            |
| 2 Enter 85% of line 1                                                                                                   | 2 | 0            |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                                                | 3 | 0            |
| 4 Enter greater of line 2 or line 3                                                                                     | 4 | 0            |
| 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 | 0            |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b> |                                                                                                                                                  | <b>Current Year</b> |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                            |                     |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                            |                     |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets                                                                                                        |                     |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required)                                                                                        |                     |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ) See instructions                                                                               |                     |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6                                                                                         | 0                   |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b>                         | Distributable amount for 2016 from Section C, line 6                                                                                             | 0                   |
| <b>10</b>                        | Line 8 amount divided by Line 9 amount                                                                                                           | 0 000               |

| <b>Section E - Distribution Allocations (see instructions)</b> |                                                                                                                                                                            | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b>                                                       | Distributable amount for 2016 from Section C, line 6                                                                                                                       |                                     |                                                 | 0                                                  |
| <b>2</b>                                                       | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in <b>Part VI</b> ) See instructions                                                |                                     |                                                 |                                                    |
| <b>3</b>                                                       | Excess distributions carryover, if any, to 2016                                                                                                                            |                                     |                                                 |                                                    |
| <b>a</b>                                                       |                                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>b</b>                                                       |                                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>c</b>                                                       | From 2013                                                                                                                                                                  |                                     |                                                 |                                                    |
| <b>d</b>                                                       | From 2014                                                                                                                                                                  |                                     |                                                 |                                                    |
| <b>e</b>                                                       | From 2015                                                                                                                                                                  |                                     |                                                 |                                                    |
| <b>f</b>                                                       | <b>Total</b> of lines 3a through e                                                                                                                                         | 0                                   |                                                 |                                                    |
| <b>g</b>                                                       | Applied to underdistributions of prior years                                                                                                                               |                                     | 0                                               |                                                    |
| <b>h</b>                                                       | Applied to 2016 distributable amount                                                                                                                                       |                                     |                                                 | 0                                                  |
| <b>i</b>                                                       | Carryover from 2011 not applied (see instructions)                                                                                                                         |                                     |                                                 |                                                    |
| <b>j</b>                                                       | Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                                            | 0                                   |                                                 |                                                    |
| <b>4</b>                                                       | Distributions for 2016 from Section D, line 7 \$ 0                                                                                                                         |                                     |                                                 |                                                    |
| <b>a</b>                                                       | Applied to underdistributions of prior years                                                                                                                               |                                     | 0                                               |                                                    |
| <b>b</b>                                                       | Applied to 2016 distributable amount                                                                                                                                       |                                     |                                                 | 0                                                  |
| <b>c</b>                                                       | Remainder Subtract lines 4a and 4b from 4                                                                                                                                  | 0                                   |                                                 |                                                    |
| <b>5</b>                                                       | Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in <b>Part VI</b> See instructions |                                     | 0                                               |                                                    |
| <b>6</b>                                                       | Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI</b> See instructions                        |                                     |                                                 | 0                                                  |
| <b>7</b>                                                       | <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c                                                                                                         | 0                                   |                                                 |                                                    |
| <b>8</b>                                                       | Breakdown of line 7                                                                                                                                                        |                                     |                                                 |                                                    |
| <b>a</b>                                                       |                                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>b</b>                                                       | Excess from 2013                                                                                                                                                           | 0                                   |                                                 |                                                    |
| <b>c</b>                                                       | Excess from 2014                                                                                                                                                           | 0                                   |                                                 |                                                    |
| <b>d</b>                                                       | Excess from 2015                                                                                                                                                           | 0                                   |                                                 |                                                    |
| <b>e</b>                                                       | Excess from 2016                                                                                                                                                           | 0                                   |                                                 |                                                    |

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| Name of organization<br>Idaho Community Action Network | Employer identification number<br>82-0357348 |
|--------------------------------------------------------|----------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_ 0
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                     |                                                                                                                                            |
| (2)      |             |         |                                                                     |                                                                                                                                            |
| (3)      |             |         |                                                                     |                                                                                                                                            |
| (4)      |             |         |                                                                     |                                                                                                                                            |
| (5)      |             |         |                                                                     |                                                                                                                                            |
| (6)      |             |         |                                                                     |                                                                                                                                            |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| <b>1a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                    | 1,309                                           | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     | 3,669                                           | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total lobbying expenditures (add lines 1a and 1b)                                                                                                 | 4,978                                           | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other exempt purpose expenditures                                                                                                                 | 158,512                                         | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           | 163,490                                         | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lobbying nontaxable amount Enter the amount from the following table in both columns                                                              | 32,698                                          | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |                                                                                                                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The lobbying nontaxable amount is:                                                                                                                |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20% of the amount on line 1e                                                                                                                      |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$100,000 plus 15% of the excess over \$500,000                                                                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$175,000 plus 10% of the excess over \$1,000,000                                                                                                 |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$225,000 plus 5% of the excess over \$1,500,000                                                                                                  |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$1,000,000                                                                                                                                       |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               | 8,175                                           | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Subtract line 1g from line 1a If zero or less, enter -0-                                                                                          | 0                                               | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Subtract line 1f from line 1c If zero or less, enter -0-                                                                                          | 0                                               | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

☐ Yes ☐ No

**4-Year Averaging Period Under section 501(h)**

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

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 55,276   | 50,908   | 45,149   | 32,698   | 184,031   |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          | 276,047   |
| <b>c</b> Total lobbying expenditures                             | 18,418   | 4,747    | 4,578    | 4,978    | 32,721    |
| <b>d</b> Grassroots nontaxable amount                            | 13,819   | 12,727   | 11,287   | 8,175    | 46,008    |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 69,012    |
| <b>f</b> Grassroots lobbying expenditures                        | 9,053    | 806      | 1,792    | 1,309    | 12,960    |

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity                                                                                                      | (a) |    | (b)    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a Volunteers?                                                                                                                                                                                                                  |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| i Other activities?                                                                                                                                                                                                            |     |    |        |
| j Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    | 0      |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                               |     |    |        |
| b If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                        | 1   |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|                                                                                                                                                                                                                                              |    |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |   |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |    |   |
| a Current year                                                                                                                                                                                                                               | 2a |   |
| b Carryover from last year                                                                                                                                                                                                                   | 2b |   |
| c Total                                                                                                                                                                                                                                      | 2c | 0 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |   |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |   |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  | 0 |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Idaho Community Action Network

Employer identification number

82-0357348

Form 990-EZ, Part I, Line 16, Other Expenses Travel 9,721

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 3,036

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 1,999

Form 990-EZ, Part I, Line 16, Other Expenses Interest 453

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 526

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 5,049

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 8,328

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 5,160

Form 990-EZ, Part I, Line 16, Other Expenses Voter Registration & GOTV 3,707

Form 990-EZ, Part I, Line 16, Other Expenses Organizational Dues 3,155

Form 990-EZ, Part I, Line 16, Other Expenses Bank & Business Fees 2,524

Form 990-EZ, Part I, Line 16, Other Expenses Cost of Food Distributed to Low Income Families

698

Form 990-EZ, Part I, Line 16, Other Expenses Phone Canvass 570

Form 990-EZ, Part II, Line 24, Other Assets Contributions & Grants Receivable Beginning of

year 268, End of year 8,235

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses & Deposits Beginning of year

3,810, End of year 290

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable & Accrued Expenses Beginning of

year 71,303, End of year 46,344

Form 990-EZ, Part II, Line 26, Liabilities Deferred Revenue Beginning of year 721, End of

year 300

Form 990-EZ, Part II, Line 26, Liabilities Secured Mortgages & Notes Payable to Unrelated

Thrd Parties Beginning of year 112,108, End of year 96,901

Form 990-EZ, Part III, Line 28 ADVANCING ECONOMIC JUSTICE ICAN members did public outreach

to educate the community about a strong rule proposed by the Consumer Financial Protection

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule O (Form 990 or 990-EZ) (2016)

HTA

Name of the organization

Employer identification number

Idaho Community Action Network

82-0357348

Bureau. They gathered signatures in support of the new rule & stories about people's

experiences with predatory loan debt. They circulated petitions, wrote letters to the editor,

did interviews with the media & conducted 2 community based trainings that reached 135 people

ICAN members worked to alleviate hunger in 2016 in the wake of cuts to the SNAP program, both

through direct service food programs, and outreach & education around the impact of SNAP

benefit changes resulting from a new staggered issuance process that left some families

without sufficient food for up to 2 weeks. ICAN trained 142 leaders about the health care gap,

they shared their concerns with decision makers by organizing events such as a health care

"die-in" at the Statehouse to expose the fact that 6 people die each week in Idaho without

access to affordable health care.

Form 990-EZ, Part III, Line 29. BUILDING A STRONG IMMIGRANT COMMUNITY. ICAN hosted 4 statewide

workshops explaining DAPA (Deferred Action for Parent Arrivals) & DACA (Deferred Action for

Childhood Arrivals). These workshops averaged 100 people at each event. ICAN organized media

events, educational meetings with decision makers & public education workshops on the

immigration system and the importance of keeping families united. ICAN held 3 regional

trainings and educated more than 75 people at each workshop. ICAN members collected 3000

petitions from all areas of Idaho indicating support for allowing undocumented immigrants an

opportunity to get a drivers license. ICAN members released a report explaining the benefits

of making drivers licenses available to all, regardless of status, and met with police

officers, sheriffs and decision makers to share their experiences with them.

Form 990-EZ, Part III, Line 30. COMMUNITY EDUCATION & ENGAGEMENT. ICAN registered over 1700

people to vote. ICAN leadership continued to run the ICAN community radio station, Radio Voz,

and train and recruit new volunteers. Programmers represent a broad cross section of the

community, ranging in age from 14-70. Many come from immigrant backgrounds or represent

disenfranchised communities. ICAN members hosted 3 youth workshops and 10 Democracy Schools

for the Burley community.

Form 990-EZ, Part IV, TERRI STERLING. Ms. Sterling, the Executive Director of Idaho Community

Action Network, is an employee of People's Action Fund. ICAN reimburses PAF for 100% of Ms.

Name of the organization

Employer identification number

Idaho Community Action Network

82-0357348

Sterlings wages, payroll taxes and benefits. The relatively large amount of compensation in

benefits relative to her salary is a reflection of ICAN's commitment to providing family

health coverage for its employees

Form 990-EZ, Part V, Line 34 CHANGES TO BY-LAWS ICAN added "institution" to its description

of possible members in addition to person. The Food Program Steering Committee was deleted

from the list of Board Committees

Form 990-EZ, Part V, Line 35 UNRELATED BUSINESS INCOME Income reported on Line 2 was from

fees earned in the course of accomplishing our exempt purpose, including food program activity

fees. Income reported on Line 6b was from fundraising events that were not regularly carried

on including a radio station celebration event and dances. As such, neither was required to be

reported on 990-T