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DLN: 93493309015828

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

foundations)

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

			eginning 01-01-2017 , and ending 1	2-31-2017		
☑ Ac	ck if applicable Idress change	C Name of organization IDAHO FREEDOM FOUNDATION	INC		D Employer (26-378304	dentification number
	ime change	Doing business as				ACCOUNTY OF
	itial return al ret:im/terminated	The state of the s				
☐ An	nended return plication pending	Number and street (or P O box	if mail is not delivered to street address) Roc 05	m/suite	— E Telephone n (208) 258-	7
		City or town, state or province, BOISE, ID 83702	country, and ZIP or foreign postal code		G Gross receip	
		F Name and address of principal	cipal officer	H(a)	400000000000000000000000000000000000000	
		WAYNE HOFFMAN	NAME OF THE PARTY	11 - 11 - 12 - 14 - 17 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	s this a group return subordinates?	Yes ☑n
		802 W BANNOCK STREET ST BOISE, ID 83702	E 403	Н(b)	Are all subordinates	☐Yes ☐
[Ta	x-exempt status	☑ 501(c)(3) ☐ 501(c)()	(insert no.) ☐ 4947(a)(1) or ☐ 52	2007	ncluded? f "No," attach a list	
w	ebsite:► WV	VW IDAHOFREEDOM ORG	7 (100a(107) = 4557(5)(3) G = 52	100000000000000000000000000000000000000	roup exemption nu	
C For	n of organization	☑ Corporation ☐ Trust ☐	Association ☐ Other ►	L Year of	formation 2008 M	State of legal domicile 1
Pa	Sum	mary				
Activities & Governance	TO DEVEL	scribe the organization's missio OP AND ADVOCATE THE PRINC C FREEDOM, AND LIMITED, TR	CIPLES OF INDIVIDUAL LIBERTY, PERSO	NAL RESPONS	SIBILITY, PRIVATE P	ROPERTY RIGHTS,
<u>.</u>	- 120 					
5	2 Check the 3 Number	is box > L. if the organization	discontinued its operations or disposed rning body (Part VI, line 1a)	of more than	25% of its net asse	
ă A			s of the governing body (Part VI, line 1b		2.7	3 4
5			n calendar year 2017 (Part V, line 2a)		1000	5
ž		nber of volunteers (estimate if			eve.	
ť			Part VIII, column (C), line 12		* *	7a
		lated business taxable income f	The state of the s		180 (80) 60) Def	7b
		was manifest annually illustrice t	notti Tottii 220-1; Mie 34	- 407	Prior Year	Current Year
	8 Contribut	tions and grants (Part VIII, line	Th)		495,706	711
ě.		service revenue (Part VIII, line	ACCUPATION OF THE PROPERTY OF	9	433,700	/11
Revenue	See Sections	ent income (Part VIII, column (Diff.	· -	635	
ar.			nes 5, 6d, 8c, 9c, 10c, and 11e)		30,317	51
			must equal Part VIII, column (A), line 1	2)	526,658	763
********			X, column (A), lines 1-3)			
	The Contract of the Contract o	consideration of the contract	(, column (A), line 4)			
\$2	15 Salaries,	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			437.051	404
Expenses		inal fundraising fees (Part IX, c				
b d		aising expenses (Part IX, column (D				
മ	17 Other exp	penses (Part IX, column (A), lin	nes 11a-11d, 11f-24e)		231,305	293
	18 Total exp	enses Add lines 13-17 (must	equal Part IX, column (A), line 25)		668,356	
			3 from line 12		-141,698	65
Fund Balances		A STATE OF THE PARTY OF THE PAR		Begin	ning of Current Year	End of Year
35	20 Total asse	ets (Part X, line 16)			656,245	721
2	21 Total liab	ilities (Part X, line 26))		
= =	22 Net asset	s or fund balances. Subtract lir	ne 21 from line 20		656,245	721
		ature Block				
Inder	penalties of p	erjury, I declare that I have ex-	amined this return, including accompany	ring schedules	and statements, ar	nd to the best of my
ny ki	nowledge	, it is true, confect, and compi	ete Declaration of preparer (other than	omcer) is bas	ed on all information	n of which preparer n
	11	All I				
	Signati	ire of officer			2018-11-01 Date	
iign Iere	V	hand and the second of the sec			- Gentle	
6	MATHE	HOFFMAN PRESIDENT r print name and btle				
		ont/Type preparer's name	Preparer's signature	Date	I PIIN	
aic	G	REGORY J BRAUN CPA	GREGORY J BRAUN CPA	2018-11-05	Check LLI if PO12	4900S
	Commence of the Commence of th	rm's name RIPLEY DOORN & C	OMPANY PLLC	4	self-employed Firm's EIN ► 82-0476	6132
		rm's address ► 217 W GEORGIA AV			Phone no (208) 466-	
156	Only	NAMPA, ID 836862	9		1,000,100	
2014 21	no toe die					
ay th	ie IKS discuss	this return with the preparer st	nown above? (see instructions)		W 19 19 190	✓ Yes □ No

orm	990	(201	7)

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Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL RESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC PREEDOM, AND LIMITED, TRANSPARENT GOVERNMENT 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-52? 16 "Yes," describe these new services on Schedule O 30 Did the organization cases conducting, or make significant changes in how it conducts, any program services? 16 "Yes," describe these changes on Schedule O 40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revinue, if any, for each program service reported 40 (Code) (Expenses \$ 405,034 including grants of \$) (Revenue \$) 41 (Code) (Expenses \$ including grants of \$) (Revenue \$) 42 (Code) (Expenses \$ including grants of \$) (Revenue \$) 43 (Code) (Expenses \$ including grants of \$) (Revenue \$) 44 (Code) (Expenses \$ including grants of \$) (Revenue \$)	Par		of Program Service Accompli			
TO DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL RESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC PREEDOM, AND LIMITED, TRANSPARENT GOVERNMENT 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?		Check if Sched	dule O contains a response or note to	any line in this Part III .	N A A A A A A	<u>,</u>
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?	_	,	_	P	and the same	+
the prior Form 990 or 990-EZ?				LIBERTY, PERSONAL RESPO	NSIBILITY, PRIVATE PROPERTY I	RIGHTS, ECONOMIC
the prior Form 990 or 990-EZ?	,	Did the greenwaters	undertake any comificant program of	arugas during the year which	a ware not letted on	
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services or services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three-largest program services, as measured by expenses Section S01c(0) and S01c(0) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 405,034 including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$)	4				were not listed on	AT
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services?				and well and a subsection		
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 405,034 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O)	3	**		-	s, any program	
Describe the organization's program service accomplishments for each of its three largest program services; as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 405,034 including grants of \$) (Revenue \$) 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O)						∐Yes ⊻ No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 405,034 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$)		If "Yes," describe the	se changes on Schedule O			
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$)	4	Section 501(c)(3) and	d 501(c)(4) organizations are require	ed to report the amount of g	gest program services, as measu rants and allocations to others, t	red by expenses he total
4b (Code) (Expenses S including grants of S) (Revenue S) 4c (Code) (Expenses S including grants of S) (Revenue S) 4d Other program services (Describe in Schedule O)	4a	(Code) (Expenses \$ 405,034	I including grants of \$) (Revenue S)
4c (Code) (Expenses s including grants of s) (Revenue s) 4d Other program services (Describe in Schedule O)		See Additional Data		All		
4c (Code) (Expenses s including grants of s) (Revenue s) 4d Other program services (Describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4d Other program services (Describe in Schedule O)	4b	(Code) (Expenses S	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O)				IN .	All .	
4d Other program services (Describe in Schedule O)				-01/		
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4d Other program services (Describe in Schedule O)						
4d Other program services (Describe in Schedule O)		·	- Allenia	NO.		
4d Other program services (Describe in Schedule O)		9				
4d Other program services (Describe in Schedule O)			4			
4d Other program services (Describe in Schedule O)		S				
4d Other program services (Describe in Schedule O)	4-	10-1-				
	40	(Code) (Expenses 5	including grants or \$) (Revenue \$	9
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			W.			
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4e Total program service expenses ► 405,034	4e	Total program serv	ice expenses ► 405.	,034		- 110 02

Part IV	Checklist of	f Required	Schedules
	,		

	, the state of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆 🚬 🔒	2	Yes	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐕	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 📆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😕	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		No
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 3	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	All V	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than S15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		F	orm 99	0 (2017

Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	4	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25Ь		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	19.	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			10 201
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	28b		No No
29	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	-	No
	contributions? If "Yes," complete Schedule M	30		No ———
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . ,	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		r.	2rm 000	120171

Part V	Statements	Regarding	Other	IRS	Filings	and	Tax	Compliance
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	Check it Schedule O contains a response or note to any line in this Part V			Ш
1-	Entantha number reported in Bulk 2 of Fact 4005 F. A. C.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		b.	
		7 3	M.	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		- 1)
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	J.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	dia.	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	AV	
	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)?	4a	100	No
ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		. I I I I I I I I I I I I I I I I I I I
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			140
0.	Dod the season was and the season of the sea	8		-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
.0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9Ь		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers,			
ā	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

Part VI
Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to lines
8a 8b or 10b below describe the circumstances, processes, or changes in Schedule O. See instructions

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		ý.	
	Check if Schedule O contains a response or note to any line in this Part VI		·	-
Se	ction A. Governing Body and Management			
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	N.	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		P	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6	- 10	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		Nο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	86	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2,)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		9.652
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,,,,	-
а	The organization's CEO, Executive Director, or top management official	15a		No
ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	- Herdisil	140
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16.		NI.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture acrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	16a		No
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ 1D			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		Harris Tales	
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records • WAYNE HOFFMAN 802 W BANNOCK STREET STE 405 BOISE, ID 83702 (208) 258-2280			

² orm 9	90 ((20	17)	
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art VII	Compensation of Officers, Directors, Tr	ustees, Key Emplo	yees, Highest Compensated	Emplovees.
	and Independent Contractors			, , , , , , , , ,

Check if Schedule O contains a response or note to any line in this Part VII		×	*					-	ě	100					1
--	--	---	---	--	--	--	--	---	---	-----	--	--	--	--	---

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (list any hours for related	Position than of	on (d	(Concox,) it ch unle ficei	eck m ss per r and	ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Indrwdual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Fone	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) BRENT REGAN CHAIRMAN	0 25	×		×	•			o	0	
(2) LOEL FENWICK DIRECTOR	0 25	×	Ų,			- 175 mm H		o	0	Ø10/10/00
(3) GEORGE SYMMS DIRECTOR	0 25	×						0	0	
(4) VICKI KEEN DIRECTOR	0 25	X						o	0	9
(5) WAYNE HOFFMAN PRESIDENT	40 00		30	×				121,008	0	
***************************************	*							10.00		
dia non-										
		-								

	(A) Name and Title		(B) Average hours per week (list any hours	Position than to	on (de one be	(C) o not ox, u	che nles	ck moss pers	ore on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from relate organizations	on d (W-	Estim amount of compen from	ated of other sation the
	a f		for related organizations below dotted line)	Individual trustee or director	lostitutional Trustee	Officer	key employee	Highest compensated eniptovies	Former	2/1099-MISC)	2/1099-MIS	C)	organizat relat organiz	ed
					_	-	-	Ġ.	1					
			r = 8		-	-				VIA.	W			
					-					- 1	>			
					ļ	-	-2							¥
_					-							-		
				19			1							
_					7	>		100		- //				
-								NEW TOWN	N					
						3.0								
	Total from continuation sh Total (add lines 1b and 1c) Total number of individuals of reportable compensation	(including	but not limited	to thos			ove) who	гес	121,008 eived more than \$10	00,000			
					- 1	7							Yes	No
3	Did the organization list any line 1a? If "Yes," complete:							yee, c			employee on	3		No
4	For any individual listed on organization and related org	line 1a, is	the sum of repo	ortable o	somp 02 <i>If</i>	ensat "Yes.	tion " co	and o	ther	compensation from	the			140
	ındıvıdual	CHICK.									186	4		No
5	Did any person listed on lin- services rendered to the org	e 1a receiv ganization	e or accrue cor	npensat ete Sch	ion fr edule	rom a	iny i	unrela ch per	ted son	organization or indi	vidual for		-	
S	ection B. Independent (5		No
1.	Complete this table for your from the organization Repo	r five highe	st compensate	d indepe alendar	ender vear	nt cor endu	ntrac ng v	ctors t	hat wit	received more than	\$100,000 of co	mpen	sation	
			(A) nd business addre		F.341.	21121		11411 01	****		(B)		(C	
	Aller and a second										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2017	15(101)
			y											
			- Junior								*****			
2	Total number of independent compensation from the organ	contractor.	s (including but	not lim	ited t	o tho	se l	isted a	abov	re) who received mo	ore than \$100,0	00 of		
	estimation from the organi	AGGUIL F							_				Form 00	0 /204

	Check if Schedule O	contains a resp	onse or note to any	(A)	(B)	(c)	,
			# 1	Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under section 512-514
n B	1a Federated campaigns .	. 1а					
rant	b Membership dues	1b					- 4
A G	c Fundraising events .	-					
ar.	d Related organizations						A. Sta
Contributions, Giffs, Grants and Other Similar Amounts	Government grants (contributions, gifts, and similar amounts not included bove Noncash contributions in lines 1a-1f \$ h Total:Add lines 1a-1f ,	grants, uded 1f	711,124				
	J		Business	711,124 s Code			
E	2a						
å	Ь						M A
MC	с ————		-			>-	1 1
3	d						100
Program Service Revenue	f All other program service	revenue				ARROWS.	
ě	9Total.Add lines 2a-2f .		>		40		1
Other Revenue	3 Investment income (includ similar amounts)	(i) Real (i) Real (i) Real (i) Real (i) Real (i) Real	(ii) Other	454			45
	c Net income or (loss) from 10aGross sales of inventory, is returns and allowances. b Less cost of goods sold c Net income or (loss) from Miscellaneous Reveil 11aREIMBURSED EXPENSES b	ess b sales of inven		5,223			\$,22
	d All other revenue	•5. 50•5					
	d All other revenue e-Total. Add lines 11a-11d		8.60	5,223			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX			, 🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16		e de		V
4	Benefits paid to or for members				7
5	Compensation of current officers, directors, trustees, and key employees	121,008	79,865	15,731	25,412
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		4		
7	Other salaries and wages	230,979	152,446	30,027	48,506
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	A		W.	
9	Other employee benefits	20,357	13,436	2,646	4,275
	Payroll taxes	32,257	21,290	4,193	6,774
11	Fees for services (non-employees)	1/2			
	a Management				
	b Legal	875	875		
	c Accounting	4,881		4,981	
	d Lobbying			1,022	
	e Professional fundraising services See Part IV, line 17		-7/		
	F Investment management fees				
		122 774	67.067	25 014	70.007
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	132,774	67,967	35,811	28,996
	Advertising and promotion	25,127	25,127		
	Office expenses	12,918	5,168	1,679	6,071
	Information technology	- V			
15	Royalties	70			
16	Occupancy	28,867	*** **********************************	28,867	- In the Later Color of the Col
17	Travel	28,056	15,151	4,208	8,697
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,568	1,568		
20	Interest			200	
21	Payments to affiliates , , . ,				***
22	Depreciation, depletion, and amortization	4,198	4,198		
23	Insurance	5,937		5,937	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				18
	a COMMUNICATION/PUBLICATION	14,368		8,621	5,747
	b POLLSTER	8,096	8,096	=	
	c PROFESSIONAL DEVELOPMENT	6,441	6,441		
	d TELEPHONE	6,259		6,259	
	e All other expenses	12,855	3,406	1,487	7,962
25	Total functional expenses. Add lines 1 through 24e	697,821	405,034	150,347	142,440
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1.		Check if Schedule o contains a response or note to any line in this Part IX		•	+ + + + -
			(A) Beginning of year	Da.	(B) End of year
	1	Cash-non-interest-bearing	100,868	1	71,343
	2	Savings and temporary cash investments	550,314	995	620,768
	3	Pledges and grants receivable, net		3	GEG ;, G
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part		4	
	6	II of Schedule L Loans and other receivables from other disqualified persons (as defined under		5	7.
1020		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	N	6	1 PE
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
d	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 49,916		9	
	ь	Less accumulated depreciation 10b 20,291	5,063	10c	29,625
	11	Investments—publicly traded securities	5,003	11	29,025
	12	Investments—other securities See Part IV, line 11	<i></i>		
	13	Investments—program-related See Part IV, line 11	6	12	
	14	Take and the second sec		13	
	15			14	
		Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	656,245	16	721,736
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			-
E		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Balances		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	, 656,245	27	721,736
8	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
리		Organizations that do not follow SFAS 117 (ASC 958),			
ठ	30	check here ➤ and complete lines 30 through 34. Capital stock of trust principal, or current funds		30	
Şet	31	Paid-in or capital surplus, or land, building or equipment fund		31	-
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	656,245	33	721,736
2		Total liabilities and net assets/fund balances	656,245	34	721,736
1					Form 990 (2017)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
				9	
1	Total revenue (must equal Part VIII, column (A), line 12) ,				763,312
2	Total expenses (must equal Part IX, column (A), line 25)				697,821
3	Revenue less expenses Subtract line 2 from line 1	N.			65,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		M		656,245
5	Net unrealized gains (losses) on investments		Al		
6	Donated services and use of facilities		7	ų.	
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10	,			721,736
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
-1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	È			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basic consolidated basis, or both	ıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
					0 (2017)

Form 990 (2017)

Additional Data

Software Version:

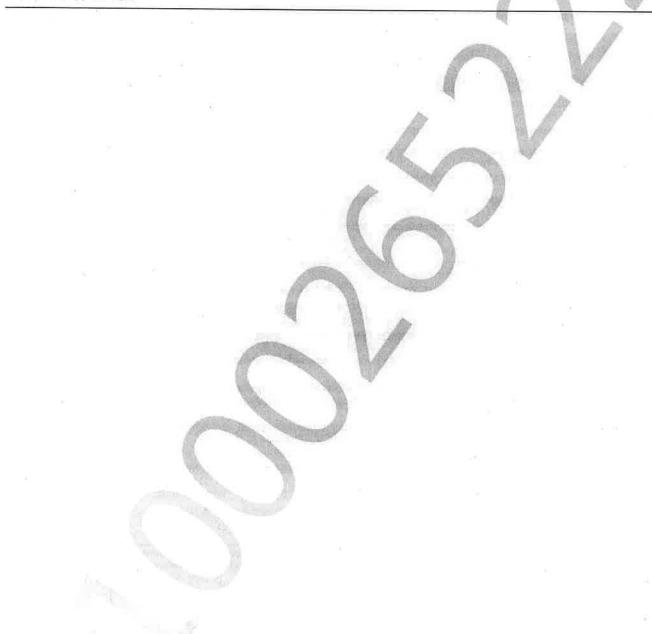
EIN: 26-3783048

Name: IDAHO FREEDOM FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

TO DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL RESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC FREEDOM, AND LIMITED, TRANSPARENT GOVERNMENT



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493309015828

OMB No 1545-0047

SCHEDULE A

(Form.990 or 990EZ)

Department of the Treasury

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.

Open to Public

		DOM FOUNDATION INC					employer identific	ation number
	rt I	Pancer for Dublic	Charles Stat	huo /All arganization	a anuak samala	to this sout 1 (26-3783048	<i>g</i>
		Reason for Public ation is not a private four					see instructions.	7
1		A church, convention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school described in se	ction 170(b)	(1)(A)(ii), (Attach Sc	hedule E (Form 9	90 or 990-EZ))		
3		A hospital or a cooperat	ive hospital sei	rvice organization desc	ribed in section	170(b)(1)(A)(m).	
4		A medical research organisme, city, and state _	inization opera	ted in conjunction with	a hospital descr	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate (b)(1)(A)(iy). (Complete	d for the benef ete Part II)	fit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, state, or local	government o	r governmental unit de	scribed in section	on 170(b)(1)(A	()(v).	
7	$ \mathbf{V} $	An organization that no section 170(b)(1)(A)	(vi). (Complet	e Part II)	TOOL AP		init or from the genera	al public described in
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9		An agricultural research non-land grant college of	organization d of agriculture	lescribed in 170(b)(1) See instructions Enter	(A)(ix) operate the name, city, a	d in conjunction and state of the	with a land-grant coll college or university	ege or university or a
0		An organization that no from activities related to investment income and 30, 1975 See section	its exempt fu unrelated busi	nctions—subject to cer ness taxable income (li	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
.1		An organization organization	Control of the Contro	The state of the s	r public safety S	ee section 509	(a)(4).	
2		An organization or	organizations	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
a		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization ope er to regularly	rated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	giving the supported nization You must
b		Type II. A supporting of management of the sup must complete Part I'	porting organiz	ation vested in the sar	n connection with me persons that	h its supported control or manag	organization(s), by hav ge the supported orga	ring control or nization(s) You
C		Type III functionally supported organization(integrated. A	supporting organizatio	n operated in coi	nnection with, ar	nd functionally integra	ted with, its
d		Type III non-function functionally integrated instructions) You must	The organization	on generally must satis	fy a distribution	requirement and	th its supported organ an attentiveness requ	ization(s) that is not uirement (see
e		Check this box if the orgintegrated, or Type III in	janization rece	ived a written determin	nation from the I		pe I, Type II, Type III	functionally
f	Enter	the number of supported	l organizations					
g		de the following informati		upported organization(s)			
	/ (i)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
		A. Barrier		۸	Yes	No		
					1			

	(b)(1)(A)(ix)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-(-)(-)(///(-/	,,, .
	(Complete only if you che III. If the organization fa	ecked the box or uls to qualify und	line 5, 7, 8, or ler the tests list	9 of Part I or if ed below, pleas	the organization e complete Part	n failed to qualif	y under Part
_ 5	ection A. Public Support			101.40			
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) > Gifts, grants, contributions, and	(-, -:	(-) 2021	(0) 2025	(4) 2010	(6) 2017	(1) 10(a)
•	membership fees received (Do not include any "unusual grant")	768,367	780,244	996,695	495,706	711,124	3,752,13
2	Tax revenues levied for the						
	organization's benefit and either paid				AF WALL	100	
3	to or expended on its behalf The value of services or facilities					-4	
3	furnished by a governmental unit to				4	Ab	
	the organization without charge			200000		All .	
4	Total. Add lines 1 through 3	768,367	780,244	996,695	495,706	711,124	3,752,13
5	The portion of total contributions by			* V /	AP I	2	
	each person (other than a governmental unit or publicly			La San			
	supported organization) included on				10 00	1	2,002,03
	line 1 that exceeds 2% of the amount			An .	W 100	1	
6	shown on line 11, column (f) Public support. Subtract line 5 from				101 202		
·	line 4		48	4000		1	1,750,10
S	ection B. Total Support						
	Calendar year	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	768,367	a dilipate of the control of		IN ANALYSIAN SAN TO SAN THE SA		
8	Gross income from interest,	708,307	780,244	996,695	495,706	711,124	3,752,136
	dividends, payments received on	184	100	535	635	-0.00	
	securities loans, rents, royalties and	104	192	333	635	454	2,000
9	income from similar sources Net income from unrelated business						
-	activities, whether or not the	-49					
	business is regularly carried on		100	CONTRACTOR OF THE PARTY OF THE	154.40		
10	loss from the sale of capital assets	A STATE OF THE STA			27,865	5,223	33,088
11	(Explain in Part VI) Total support. Add lines 7 through			<u> </u>			
TT	10 ar support. Add lines / through	450000		e.			3,787,224
12	Gross receipts from related activities, e	tc (see instruction	s)	tK		12	87,409
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax vear as a secti	L	
	check this box and stop here	7000	Solin.				apparation with the
S	ection C. Computation of Public	Support Perce	ntage				
	Public support percentage for 2017 (lin			lumn (f))		14	46 210 %
	Public support percentage for 2016 Sch			51-55		15	48 450 %
	33 1/3% support test-2017. If the			line 13, and line	14 is 33 1/3% or		08
	and stop here. The organization qualif					riteral artesis arise a	▶ ☑
Ь	33 1/3% support test-2016. If the	organization did n	ot check a box on	line 13 or 16a. ar	nd line 15 is 33 1/3	% or more, check	
	box and stop here. The organization				ŕ		▶ □
17 a	10%-facts-and-circumstances test-	-2017. If the orga	inization did not ch	neck a box on line	: 13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this	box and stop her	e. Explain	
	in Part VI how the organization meets t	ne racts-and-circu	instances" test	ne organization qu	ualifies as a public	y supported	
	organization	7016 16 16		.h	15 15 16	47	▶ □
D	10%-facts-and-circumstances test 15 is 10% or more, and if the organiza	i—zuto. If the org	anization did not d cts-and-circumsta	neck a box on lin nres" test, check	e 13, 16a, 16b, or this hox and ston	1/a, and line	
	Explain in Part VI how the organization	meets the "facts-	and-circumstances	test The organ	ization qualifies as	a publicly	
	supported organization			-			
18	Private foundation. If the organizatio	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17	b, check this box a	and see	
	instructions						
					5chedule	A (Form 990 or	990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017						Page
P	Support Schedule for (Complete only if you che the organization fails to	necked the box	on line 10 of Pa	art I or if the o	rganization faile		er Part II. If
Se	ction A. Public Support			xanilla de la companya de la company			
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					W 4	y-
2	include any "unusual grants") Gross receipts from admissions,		-1.0.5.		<u> </u>		
1.	merchandise sold or services				All Marie Land	101/07	
	performed, or facilities furnished in				AF TO		
	any activity that is related to the				S W		
_	organization's tax-exempt purpose Gross receipts from activities that are				N 19	- Ale-	
3	not an unrelated trade or business under section 513	(*		48	h 18	M	
4	Tax revenues levied for the			- 67	WA N	W.	
	organization's benefit and either paid to or expended on its behalf	والمراجعة المراجعة ا					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	www.					
	Amounts included on lines 1, 2, and 3 received from disqualified persons		4				
b	Amounts included on lines 2 and 3	mArsery-iconominate article in the			4	1	×=====================================
	received from other than disqualified		AP		100		
	persons that exceed the greater of \$5,000 or 1% of the amount on line		AT		N		
	13 for the year		- A				
C	Add lines 7a and 7b		W 197				
8	Public support. (Subtract line 7c from line 6.)		MAN				
Se	ction B. Total Support	file for	THE THE	-	2.		
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(8) 2015	(5) 2014	(6) 2013	(4) 2010	(6) 2017	(I) Iotai
9			18 4			**	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			*			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,				1		
	1975						
C	Add lines 10a and 10b						59
11	Net income from unrelated business	The same of the sa					
	activities not included in line 10b, whether or not the business is	100				ii ii	
	regularly carried on	700					
12	Other income Do not include gain or	. All					
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization	's first, second ith	urd, fourth or fif	th tax year as a se	ction 501(c)(3) or	manization
_ ~	check this box and stop here			,	ran jaar as a se	2 202(0)(0)	gainzation, ▶ □
Se	ction C. Computation of Public S	Sunnort Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		14-1	
				estamin (1))		15	
16	Public support percentage from 2016 S					16	
Se	Investment (occurs percentage for 201				C))		

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2016 Schedule A, Part III, line 17 19a 331/3% support tests-2017. 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-2016. 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 on line 12 of 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)

5	ection A. All Supporting Organizations			
			Yes	No
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.			
•		1		
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)	2		
-	below			-
ь	Did the erabalization confirm that and asserted asserted as a life of the confirmation	3a		
D	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	3b		
С	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	Зс		
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			
Ь		4a		
D	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	4b		
С	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	4c		
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)	5a		
h:	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		0	
	organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.			
		6		
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)			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
		8		
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.			
		9a		
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.	9b		
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.	9c		_
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)? If "Yes,"	Ĩ		wiiiiiiiii
	answer line 10b below	10a		
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)	10b		

	Supporting Organizations (continued)			
	2	ű .	Yes	No
1.1	Has the organization accepted a gift or contribution from any of the following persons?		5	
ā	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?			
0		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations		V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or		Yes	No
_	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
5	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
15	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
5	Section D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's			
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization			
	maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
1	Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).			
	The organization satisfied the Activities Test Complete line 2 below	ons		
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	Instruc	ctions)	
2	Askrobias Task Augusta (a) and (b) hallon	4		
_	Activities Test Answer (a) and (b) below.		Yes	No
	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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	~"		
	organization's supported organization(s) would have been engaged in 2 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			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	×π		
	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 .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

	instructions. All other Type III non-functionally integrated supporting organization		The second secon	7
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	T 1	90	(op.anan
2	Recoveries of prior-year distributions	2		Ab
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		LAF
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		=	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizations (continu	ied)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	10 4
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		1007
6 Other distributions (describe in Part VI) See instruction	ons		A-
7 Total annual distributions. Add lines 1 through 6			7
Distributions to attentive supported organizations to what details in Part VI) See instructions	nich the organization is respon	sive (provide	100 000
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount	A	Value Area	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			
c From 2014			
d From 2015	NA O		
e From 2016			4
f Total of lines 3a through e g Applied to underdistributions of prior years	and the first of the second		
h Applied to 2017 distributable amount		MINIME	
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions.			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		9	25
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circum	nstances Test	
	- Allin	
		THE WIST
90 Schedule A. Supplemental Information		VII-007

Return Reference Explanation PART II, LINE 10 OTHER INCOME 27,865



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493309015828

OMB No 1545-0047

Political Campaign and Lobbying Activities SCHEDULE C (Form 990 or 990-EZ)

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

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.

Open to Public Inspection

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 the organization **Employer identification number** IDAHO FREEDOM FOUNDATION INC 26-3783048 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV b Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-3 5

	art II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and	filed F	orm 5768 (elec	Page ction under
A	Check In the filing organization belongs to a expenses, and share of excess lobbyt	n affiliated group (and list in Part IV each affilia ng expenditures)	ted grou	p member's name,	address, EIN,
3	Check ► ☐ if the filing organization checked box	A and "limited control" provisions apply	- 60	NA.	98
	Limits on Lobbyir (The term "expenditures" mean	g Expenditures		(a) Filing organization's totals	(b) Affiliated group totals
la	Total lobbying expenditures to influence public opii	nion (grass roots lobbying)		10/7	
b	Total lobbying expenditures to influence a legislative	re body (direct lobbying)	1	10,375	
C	Total lobbying expenditures (add lines 1a and 1b)	· ·		10,375	
d	Other exempt purpose expenditures			687,446	
e	Total exempt purpose expenditures (add lines 1c a	nd 1d)		697,821	
f	Lobbying nontaxable amount Enter the amount fro columns			129,673	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:	7.5	/	
	Not over \$500,000	20% of the amount on line 1e	AZ		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	107		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	40		
	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			
g h	Grassroots nontaxable amount (enter 25% of line : Subtract line 1g from line 1a If zero or less, enter	The state of the s		32,418	
i	Subtract line 1f from line 1c If zero or less, enter	Control of the Contro			
j	If there is an amount other than zero on either line section 4911 tax for this year?	ACCOUNT OF THE PARTY OF THE PAR	0 report	ing	☐ Yes ☐ No

nizations 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
<u>2a</u>	Lobbying nontaxable amount	134,654	124,467	127,594	129,673	516,388				
b 	Lobbying ceiling amount (150% of line 2a, column(e))					774,582				
c	Total lobbying expenditures	15,713	10,452	11,011	10,375	47,551				
d	Grassroots nontaxable amount	33,664	31,117	31,899	32,418	129,098				
e	Grassroots ceiling amount (150% of line 2d, column (e))					193,647				
_ f	Grassroots lobbying expenditures	6,915				6,915				

Schedule C (Form 990 or 990-EZ) 2017

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).	ed:	,	54	
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b))
	octivity		No	Amo	unt
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 Property of the Party of the		
a	Volunteers?	. 1	49		
b :	Paid staff or management (include compensation in expenses reported on lines 1c through 1a)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?	7			
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 1:				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7		
ь	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?				
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or	section		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		in and the
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 expenditures from the prior year?		3		
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I answered "Yes."				:)(6)
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			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		6 M 200 M Annon M 200 H	
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			
P	rt IV Supplemental Information	-			
	vide 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), Fructions), and Part II-B, line 1. Also, complete this part for any additional information	art II-A	A, lines 1 a	ınd 2 (s∈	ee
	decions), and rate in by line 1. Also, complete this part for any additional information				

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury

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

Open to Public

	ame of the organization AHO FREEDOM FOUNDATION INC		Employer identification number
			26-3783048
P	Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accounts.
_	Complete if the organization answered "Ye	(a) Donor advised funds	/ISE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	Total number at end of year	(a) Donor advised runds	(b)Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	•		
J	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex	cclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing that grant funds can r or donor advisor, or for any other purpose c	be used only for onferring impermissible
	N N		☐ Yes ☐ No
	Tt II Conservation Easements. Complete if the	ne organization answered "Yes" on Form	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	About the second of the second	
	Preservation of land for public use (e.g., recreation	n or education) L Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	1	2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register		2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservatio	on easement is located >	
5	Does the organization have a written policy regarding th		Fuelstone
	and enforcement of the conservation easements it holds	paradic monitoring, inspection, fighting o	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 17	
_	Part of the Control o		🗌 Yes 🔲 No
9	In Part XIII, describe how the organization reports consi- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial states	se statement, and nents that describes
Par	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or Othe	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan-	6 (ASC 958), not to report in its revenue stat	ement and balance sheet works of rtherance of public service,
b	If the organization elected, as permitted under SFAS 110 historical treasures, or other similar assets held for publications amounts relating to these items	6 (ASC 958), to report in its revenue stateme	nt and balance sheet works of art, rance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i	i)Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	tal treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1	V a 2007 relating to these fellis	▶ \$
ь	Assets included in Form 990, Part X		► \$ ► \$
			The state of the s

Pai	t IIII	Organizations M	laintaining Col	lections of A	rt, Histor	ical Trea	asures, or Oth	er Similar As	sets (cont	nued)
3		the organization's acc (check all that apply)	quisition, accessioi							
а		Public exhibition			d		oan or exchange p	rograms		
b		Scholarly research			е		ther	4 1	1 .	
С		Preservation for futur	e generations				450	la.		
4	Provid Part X	le a description of the	organization's col	lections and ex	plain how th	ey further	the organization's	s exempt purpo	se in	
5		g the year, did the org s to be sold to raise fu							☐ Yes	□ No
Pa	rt IV	Escrow and Cus Complete if the or X, line 21.			n Form 990), Part IV	, line 9, or repo	rted an amou	nt on Forn	n 990, Part
1a		organization an agen ed on Form 990, Part		an or other inte	rmediary fo	r contribut	uons or other asse	ts not	☐ Yes	
ь	If "Ye	s," explain the arrang	ement in Part XIII	and complete	the following	table		A	mount	-
c		ning balance		National/Academ e elera	- 40	S. A	1c			
d	Addıtı	ons during the year			14	100	1d			
е	Distril	outions during the yea	ir	21	1/2	-	// 1e			
f	Endin	g balance			4-	40000	1f			
2a	Did th	e organization include	an amount on Fo	rm 990, Part X	line 21, for	escrow or	r custodial account	t liability?	Yes	□ No
b	If "Ye:	s," explain the arrang			400000000000000000000000000000000000000	2440				
Pa	rt V	Endowment Fun	ids. Complete if	and the same of th						
1	Pagina	ng of year balance		(a)Current ye	ar (b)	Prior year	(c)Two years ba	ck (d)Three yea	rs back (e)f	our years back
		ng of year balance . utions		- 4	VIII)	b				
			ne med losson			Á				
		estment earnings, gai or scholarships	ns, and losses							
	Other e	xpenditures for facilit	les				-			-
f		ograms		V 1		-	-			
		year balance	A CONTRACTOR OF							
3		le the estimated perce				- 1	(.)			
۷		designated or quasi-	Service .	int year end ba	iance (line I	g, column	(a)) held as			
a		nent endowment >	endowment P							
Ь										
С		orarily restricted endo		ld 1000						
3a	Are th	ercentages on lines 2a ere endowment funds ization by			inization tha	t are held	and administered	for the		
		related organizations			, , ,				3a(i)	Yes No
b	(ii) re	lated organizations "on 3a(ii), are the re							3a(ii)	
4		be in Part XIII the int								I James
Pa	rt VI	Land, Buildings,								
		Complete if the or							t X, line 1	0.
	Descrip	otion of property	(a) Cost or oth (investme) Cost or other	basis (oth	er) (c) Accumulate	ed depreciation	(d) B	ook value
1a	Land ,									
b	Building	js , , , ,								
c	Leaseho	old improvements	KIIERICHE WERE					100000000000000000000000000000000000000		-
d	Equipm	ent . ,				M				
					11100010111111111	49,9	916	20,291		29,625
T	1 0-1-1	1 - 1 - 1 - 1 - 1	alumn (d) much a	Town 000	0-14 2	(0) 1	404))			

	See Form 990, Part X, line 12. (a) Description of security or category	(b)	(c) Method of valuation
S	(including name of security)	Book value	Cost or end-of-year market value
l) Financial	denvatives	, .	
:) Closely-I :)Other	neid equity interests . , ,		
)			
}			
)			
)			
	= 2		
	X		
)	4		
}			
al. (Calumi	(b) must equal Form 990, Part X, cal (B) line 12)		
rt VIII	Investments-Program Related.		
	Complete if the organization answered 'Yes' on For (a) Description of investment	m 990, Part IV, line	e 11c. See Form 990, Part X, line 13. (c) Method of valuation
)			Cost or end-of-year market value
			B M
111222			VAL
		(400 h	
			TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P
)			
)	The mark annual form 007. But V and (B) has 12.		
al. (Column	(b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	IV, line 11d See Form 990, Part X, line 15
al, (Column	(b) must equal Form 990, Part X, col (B) line 13.) Other Assets. Complete if the organization answered "Y (a) Description	es' on Form 990, Part	IV, line 11d See Form 990, Part X, line 15 (b) Book value
al. (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al. (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al. (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al. (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al, (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al. (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al, (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al, (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al, (Column	Other Assets. Complete if the organization answered "Y	es' on Form 990, Part	
al, (Column	Other Assets. Complete if the organization answered "Y (a) Description	es' on Form 990, Part	
ant IX	Other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans		(b) Book value
ant IX	Other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (b) line 15.)	wered 'Yes' on Form	(b) Book value
tal. (Column art IX	Other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.		(b) Book value
al, (Column art IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
al, (Column art IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
al. (Column	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
al. (Columnart IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
al. (Columnart IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
al. (Columnart IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
tal. (Column art IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
tal. (Column art IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
tal. (Column art IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
tal. (Column art IX	other Assets. Complete if the organization answered "Y (a) Description on (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn	6
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1 1	Ab-
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	100	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4a	100	
b	Other (Describe in Part XIII)		
¢	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses		
d	Other (Describe in Part XIII) , , , , , , , , 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 , ,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		4
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Information	-	**
Prov	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	V, line	4, Part X, line 2, Part
	Return Reference Explanation		
		Sched	fule D (Form 990) 2017

Part XIII Supplemental Information (continued)

Explanation

Return Reference

Schedule D (Form 990) 2017

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DLN: 93493309015828

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

OMB No 1545-0047

Name of the organization IDAHO FREEDOM FOUNDATION INC

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number**

						26-3783048	A AF
Pa	Fundraising Activity Form 990-EZ filers	· ·	_			orm 990, Part IV, line	17.
1	Indicate whether the organiza	ation raised funds th	rough ar	y of the f	following activities Check	call that apply	
а	Mail solicitations				Solicitation of nor	n-government grants	
b	☐ Internet and email solicita	ations)	f Solicitation of gov	vernment grants	
c	Phone solicitations			9	Special fundraisin	g events	
d	In-person solicitations	98			A)		
2a	Did the organization have a workey employees listed in Fo	vritten or oral agreer rm 990, Part VII) or	nent with entity in	h any ind connecti	vidual (including officers on with professional fund		es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$	aid individuals or en 5,000 by the organiz	tities (fu ation	ndraisers) pursuant to agreement		
i) I	Name and address of individual or entity (fundraiser)	(ii) Activity	fundra cust con) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	HIT IS		
2				, A			
3		× 4/2-			9	0	
4							
5	>	PROMI	len				
6		The Age	X				E)
7	ASS.	The same of the sa					
8	lê A	Name of the last o			- 8.8- 111		
9							
10		Unit of					
ota		<i>2</i> -2		>	×		
3 i	ist all states in which the organicensing	nization is registered	or licen	sed to sol	icit contributions or has b	peen notified it is exempt	from registration or

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events FREEDOM EVENT (add col (a) through (event type) (event type) (total number) col (c)) Reverkie 1 Gross receipts. 87,409 87,409 2 Less Contributions. 3 Gross income (line 1 minus line 2) 87,409 87,409 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 3,890 3,890 7 Food and beverages 22,463 22,463 Direct 8 Entertainment 9 Other direct expenses 14,545 14,545 10 Direct expense summary Add lines 4 through 9 in column (d) 40,898 11 Net income summary Subtract line 10 from line 3, column (d) 46,511 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes ☐ Yes % Yes % 6 Volunteer labor No ☐ No ☐ No 7 Direct expense summary Add lines 2 through 5 in column (d) . 8 Net gaming income summary Subtract line 7 from line 1, column (d). . Enter the state(s) in which the organization conducts gaming activities = Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 🞏 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

Sche	dule G (Form 990 or 990-EZ) 2017	_ 1		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity conducted in	Do.	∟ res	□ NO
а	The organization's facility	13a		%
b	An oùtside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords	1	
	Name ►			
	Address		•	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	e	2	
¢	If "Yes," enter name and address of the third party			
	Name >			
	Address►			
16	Gaming manager information	**********		
	Name >	*********		741733373344474744183
	Gaming manager compensation ► \$			
	Description of services provided ▶		*********	***************************************
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□vas	Пив

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and Part

III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Explanation

Schedule G (Form 990 or 990-EZ) 2017

Enter the amount of distributions required under state law distributed to other exempt organizations or spent

in the organization's own exempt activities during the tax year ▶ \$

Part IV

Return Reference

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309015828

SCHEDULE 0

(Form 990 or 990-

Department of the Treasury

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.

OMB No 1545-0047

Inspection

Name of the organization IDAHO FREEDOM FOUNDATION INC

Employer identification number

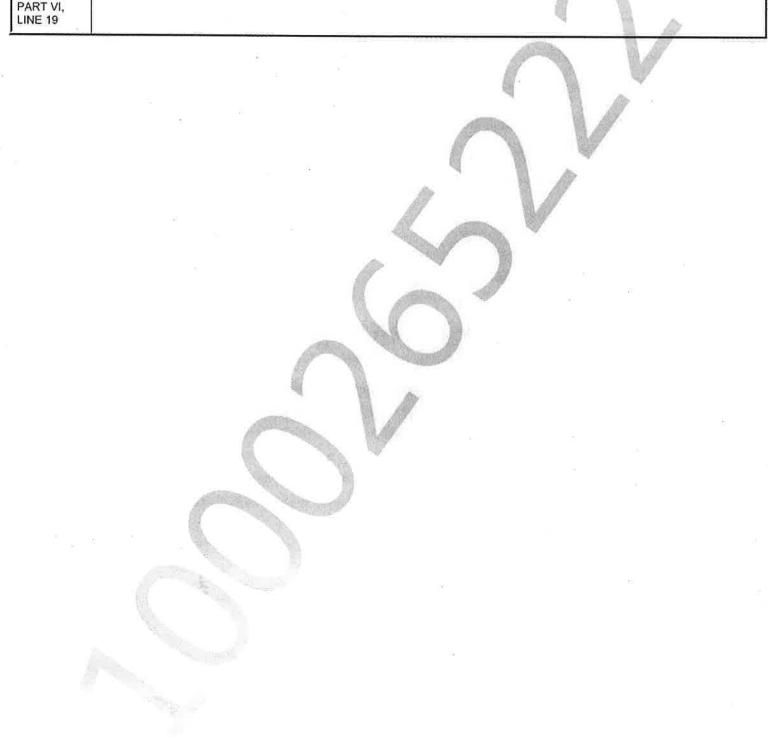
26-3783048

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO FILING A COPY OF THE FORM 99 0 IS PROVIDED TO ALL BOARD MEMBERS BEFORE IT HAS BEEN FILED

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL BOARD MEMBERS AND KEY EMPLOYEES ANNUALLY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST D URING THE FIRST BOARD MEETING HELD EACH YEAR NONE WERE NOTED



Return Reference	Explan	Explanation	
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC		



Return Reference	Explanation	2
FORM 990, PART IX, LINE 11G	COMMISSIONS & FEES 0 519 0 OTHER CONTRACT SERVICES 61,392 33,997 26,904 PAYROLL C 2,092 TOTAL 67,967 35,811 28,996	HARGES 6,575 1,295

