#### COMMITTEE ON NATURAL RESOURCES

### **Disclosure Form**

## As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

# Subcommittee on National Parks, Forests and Public Lands Oversight Hearing on "Opportunities for Outdoor Recreation on Public Lands"

Wednesday, June 22, 2011 10:00 AM

For Individuals:
1. Name: Don Amador
2. Address: [Information redacted for privacy]
3. Email Address: [Information redacted for privacy]
4. Phone Number: Office: [Information redacted for privacy] Cell: [Information redacted for privacy]
* * * *
For Witnesses Representing Organizations:
1. Name: Don Amador
2. Name of Organization(s) You are Representing at the Hearing: BlueRibbon Coalition, Inc.
3. Business Address: 4555 Burley Drive, Pocatello, ID 83202
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 208.237.1008

Name/Organization: BlueRibbon Coalition, Inc. Title/Date of Hearing

## Subcommittee on National Parks, Forests and Public Lands Oversight Hearing on "Opportunities for Outdoor Recreation on Public Lands"

Wednesday, June 22, 2011 10:00 AM

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

BA, Saint Mary's College of California

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Certified SAE-J1287 Sound Tester for OHVs Certified ATV Safety Instructor (retired)

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Owner, Quiet Warrior Racing, a Recreation and Public Lands Consulting Company

Member, USFS Region 5 Recreation Resource Advisory Council

Member, CA OHV Coalition

Member, CA OHV Commission 1994-2000

Member, CA State Park OHV Stakeholder Group 2000-2005

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### N/A

- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
- 2010 Lawsuit Filed by BRC and Recreation Partners Against Six Rivers NF to Challenge Unfair Travel Management Planning, APA/NEPA Violation
- 2010 Lawsuit Filed by BRC and Recreation Partners to Support Eldorado NF Travel Planning Process, APA/NEPA Violation

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I have extensive knowledge of the Clear Creek issue and have attending numerous BLM public meetings on the Clear Creek closure and planning process.

Name/Organization: BlueRibbon Coalition, Inc. Title/Date of Hearing

## Subcommittee on National Parks, Forests and Public Lands Oversight Hearing on "Opportunities for Outdoor Recreation on Public Lands"

Wednesday, June 22, 2011 10:00 AM

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Currently serving at BRC's Western Representative

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

- i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
- 2010 Lawsuit Filed by BRC and Recreation Partners Against Six Rivers NF to Challenge Unfair Travel Management Planning, APA/NEPA Violation
- 2010 Lawsuit Filed by BRC and Recreation Partners to Defend Eldorado NF Travel Planning Process, APA/NEPA Violation
- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

#### None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

2006

http://www.sharetrails.org/990forms/06F990.pdf

2007

http://www.sharetrails.org/990forms/07F990.pdf

2008

http://www.sharetrails.org/990forms/08F990.pdf

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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2008 ca	endar year, or tax year beginning and ending		7.77			
B c	heck if pplicable	use IRS	C Name of organization	D Employer identific	ation number			
	Addres change	label or	BLUE RIBBON COALITION INC					
	∏Name _change	type.	Doing Business As	82-04	113981			
	Initial return Termin ation	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 4555 BURLEY DRIVE		)237-1008			
	Amend		City or town, state or country, and ZIP + 4	G Gross receipts \$	1,114,982.			
	Application		CHUBBUCK, ID 83202-0003	H(a) Is this a group re	turn			
	pendin	g F Nar	ne and address of principal officer:	for affiliates?	Yes X No			
,				H(b) Are all affiliates inc	uded? Yes No			
			us: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)			
			W.SHARETRAILS.ORG	H(c) Group exemption				
				r of formation: 1987 N	I State of legal domicile: $\mathrm{ID}$			
Pŧ	irt I	Summ		TDDON GOATTE	TO27 TO 3			
9	1	Briefly de	scribe the organization's mission or most significant activities: THE BLUER	IBBON COALIT	ION IS A			
& Governance	1 -		NG ADVOCATE FOR REASONABLE MANAGEMENT OF					
/err			s box if the organization discontinued its operations or disposed of mo		12			
ĝ	l l		of voting members of the governing body (Part VI, line 1a)	1 1	12			
જ (0	1		of independent voting members of the governing body (Part VI, line 1b)		9			
iţiei			nber of employees (Part V, line 2a) nber of volunteers (estimate if necessary)		50			
Activities			ss unrelated business revenue from Part VIII, line 12, column (C)		154,482.			
Ă			ated business taxable income from Form 990-T, line 34		154,482.			
		NOT GINOR	accessoring to the control in con	Prior Year	Current Year			
Revenue	8	Contribut	ions and grants (Part VIII, line 1h)	626,915.	952,451.			
			service revenue (Part VIII, line 2g)	265,691.	154,482.			
eve	l .		nt income (Part VIII, column (A), lines 3, 4, and 7d)	7,498.	5,677.			
Œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,108.				
			enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,094,212.	1,112,610.			
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	21,000.	2,240.			
	14	Benefits <sub>l</sub>	paid to or for members (Part IX, column (A), line 4)					
Se	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	340,885.	348,054.			
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Xb	b	Total fund	draising expenses (Part IX, column (D), line 25)		=			
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	769,511.	766,170.			
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,131,396.	1,116,464.			
	19	Revenue	less expenses. Subtract line 18 from line 12	<37,184.				
Net Assets or Find Balances				Beginning of Year 277,905.	End of Year			
SSE	20		ets (Part X, line 16)	356,607.	270,350. 352,906.			
let /	21		ilities (Part X, line 26)	<78,702.				
D	22 art II		ts or fund balances. Subtract line 21 from line 20	V/0,/02.	× (02,330.2			
83.88	41.L.11	Under pen	altities of perjury, I declare that I have examined this return, including accompanying schedules and statement etc. poclaration of preparer (ottor than officer) is based on all information of which preparer has any knowled	s, and to the best of my knowled ge.	ge and belief, it is true, correct,			
Sig	n		Much / // (lines)	0-Ct-a	4			
He	re	I G	regary A. Mumm Executive Directo	vate vate				
		, ,,,			er's identifying number			
	d parer's : Only	rer's signature 08/24/09 self-employed Firm's name (or DEATON & COMPANY, CHARTERED EIN						
		address, a ZIP + 4	POCATELLO, ID 83201	Phone no. ▶ 2	08-232-5825			
Ма	y the I	RS discus	ss this return with the preparer shown above? (see instructions)		X Yes No			

Form	990 (2008) BLUE RIBBON COALITION INC 82-0413981 Page <b>2</b>
Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	THE BLUERIBBON COALITION IS A LEADING ADVOCATE FOR REASONABLE
	MANAGEMENT OF RECREATION ON PUBLIC LANDS AND WATERS TO ENHANCE
	CONSERVATION OF RECREATION OPPORTUNITIES, NATURAL RESOURCES AND ALL
	ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING, BUT NOT LIMITED TO
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code: ) (Expenses \$ 517,800 • including grants of \$ 2,240 • ) (Revenue \$
	THE BLUERIBBON COALITION (BRC) MONITORS ISSUES AND INITIATIVES
	AFFECTING RECREATIONAL ACCESS, RECREATION MANAGEMENT AND NATURAL
	RESOURCE CONSERVATION ISSUES AND UTILIZES VARIOUS COMMUNICATIONS
	METHODS TO EDUCATE MEMBERS AND THE PUBLIC.
	THE BRC PROVIDES A ROBUST WEBSITE OF INFORMATION FROM ALL ACROSS THE
	UNITED STATES TO KEEP ENTHUSIASTS ABREAST OF LAND USE ISSUES AND AGENCY
	PLANNING. VISITORS TO OUR WEBSITE HAVE THE ADDITIONAL OPTIONS OF
	SIGNING UP FOR ACTION ALERTS ON ISSUES SPECIFIC TO THEIR AREA OR
	NATIONAL ISSUES, AND THEY MAY SIGN UP FOR OUR RSS FEED FROM
	RECREAATIONAL ACCESS NEWS AND INFORMATION. ALSO AT OUR WEBSITE, WE
	PROVIDE HISTORICAL INFORMATION, ADVOCACY TOOLS, LINKS TO CONGRESSIONAL
4b	(Code: ) (Expenses \$ 208,770 • including grants of \$ ) (Revenue \$
	THE BLUERIBBON COALITION (BRC) DEVELOPED AND ACTIVELY MAINTAINS A LEGAL
	ACTION PROGRAM TO MONITOR, EVALUATE, AND TAKE APPROPRIATE ACTION ON
	ISSUES AFFECTING RECREATION ON PUBLIC LANDS AND WATERS. THESE
	ACTIVITIES ADVANCE, AND ARE LIMITED BY, THE EXEMPT PURPOSES OF THE
	COALITION. THROUGH OUR LEGAL ACTION PROGRAM, BRC UNIQUELY PROVIDES AN
	AFFORDABLE LEGAL ELEMENT TO OUR ADVOCACY EFFORTS. WHERE APPLICABLE,
	THE PROGRAM INCLUDES A RETAINER COMPONENT, ALLOWING BRC MEMBERS TO
	OBTAIN AN INITIAL REVIEW OF THEIR CASE WITHOUT CHARGE, ALONG WITH THE
	CAPABILITY TO ENTER ADMINISTRATIVE APPEALS AND LITIGATION AT AFFORDABLE
	RATES.
4c	(Code: ) (Expenses \$ 104,682. including grants of \$ ) (Revenue \$
	THE BLUERIBBON COALITION PUBLIC LANDS DEPARTMENT MONITORS AGENCY
	ADMINISTRATIVE RECREATIONAL ACCESS PLANNING ACTIVITY ACROSS THE COUNTRY
	AND SEEKS TO FACILITATE LOCAL MEMBER AND ENTHUSIAST INVOLVEMENT IN
	THEIR LOCAL PLANNING EFFORTS. THIS ACTIVITY INCLUDES BUT IS NOT
	LIMITED TO, SUCH EFFORTS AS PROVIDING SEMINARS, ACTIVELY HELPING
	MEMBERS AND MEMBER ORGANIZATIONS UNDERSTAND AND NAVIGATE THROUGH THE
	COMPLICATED PLANNING PROCESS, CONSULTING WITH THECHNICAL EXPERTS AND
	SCIENTISTS ON RECREATION AND RESOURCE MANAGMENT ISSUES, HOSTING A
	LETTER GENERATOR ON OUR WEBSITE AND ON OTHER ENTHUSIAST WEBSITES TO
	HELP PEOPLE PROVIDE MEANINGFUL COMMENT AND PUBLIC INPUT TO AGENCIES,
	MEDIATING DIFFERENCES BETWEEN VARIOUS AND DIFFERING RECREATION
	INTERETS, AND HELPING RECREATION ENTHUSIASTS TO WORK TOGETHER TOWARD
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶\$ 831,252. (Must equal Part IX, Line 25, column (B).)

Form **990** (2008)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Χ	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			l
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			**
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		37
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		Х	
10	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	12	Х	
13	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
Ü	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			17
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			17
•	prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	0.7		X
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	1 47

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			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		:	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
gazazásásás					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	]	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
	(gambling) winnings to prize winners?			1c	X	and the second
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu				X	00000000000
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a	X	00000000000
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:		,			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and	-		
	Financial Accounts.	24,,,,,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ognoreases	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.					X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
-	Tax Shelter Transaction?	-		5c		
6a	Did the organization solicit any contributions that were not tax deductible?					X
	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?					1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a					
	benefit contract?			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf					Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	equired?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	ction 5	09(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	rganiza	ation, have			
	excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter: N/A					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A					
а	Gross income from members or shareholders	11a				
b						
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	n 1041	?	12a		
1	If "Ves " content to consist of the constitute was invested as a second district to the constitute of	105	1			

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management										
						Yes	No				
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	e the	circumstances,								
_	processes, or changes in Schedule O. See instructions.	١.	1	1 2							
1a	Enter the number of voting members of the governing body	1a		12 12							
b	Enter the number of voting members that are independent	1b		12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors or trustees, or key employees to a management company or other person?			L	3		Х				
4	Did the organization make any significant changes to its organizational documents since the prior For	rm 99	0 was filed?		4	X					
5	Did the organization become aware during the year of a material diversion of the organization's asset	s? .			5		X				
6	6 Does the organization have members or stockholders?										
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the				į				
	governing body?				7a	<u>X</u>					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per-				7b	X	***************************************				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year								
	by the following:										
a	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?			-	8b	<u>X</u>					
9a	Does the organization have local chapters, branches, or affiliates?			-	9a		_X_				
b	If "Yes," does the organization have written policies and procedures governing the activities of such										
40	and branches to ensure their operations are consistent with those of the organization?			····-  -	9ь						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization is Sabadula Other areas if any the areas in the grant of the provided to the organization was to provide the Form 900.				40		Х				
	describe in Schedule O the process, if any, the organization uses to review the Form 990			····-  -	10						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		Х				
Sec	tion B. Policies										
						Yes	No				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			Γ.	12a	X					
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou			····							
	to conflicts?	_		].	12b	Х					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If										
	in Schedule O how this is done			•	12c	X					
13	Does the organization have a written whistleblower policy?				13		X				
14	Does the organization have a written document retention and destruction policy?				14		X				
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:										
а	The organization's CEO, Executive Director, or top management official?			<u> </u> :	15a	X	<u> </u>				
b	Other officers or key employees of the organization?				15b	X					
	Describe the process in Schedule O. (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger						37				
	taxable entity during the year?				16a	333333333	X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o				• • • •						
800	exempt status with respect to such arrangements? tion C. Disclosure				16b		<u></u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶IDAHO, WASHIN	GTG	NC								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7			lable f	~						
.0	public inspection. Indicate how you make these available. Check all that apply.	(50)	(O)(O)3 Only) avai	iabic I	<b>-</b> 1						
	X Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	t of interest police	cv. anr	i fins	ıncial					
. •	statements available to the public.			_ ,	- ,,,,,,	,					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd re	cords of the orga	anizatio	on: 🕨	<b></b>					
	MARY JO FOSTER - 208-237-1008 4555 BURLEY DRIVE, CHUBBUCK, IDAHO 83202										
83200 12-18					Form	gan	(2008)				
17-18	nuo.				. 01111		,				

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)					lv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
CHRIS COOK											
DIRECTOR	0.00	Х						0.	0.	0.	
NICK HARIS											
DIRECTOR	0.00	X						0.	0.	0.	
MAUREEN HEALEY											
DIRECTOR	0.00	X			ļ			0.	0.	0	
CHRISTINE JOURDAIN						İ					
DIRECTOR	0.00	X	<u> </u>	L	_			0.	0.	0	
CRAIG OSTERMAN								_	_	_	
DIRECTOR	0.00	X			ļ	<u> </u>	ļ	0.	0.	0	
JOHN PARRINELLO											
DIRECTOR	0.00	Х		-	ļ	ļ	ļ	0.	0.	0	
BILL RUGG											
DIRECTOR	0.00	X	-	ļ		-	ļ	0.	0.	0	
JACK SHEETS	0.00										
DIRECTOR	0.00	Х	ļ					0.	0.	0	
BOB STEVENSON	0.00	٦,							0.	_	
DIRECTOR SONIA BARTZ	0.00	Х						0.	0.	0	
PRESIDENT	0.00			X				0.	0.	0	
PAT HARRIS	0.00	-		Α.	-			0.	0.	U	
SECRETARY	0.00			X				0.	0.	0	
JONI MOGSTAD	0.00	├─	-			+		0.	0.	0	
TREASURER	0.00		İ	X				0.	0.	0	
GREG MUMM	0.00			1	-	-		V •		0	
EXECUTIVE DIRECTOR	40.00					Х		79,962.	0.	0	

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rar	Mark Mark Mark Mark Mark Mark Mark Mark							est					
	(A) (B)				•	C)			(D)	(E)		(F)	
	Name and title	Average hours	(c		Posi		ı t app	nlv)	Reportable compensation	Reportable compensatio	n	Estimated amount of	
		per week	Individual trustee or director	Institutional frustee		Key employee	nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	other compensation from the organization and related organizations	
1 b	Total								79,962.		0.	0.	
2	Total number of individuals (including thos	e in 1a) who re	ceiv	ed r	nore	tha	an \$1	100,	000 in reportable				
	compensation from the organization											Yes No	
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for				-	-	-		-			3 X	
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atio	n an	d ot	her compensation from	the organization			
_	and related organizations greater than \$15											4 X	
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	•					-		<del>-</del>			5 X	
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	tract	ors 1	that received more than	\$100,000 of con	npens	ation from	
	the organization. (A)								(B)			(C)	
	Name and business	s address							Description of s	services	C	Compensation	
	, , , , remination that												
	THE PARTY OF THE P	***************************************											
2	Total number of independent contractors from the organization ▶	(including thos 0	e in	1) w	ho r	ece	ived	moi	re than \$100,000 in con	npensation			
												Form 990 (2008)	

	1 990 (2			OALITION	INC		82-0413	981 Page <b>9</b>
	rt VIII				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1b 2 1c 1d 0000000000000000000000000000000000	97,524. 36,110.	952,451.			
Program Service Revenue	2 a b c d	MAGAZINE		Business Code 541800	154,482.		154,482.	
Pro	f	All other program service reve	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.5.1.00			
	3	Total. Add lines 2a-2f	dividends, intere	est, and	154,482. 5,677.			
	4 5	Income from investment of tax Royalties		_				
	6 a b c	Rental income or (loss)		(ii) Personal				
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
Other Revenue	8 a	Net gain or (loss)  Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See	<b>&gt;</b>				
tto Otto	с 9 а b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses	draising events ctivities. Seea					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns a b	2,372. 2,372.				
	11 a	Net income or (loss) from sale Miscellaneous Revenu	le	Business Code				
	b c d							

Form **990** (2008)

## 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) but are not required to complete columns (B), (C), and (D).

	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			,	
	organizations in the U.S. See Part IV, line 21	1,740.	1,740.		
2	Grants and other assistance to individuals in	·			
	the U.S. See Part IV, line 22	500.	500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	79,962.	39,680.	20,141.	20,141
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				- VARA-AAA
7	Other salaries and wages	206,594.	125,074.	71,163.	10,357
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	25,037.	13,771. 8,265.	9,764.	1,502 901
9	Other employee benefits	15,027.	8,265.	5,861.	
0	Payroll taxes	21,434.	11,788.	8,359.	1,287
1	Fees for services (non-employees):				
а	Management				
b	Legal	194,190.	194,190.		
C	Accounting	4,500.		4,500.	
d	Lobbying	2,408.	2,408.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	151,012.	140,493.		10,519
12	Advertising and promotion	36,110.	36,110.		
13	Office expenses	95,491.	45,021.	43,037.	7,433
14	Information technology	2,782.	2,782.		
15	Royalties				
16	Occupancy	26,701.	14,758.	10,352.	1,591
17	Travel	56,217.	37,176.	9,317.	9,724
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1.0000		15 540	
19	Conferences, conventions, and meetings	18,903.	1,160.	17,743.	
20	Interest	0.40		0.40	
21	Payments to affiliates	249.		249.	7.00
22	Depreciation, depletion, and amortization	13,317.	7,325.		798
23	Insurance	1,646.	889.	642.	115
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	100 000	100 000		
а		133,337.	133,337.		1
b		17,372.	2,850.		14,522
C		9,913.	9,913.		
C	COST OF GOODS SOLD	2,022.	2,022.		
e					
f	All other expenses	1 1 1 2	001 0==	000000	
25	Total functional expenses. Add lines 1 through 24f	1,116,464.	831,252.	206,322.	78,890
26	<b>Joint Costs</b> . Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Par	tΧ	Balance Sheet								
					<b>(A)</b> Beginning of year		(B End of			
	1	Cash - non-interest-bearing			223,101.	1	21	5,7	96.	
	2	Savings and temporary cash investments				2		•		
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			17,908.	4	2	1,5	63.	
	5	Receivables from current and former officers, d								
		employees, or other related parties. Complete I	art II of	Schedule L		5				
	6	Receivables from other disqualified persons (as	define	d under section						
		4958(f)(1)) and persons described in section 49	58(c)(3)	(B). Complete						
		Part II of Schedule L				6				
sts	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use			3,472.	8		1,3	93.	
٨	9	Prepaid expenses and deferred charges				9		4,5	60.	
	10a	Land, buildings, and equipment: cost basis	10a	72,649.	<u>,                                     </u>					
	b	Less: accumulated depreciation. Complete		45 611	22 404					
		Part VI of Schedule D		45,611.		10c		/,0	38.	
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line			l .	12				
	13	Investments - program-related. See Part IV, line		13						
	14 15	Intangible assets		14	<u> </u>					
	16	Other assets. See Part IV, line 11			000	15 16	27	0 3	350.	
	17	27	6.7	39.						
	18	Accounts payable and accrued expenses  Grants payable	43,566.	17 18		- / .				
	19	Deferred revenue	313,041.	19	31	6,1	67.			
	20	Tax-exempt bond liabilities			20					
S	21	Escrow account liability. Complete Part IV of So				21		***************************************		
Liabilities	22	Payables to current and former officers, director								
iabi		highest compensated employees, and disquali								
Ľ		of Schedule L		22	-					
	23	Secured mortgages and notes payable to unre				23				
	24	Unsecured notes and loans payable				24				
	25	Other liabilities. Complete Part X of Schedule D			0=6.60	25				
	26	Total liabilities. Add lines 17 through 25			356,607.	26	35	12,5	06.	
		Organizations that follow SFAS 117, check h	iere 🏲	X and complete						
seo		lines 27 through 29, and lines 33 and 34.			Z42 252			<i>C</i> 1	Λ7	
lan	27	Unrestricted net assets			<42,253. <36,449.				107. 149.	
å	28 29	Temporarily restricted net assets  Permanently restricted net assets			(30,44).	29	"	, ,	: <del>- 1</del>	
Fund Balances	25	Organizations that do not follow SFAS 117,		ere Dand		29				
or F		complete lines 30 through 34.	JIICON II	ere P and						
ts o	30	Capital stock or trust principal, or current funds	3			30		2004000000000	00000000000	
Net Assets	31	Paid-in or capital surplus, or land, building, or e				31				
¥ A	32	Retained earnings, endowment, accumulated i				32				
ž	33	Total net assets or fund balances				>33	<8	32,5	556.	
	34	27	70,3	350.						
Pai	rt XI	Financial Statements and Reportin	g							
					_			Yes	No	
1		ounting method used to prepare the Form 990:		ash X Accrual	Other		2a	Х		
2a	, , , , , , , , , , , , , , , , , , , ,									
		e the organization's financial statements audited						X	-	
С		es" to lines 2a or 2b, does the organization have						X		
2~	review, or compilation of its financial statements and selection of an independent accountant?									
sa	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?									
h		es," did the organization undergo the required a					II	1	X	
	1 12-18		0, 0					990	(2008)	

11

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 

Part I			BBON COALITI						82	-0413	981	
	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complet	e this part	.) (see inst	tructions)				
he organ			because it is: (Please ch								-	
1	A church, cor	vention of churches	s, or association of churc	ches descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2			<b>0(b)(1)(A)(ii).</b> (Attach Scl									
з 🗌			tal service organization o	•	n section	170(b)(1)(	<b>A)(iii).</b> (Att	ach Sche	dule H.)			
4			operated in conjunction						•	ne hospital'	s nam	ne.
	city, and state								•	•		,
5	•		benefit of a college or ur	niversity ov	vned or on	erated by	a governr	mental unit	describe	d in		
		( <b>b)(1)(A)(iv).</b> (Comple		•	,	,	J					
6			ent or governmental unit	described	d in sectio	n 170(b)(1	)(A)(v).					
7			eives a substantial part o					r from the	general p	ublic desci	ribed i	in
		b)(1)(A)(vi). (Comple				3-1-11111			9			
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives: (1) more than 33 1			om contri	butions. m	nembershii	o fees, an	d aross rec	eints	from
			nctions - subject to certa									
		,	axable income (less sect	•		•				-		
		<b>509(a)(2).</b> (Complete	·									
10 🔲			perated exclusively to tes	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	l). (see ins	tructions)			
11			perated exclusively for th							ourposes o	f one	or
		-	ations described in section		-				•	•		
			organization and comple				•	·				
	a Type I	b	Type II c	: П Тур	e III • Func	tionally int	egrated		d 🗔	Type III - C	Other	
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	ersons oth	er tha	เก
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	ganization, check th	nis box									
g	Since August	: 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (	iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							. 11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							. 11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	э?					. 11g(iii)		
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	oports.						
			<del></del>					,	······································	***************************************		
(i) Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) Is	the	(vii) Am	nount o	of
org	anization	. ,	organization (described on lines 1-9		sted in your			organizatio (i) organiz U.S	ed in the	sup		
			above or IRC section	governing		1						
			(see instructions))	Yes	No	Yes	No	Yes	No			
								<u> </u>				
Total												

Pa	rt II Support Schedule for (Complete only if you checke			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)	
800	tion A. Public Support	d the box on line 5	, 1, 01 6 01 Part 1.)				
***********		(-) 0004	(L) 000C	(-) 0000	(-1) 0007	(-) 0000	(6 T-+-1
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_ 6	Public Support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	=			-		
Sol	organization, check this box and stoction C. Computation of Pub						
				actume (f)		14	0/
14 15	Public support percentage for 2008 ( Public support percentage from 200)					15	% %
	33 1/3% support test - 2008. If the						
	stop here. The organization qualifies						-
ŀ	33 1/3% support test - 2007. If the						
_	and <b>stop here.</b> The organization qua						-
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
Ł	10% -facts-and-circumstances tes						
	more, and if the organization meets t	_					
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instructions	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 850,706. 894,947. include any "unusual grants.") 840,535. 805,018. 4258656. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 867,450. 840,535. 805,018. 850,706. 894,947. 4258656. 6 Total. Add lines 1 · 5 ..... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 4258656. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support **(b)** 2005 (c) 2006 Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (e) 2008 (f) Total 840,535. 805,018. 850,706. 894,947. 867,450. 4258656. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,941. 14,352. 9,357. 8,261. 9,815. 49,726. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 49,726. 14,352. 9,357. 8,261. 9,815. 7,941. c Add lines 10a and 10b ...... Net income from unrelated business activities not included in line 10b. whether or not the business is 132,164. 148,099. 140,308. 156,854. 752,017. 174,592. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 23,586. 15,560. 36,000. 18,645. 22,721. 116,512. assets (Explain in Part IV.) 5176911 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ...... Section C. Computation of Public Support Percentage 82.26 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g ..... % Section D. Computation of Investment Income Percentage .96 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3% support tests - 2008. 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  $\triangleright$  X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ............ 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .... Schedule A (Form 990 or 990-EZ) 2008

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

Department of the Treasury

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Internal Revenue Service Name of the organization Employer identification number BLUE RIBBON COALITION INC 82-0413981 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-F7 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** 🔟 For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules [X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

## **Political Campaign and Lobbying Activities**

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

Ramptoper identification number   BLUE RIBBON COALITION INC   Start HEAD   To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details.		J1(c)(4), (5), or (6) organizar	ions: Complete Part III.				
Part FA To be completed by all organizations exempt under section 501(c) and section 527 organizations.  See the instructions for Schedule C for details.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours  Part FB To be completed by all organizations exempt under section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Part FC To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b.  4 Did the filling organization file Form 1120-POL for this year?  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filling organization's funds or were political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filling organization's funds. If none, enter -0. pointical organization is portifyly and directly delivered to a separate political organization.	Name of orga				Empl	=	
See the instructions for Schedule C for details.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures  3 Volunteer hours  To be completed by all organizations exempt under section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 a Was a correction made?  5 b Yes No  6 b If "Yes," describe in Part IV.  Part I-C  To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter 0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization or pointical action committee (PAC). If additional space is needed, provide information in Part IV.  (e) Amount of political organization.		BLUE RI	BBON COALITION I	NC			
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours  Part I-B To be completed by all organizations exempt under section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If 'Yes,' describe in Part IV.  Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filling organization file Form 1120-POL for this year?  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filling organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization.	Part I-A	To be completed by	y all organizations exem	pt under section	501(c) and section 5	27 organizatior	ıs.
2 Political expenditures 3 Volunteer hours  Part I-B To be completed by all organizations exempt under section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 In the organization incurred a section 4955 tax, did it file Form 4720 for this year?  6 In the organization incurred a section 4955 tax, did it file Form 4720 for this year?  7 In the organization incurred a section 4955 tax, did it file Form 4720 for this year?  8 In the organization incurred a section 4955 tax, did it file Form 4720 for this year?  9 In the organization incurred a section 4955 tax, did it file Form 4720 for this year?  1 In the amount directly expended by all organizations exempt under section 501(c), except section 501(c)(3).  1 In the amount directly expended by the filing organization for section 527 exempt function activities  2 In the amount directly expended by the filing organization for section 527 exempt function activities  3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b.  4 Did the filling organization file Form 1120-POL for this year?  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filling organization's funds or were political contributions received and promptly and directly delivered to a separate political organization file form filling organization's funds. If none, enter 0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling organization organization political contributions received and promptly and directly delivered to a separate political organization.		See the instructions for S	chedule C for details.				
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b If "Yes," describe in Part IV.  Part I-C  To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  See the instructions for Schedule C for details.  1 Enter the amount directly expended by the filling organization for section 527 exempt function activities  2 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities  3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b  4 Did the filling organization file Form 1120-POL for this year?  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filling organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 If additional space is needed, provide information in Part IV.	3 If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes	No
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See the instructions for Schedule C for details.  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$  3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$  4 Did the filling organization file Form 1120-POL for this year? \$  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filling organization's funds or were political contributions received and 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 filling organization's funds. If none, enter -0 filling organization's funds. If none, enter -0 delivered to a separate political organization.	<b>b</b> If "Yes,"	describe in Part IV.					
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 delivered to a separate political organization.	Part I-C	To be completed by	y all organizations exem	pt under section	1501(c), except section	n 501(c)(3).	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities		See the instructions for S	chedule C for details.				
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1 Enter the	amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities > \$		******
Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).  If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	2 Enter the	amount of the filing organ	ization's funds contributed to ot	her organizations for	section 527		
Form 1120-POL, line 17b	exempt t	unction activities			▶\$		
4 Did the filing organization file Form 1120-POL for this year?  State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 promptly and directly delivered to a separate political organization.	3 Total of	direct and indirect exempt	function expenditures. Add lines	1 and 2 and enter he	ere and on		
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 promptly and directly delivered to a separate political organization.	Form 11	20-POL, line 17b		.,,	▶\$		
Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 filling organization's funds. If none, enter -0 promptly and directly delivered to a separate political organization.	4 Did the f	iling organization file Form	1120-POL for this year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
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 filling organization's funds. If none, enter -0  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.							
If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.							
(a) Name (b) Address (c) EIN (d) Amount paid from filling organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		•		such as a separate se	egregated fund or a political	action committee (F	PAC).
filing organization's contributions received and funds. If none, enter -0 promptly and directly delivered to a separate political organization.	If addition	nal space is needed, provi	de information in Part IV.				
funds. If none, enter -0  promptly and directly delivered to a separate political organization.		(a) Name	(b) Address	(c) EIN	(d) Amount paid from		
delivered to a separate political organization.							
political organization.					funds. If none, enter -0		
If none, enter -0						political organi	ization.
		2750000				If none, ente	ır -0

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Schedule C (Form 990 or 990-EZ) 2008

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

Sche	dule C (Form 990 or 990-EZ) 2008	BLUE RI	BBON	COALITION	INC	82-0	413981 Page 2	
	t II-A To be completed by	/ organizatio	ons ex	empt under sec	tion 501(c)(3) tha	t filed Form 5768		
	(election under sec	tion 501(h)).	See the	instructions for Sch	edule C for details.			
	neck 🕨 🔛 if the filing organizat	tion belongs to a	an affiliat	ted group.				
B C	neck 🕨 🔛 if the filing organizat	tion checked bo	ox A and	"limited control" pro	visions apply.		· · · · · · · · · · · · · · · · · · ·	
		s on Lobbying litures" means	-	itures s paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influ	ience public opi	inion (gra	assroots lobbying)		2,606.		
b	Total lobbying expenditures to influ	ience a legislati	ve body	(direct lobbying)	,,,,,,,,,,,	2,659.		
С	Total lobbying expenditures (add li	5,265.						
d	Other exempt purpose expenditure		813,347.					
е	Total exempt purpose expenditure	818,612.						
f	Lobbying nontaxable amount. Enter	er the amount fr	om the f	ollowing table in both	n columns.	147,792.		
	If the amount on line 1e, column (a) o							
	Not over \$500,000 20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000	0,000 \$1	100,000	plus 15% of the exc	ess over \$500,000.			
	Over \$1,000,000 but not over \$1,5	00,000 \$1	175,000	plus 10% of the exc	ess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,	000,000 \$2	225,000	plus 5% of the exces	ss over \$1,500,000.			
	Over \$17,000,000	\$-	1,000,00	0.				
g	Grassroots nontaxable amount (en	ter 25% of line	1f)			36,948.		
h	Subtract line 1g from line 1a. Enter	-0- if line g is m	ore than	line a		0.		
i	Subtract line 1f from line 1c. Enter	-0- if line f is mo	re than I	ine c		0.		
j	If there is an amount other than ze	ro on either line	1h or lin	e 1i, did the organiza	ation file Form 4720			
	reporting section 4911 tax for this	year?					Yes No	
		4-Ye	ar Avera	ging Period Under	Section 501(h)			
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)							
		Lobbying	Expend	itures During 4-Yea	r Averaging Period			
	Calendar year	(a) 2005		<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) Total	

Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total						
2a Lobbying non-taxable amount	180,899.	179,230.	188,140.	147,792.	696,061.						
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,044,092.						
c Total lobbying expenditures	12,110.	14,158.	15 <b>,</b> 677.	5,265.	47,210.						
d Grassroots non-taxable amount	45,225.	44,808.	47,035.	36,948.	174,016.						
e Grassroots ceiling amount (150% of line 2d, column (e))					261,024.						
f Grassroots lobbying expenditures	2,420.		687.	2,606.	5,713.						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a	a)	(b)		
		Yes	No	Amo	unt	
1 a	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:  Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  Other activities? If "Yes," describe in Part IV					
! ;					*****	
2a	Total lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4).	section	501(c)(5)	, or sect	ion	
	501(c)(6). See the instructions for Schedule C for details.			•		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					
Par	To be completed by all organizations exempt under section 501(c)(4)				ion	
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part II	I-A, ques	stion 3 is		
	answered "Yes." See Schedule C instructions for details.			1		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				
_	expenses for which the section 527(f) tax was paid).					
a b	Current year Carryover from last year					
c	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			
Par	t IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B,	line 1i. Als	o, complete	this part	
for a	ny additional information.			•	·	
				***************************************		
		الموطوع	ulo C /For-	000 0= 000	\ E7\ 0000	
		ocneat	ne o (roili	1 990 or 990	/- EL) 4000	

#### Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

F-07-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	BLUE RIBBON COALITIO		82-0413981
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fundament	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	8.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
U	for charitable purposes and not for the benefit of the donor or of		
Par			
Per-	9		, rait iv, ille 1.
1	Purpose(s) of conservation easements held by the organization	grander and a second	
	Preservation of land for public use (e.g., recreation or ple		historically important land area
	Protection of natural habitat	Preservation of cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conser	vation contribution in the form of a co	onservation easement on the last day
	of the tax year.		88888888
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by	the organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ease		_
5	Does the organization have a written policy regarding the perio		
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and	-	
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describ	es the organization's accounting for
102227000	conservation easements.		
Pa	TIII Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to	to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite	ems.	
b	If the organization elected, as permitted under SFAS 116, to re	port in its revenue statement and ba	lance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	research in furtherance of public sen	rice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		cial gain, provide
	the following amounts required to be reported under SFAS 116		- ' '
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2008

Par	t III Organizations Maintaining Co	ollections of A	rt, Historic	cal Tr	easures, c	or Othe	er Similar .	<u>Assets</u>	(continu	ed)
3	Using the organization's accession and other	records, check any	y of the follow	ing tha	t are a signifi	icant use	e of its collect	tion items	(check a	all
	that apply):									
а	Public exhibition	c	i 🔲 Loan	or exc	hange progra	ams				
b	Scholarly research	6								
С	Preservation for future generations				.,,					
4	Provide a description of the organization's col	lections and expla	in how thev fo	urther ti	he organizati	on's exe	mpt purpose	in Part X	IV.	
5	During the year, did the organization solicit or	•	-		_					
•	to be sold to raise funds rather than to be mai								Yes	□ No
Par	t IV Trust, Escrow and Custodial									
	reported an amount on Form 990, Part		o o mpioto i	, organi	Lation anom			,, a	,,,	-
1a	Is the organization an agent, trustee, custodia		diary for cont	ribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV a								, 63	140
ь	ii res, explain the analigement in Fait XIV a	ind complete the it	JIOWING (able	•					mount	
_	Decimina halana						4.		mount	
C	Beginning balance									
a	Additions during the year									
е.	Distributions during the year									
†	Ending balance									
	Did the organization include an amount on Fo	rm 990, Part X, line	€21?					' لــــا '	Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	organization answ	1		1					
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three year	rs back (	<b>e)</b> Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	end balance held	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
c		<u></u>								
3a	Are there endowment funds not in the posses	-	zation that are	e beld s	and administe	ered for	the organizati	ion		
-	by:	solon of the organi			arra darramot	, , , , , ,	ino organizati	,0	Y	es No
	(i) unrelated organizations								3a(i)	1.0
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the	= '-								
Pa	rt VI Investments - Land, Building				) Part X line	10		<u></u>		· · · · · · · · · · · · · · · · · · ·
	Description of investment	(a) Cost or			t or other	1	Depreciation		d) Book v	/oluo
	Description of investment	basis (invest			(other)	(6)	Depreciation	1 "	a) BOOK (	value
	Land			~4313	(301131)				· · · · · · · · · · · · · · · · · · ·	
	Land							88888		
b	Buildings									
C	Leasehold improvements									
d	Equipment			-	72 (40		AE C1:	1	27	020
<u>e</u>					72,649.		45,61			,038.
<u>Tota</u>	I. Add lines 1a-1e. (Column (d) should equal Fo	rm 990, Part X, col	lumn (B), line	10(c).)	<u></u>		<u></u>	<b>&gt;</b>	27	<u>,038.</u>

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Sec	e Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: -year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	E 000 D 17/ E	10	
Part VIII Investments - Program Related. Se			d of valuation:
(a) Description of investment type	(b) Book value		-year market value
100000000000000000000000000000000000000			
3000			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
THE STATE OF THE S		THE STATE OF THE S	
		AND THE RESERVE OF THE PERSON	
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col (B) li	ine 15,)		
Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability		(b) Amount	
Federal income taxes			
	VAPA - 20000		
Total. (Column (b) should equal Form 990, Part X, col (B) li	ine 25.) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financ	cial Stater	nents	<u> </u>	110301	rage r
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,112	,610.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	- 11100-117		,464.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<u> </u>	3			,854.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4-8			9			0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		<3	,854.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenu		Return		
1	Total revenue, gains, and other support per audited financial statements				. 1	1,112	,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d		F 1					
е	Add lines 2a through 2d				. 2e		0.
3	Subtract line 2e from line 1					1,112	,610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)		· · · · · · · · · · · · · · · · · · ·				
c	Add lines 4a and 4b			,	4c		0.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)					1,112	,610.
	TXIII Reconciliation of Expenses per Audited Financial Statement						
1	Total expenses and losses per audited financial statements				. 1	1,116	,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
С	Losses reported on Form 990, Part IX, line 25	1 1					
d							
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1					1,116	,464.
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					
	Other (Describe in Part XIV)			***************************************			
	Add lines 4a and 4b	L1	,		4c		0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18.)					1,116	,464.
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I. lines 1	a and 4: Part	IV. line	s 1b and 2	b: Part V. lin	e 4: Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,		,		.,	.,
,							
			***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	AND AND AND AND AND AND AND AND AND AND						
						, m.w.	
					Cahad	ulo D /Form	000) 2009

## **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury Internal Revenue Service

Open To Public Inspection

OMB No. 1545-0047

Name of the organization  RIJE RIR	BON COALITION INC	7			82-0413	ntification number
	Complete if the organization answ		" to Form 990, Part	IV, line		701
<ul> <li>1 Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b X Email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, Par</li> <li>b If "Yes," list the ten highest paid indivision compensated at least \$5,000 by the compensated</li> </ul>	e X Solicita f Solicita g X Special oral agreement with any individua t VII) or entity in connection with piduals or entities (fundraisers) purs	tion of no tion of go I fundraisi I (includin profession suant to a	n-government grants vernment grants ng events g officers, directors, al fundraising servic greements under wh	trusteeses?	Yes	
(i) Name of individual or entity (fundraiser)	(iii) Activity  (iii) Dld fundraiser have custody or control of contributions?  (iv) Gross receipts from activity		ots to (	Amount paid (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes N	lo			
	4.00					
Total		•				
3 List all states in which the organization WA	ı is registered or licensed to solicit	funds or	has been notified it i	s exem	ot from registrati	ion or licensing.
			70100			
						×
				· · · · · · · · · · · · · · · · · · ·		
LHA For Privacy Act and Paperwork Red	luction Act Notice, see the Instr	uctions fo	or Form 990.	Sch	edule G (Form 9	990 or 990-EZ) 200

82-0413981 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events NONE (Add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 43,125. 43,125. Gross receipts ..... 21,315 21,315. 2 Less: Charitable contributions 21,810. 21,810. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Expenses 14,198. 14,198. Rent/facility costs Direct 9,703. 9,703. Other direct expenses 23,901. Direct expense summary, Add lines 4 through 7 in column (d) Net income summary. Combine lines 3 and 8 in column (d) <2,091.> Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes % No No Nο Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a **b** If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," Explain:

Schedule G (Form 990 or 990-EZ) 2008

Does the organization operate gaming activities with nonmembers?

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?

11

retain the state gaming license?

b 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 ▶ \$

17a

#### SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service  $\blacktriangleright$  Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

Open to Public Inspection

Name of the organization							Employer identification number
BLUE RIBBO		ION INC					82-0413981
Part I General Information on Grants an							
1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assist							Yes X No
2 Describe in Part IV the organization's prod							
Part II Grants and Other Assistance to G	iovernments and	l Organizations in th	e United States. C	Complete if the org	anization answered "\	Yes" on Form 990, Par	l IV, line 21, for any
recipient that received more than \$5	5,000. Check this	box if no one recipier	nt received more th	nan \$5,000. Use Pa	art IV and Schedule I-		nal space is needed
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAE CLEAN SNOWMOBILE CHALLENGE			0.	0.			
RUBICON TRAIL FOUNDATION			0.	0.			
BLM HOLLISTER FIELD OFFICE			0.	0.			
TREASURE STATE ALLIANCE			0.	0.			
AMERICAN RECREATION COALITION			0.	0.			
CALIF ENDURO RIDERS ASSN			0	0 -			
2 Enter total number of section 501(c)(3) and	d aovernment or	anizations					<u> </u>
3 Enter total number of other organizations							
LHA For Privacy Act and Paperwork Reduct		see the Instructions	for Form 990.				Schedule I (Form 990) 2008

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Complete this part to	provide the information	required in Part I,	line 2, and any other	additional information.	
		•	-		
					THE PARTY OF THE P

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

BLUE RIBBON COALITION INC

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

Employer identification number 82-0413981

OMB No. 1545-0047 2008

(h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Part (I) Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990), Part II.) (e) Amount of non-cash assistance ٥. (d) Amount of cash grant Enter total number of Section 501(c)(3) and government organizations (c) IRC Code section if applicable (b) EIN Enter total number of other organizations ... (a) Name and address of organization or government WISCONSIN DUAL SPORT RIDERS

Schedule I-1 (Form 990) 2008

## SCHEDULE M (Form 990)

### **NonCash Contributions**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

on Form 990, Part IV, lines 29 or 30.

Open to Publinspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number 82-0413981

OMB No. 1545-0047

Par	t I Types of Property					
		(a) Check if	(b) Number of	(c)	<b>(d)</b> Method of det	ermining.
		applicable		Revenues reported on Form 990, Part VIII, line 1g	revenue	-
	A . 100					
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests				AND	
4	Books and publications					
5	Clothing and household goods	X	2	175	SALE PROCEEDS	
6	Cars and other vehicles	Λ		1/3•	DALLE FROCEED	
7	Boats and planes					
8	Intellectual property					
9 10	Securities - Publicly traded Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution					
	(historic structures)					
14	Qualified conservation contribution (other)					
15	Real estate - Residential			100		
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (ADVERTISING)	X	27	36,110.	INVOICES	
26	Other ()					
27	Other ()					
28	Other (	<u> </u>		<u> </u>		
29	Number of Forms 8283 received by the organ		-	<b>,</b>		
	for which the organization completed Form 82	283, Part IV,	Donee Acknow	wledgment29		
						Yes No
30a	During the year, did the organization receive by	-				
	at least three years from the date of the initial					V
	the entire holding period?					30a X
	If "Yes," describe the arrangement in Part II.	r 11 1			totto di con	. V
31	Does the organization have a gift acceptance					31 X
32a	Does the organization hire or use third parties					32a X
						32a   X
	If "Yes," describe in Part II.	oolumn /s\ f	or a tupe of	porty for which column (-) is	a phonkod	
33	If the organization did not report revenues in	column (c) T	or a type of pro	pperty for which column (a) is	onecked,	
	describe in Part II.					F

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

Schedule M (Form 990) 2008

Schedule M (Form 990) 2008 BLUE RIBBON COALITION INC	82-0413981 Page <b>2</b>
Part II Supplemental Information. Complete this part to provide the information required by Part Also complete this part for any additional information.	t I, lines 30b, 32b, and 33.
SCHEDULE M, LINE 32B: BLUERIBBON COALITION MAKES USE OF	A VOLUNTEER
AUCTIONEER AT THE BREAKFAST OF CHAMPIONS AND UTILIZES E	-BAY ONLINE
AUCTION SERVICES. WE ALSO MAKE USE OF AN ORGANIZATION	CALLED VEHICLES
FOR CHARITY FOR SOLICITING AND SELLING OF VEHICLE CONTR	IBUTIONS.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number 82-0413981

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

11040824 784236 4913

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number 82-0413981

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS MEANINGFUL "ON THE GROUND" SOLUTIONS. WHERE THERE ARE GAPS IN LOCAL ENTHUSIAST INVOLVEMENT AND WHERE APPLICABLE, THE BLUERIBBON COALITION ACTIVELY AND DIRECTLY ENGAGES IN THOS PLANNING PROCESSES ON BEHALF OF ITS MEMBERS. WHERE APPROPRIATE, AND IN FURTHERANCE OF THE EXEMPT PURPOSES OF THE ORGANIZATION WITHIN THE LEGAL CONFINES OF THE IRS REGULATIONS FOR 501(C)(3) ORGANIZATIONS, THE BLUERIBBON COALITION LOBBIES ON BEHALF OF ITS MEMBERS ON LEGISLATIVE INITIATIVES AFFECTING RECREATIONAL FUNDING, RECREATIONAL ACCESS, AND OTHER SIMILAR ISSUES HAVING AN IMPACT ON RECREATION ON PUBLIC LANDS AND WATERS. FORM 990, PART VI, SECTION A, LINE 4: PLEASE SEE ATTACHED REVISED ARTICLES AND BYLAWS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS THAT MAY ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS OF THE BOARD OF DIRECTORS.

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 8 Inspection

Name of the organization

Employer identification number

BLUE RIBBON COALITION INC	82-0413981
FORM 990, PART VI, SECTION A, LINE 10: FORMS ARE REVIEWED	
DIRECTOR AND TREASURER PRIOR TO SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW, DI	SCUSSION, AND
RESIGINING OF POLICY AT SPRING BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 15: DURING THE SEARCH	
PROCESS OF THE CURRENT EXECUTIVE DIRECTOR, THE BOARD OF D	IRECTORS ASSIGNED
A SEARCH COMMITTEE WHOSE EXPECTATIONS INCLUDED RESEARCH O	N COMPENSATION FOR
SIMILAR POSITIONS IN THE NON-PROFIT SECTOR. BASED ON THE	FINDINGS AND
RECOMMENDATIONS OF THE COMMITTEE, THE BOARD OF DIRECTORS	APPROVED A RANGE
OF COMPENSATION. SIMILARILY, THE EXECUTIVE DIRECTOR OF T	HE ORGANIZATION IS
EXPECTED TO RESEARCH AND MAKE RECOMMENDATIONS FOR BOARD A	PPROVAL OF SALARY
RANGES FOR THE VARIOUS POSITIONS HELD BY KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S ARE POSTED ON
THE BRC WEBSITE AND OTHERWISE MADE AVAILABLE UPON REQUEST	. CONFLICT OF
INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. FINANCIAL	STATEMENTS ARE
GENERALLY NOT AVAILABLE TO THE GENERAL PUBLIC EXCEPT IN T	HE EVENT OF
REQUEST BY A GRANT APPLICATION, BANKING REQUEST, IN PERIO	DIC PUBLICATION
FOR MEMBER EDUCATION AND/OR AS REQUIRED BY LAW.	

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Name(s) shown on return

▶ See separate instructions. Business or activity to which this form relates

Identifying number

BLU	E RIBBON COALITION	INC	FOR	м 990 ра	AGE 10		82-0413981
Part	Election To Expense Certain Prop	erty Under Section 179	Note: If you have any lis	ted property, co	omplete Part	V before y	ou complete Part I.
1 M	aximum amount. See the instruction	s for a higher limit fo	or certain businesses			1	250,000.
<b>2</b> To	tal cost of section 179 property plac	ced in service (see ir	nstructions)			2	
3 Th	reshold cost of section 179 propert	y before reduction in	n limitation			3	800,000.
4 Re	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-			4	
<b>5</b> Do	llar limitation for tax year. Subtract line 4 from lin	ne 1. If zero or less, enter -0	D If married filing separately, see	e instructions	····	5	
6	(a) Description of p	property	(b) Cost (busin	ess use only)	(c) Elected	l cost	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
7 Lis	sted property. Enter the amount fror	m line 29		7			
<b>8</b> To	otal elected cost of section 179 prop	erty. Add amounts i	n column (c), lines 6 and	7		8	
9 Te	entative deduction. Enter the <b>smalle</b>	r of line 5 or line 8				9	
	arryover of disallowed deduction fro						
<b>11</b> Bu	usiness income limitation. Enter the	smaller of business	income (not less than ze	ro) or line 5		11	
<b>12</b> Se	ection 179 expense deduction. Add	lines 9 and 10, but	do not enter more than li	ne 11		12	
<b>13</b> Ca	arryover of disallowed deduction to	2009. Add lines 9 ar	nd 10, less line 12	13			
	Do not use Part II or Part III below for						
Pari	Special Depreciation Allow	ance and Other De	preciation (Do not inclu	de listed propei	ty. <b>)</b>		
14 S	pecial depreciation for qualified prop	erty (other than liste	ed property) placed in se	rvice during the	tax year	14	
	roperty subject to section 168(f)(1) e						
	ther depreciation (including ACRS)					16	
Par					,		
			Section A	-			
17 M	ACRS deductions for assets placed	in service in tax vea	ars beginning before 200	8		17	9,174.
	you are <u>electing</u> to group any assets placed in se						<del>, , , , , , , , , , , , , , , , , , , </del>
			During 2008 Tax Year			ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
	0	in dervice	omy boombaddana,				
<u>19a</u>	3-year property		3,464.	5 YRS.	HY	SL	4,143.
<u> </u>	5-year property		3,404.	5 YRS.	III.	оп	4,143.
	7-year property			ļ	-		
d_	10-year property						
<u>e</u>	15-year property	_					
f	20-year property	-			_		
<u>g</u>	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	
	Section C - Assets	Placed in Service	During 2008 Tax Year U	sing the Altern	ative Depre	ciation Sy	stem
<u>20a</u>	Class life					S/L	
b	12-year			12 yrs.	+	S/L	
C	40-year	/		40 yrs.	MM	S/L	
Par	······································						1
	isted property. Enter amount from lir					21	
22 T	otal. Add amounts from line 12, line	s 14 through 17, line	es 19 and 20 in column (	g), and line 21.			4004
E	nter here and on the appropriate line	es of your return. Pa	rtnerships and S corpora	ations - see instr		22	13,317.
	or assets shown above and placed i ortion of the basis attributable to se			23			
816251							Form <b>4562</b> (2008)

BLUE RIBBON COALITION INC 82-0413981 Page 2 Form 4562 (2008) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No No Yes (b) (c) (e) (i) (f) (g)(h) (d) Date Business/ Basis for depreciation Elected Recovery Type of property Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L -% S/L -% % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	Total business/investment miles driven during the	(a Veh	•	(t Veh	•	(c Veh	•	(c Veh	-	(€ Veh		(1 Veh	-
31 32	year ( <b>do not</b> include commuting miles)												
33	Total miles driven during the year. Add lines 30 through 32												
	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
	ls another vehicle available for personal use?												

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortizatio period or perce		<b>(f)</b> Amortization for this year
42 Amortization of costs that beg	ins during your 2008 tax year:					
43 Amortization of costs that beg	gan before your 2008 tax year				43	
44 Total. Add amounts in column	n (f). See the instructions for whe	re to report	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		44	

816252 11-08-08

Form 4562 (2008)

Form	<b>■ 990-T</b> Exempt Organization Business Income Tax Return							2008	
	tment of the Treasury at Revenue Service	For c	(and proxy tax und	er sec	ction 6033(e))		0	pen to Public Inspection for 01(c)(3) Organizations Only	
A [	Check box if address changed		Name of organization ( Check box if name c	hanged			D Employ (Employ	/er identification number yees' trust, see instructions ck D on page 9.)	
B Ex	kempt under section	Print	BLUE RIBBON COALITION	INC			82	2-0413981	
	501(C)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box 4555 BURLEY DRIVE	k, see pa	ge 9 of instructions.		E Unrelat (See ins on page	ed business activity codes structions for Block E e 9.)	
	408A530(a) 529(a)		City or town, state, and ZIP code  CHUBBUCK, ID 83202-00	03			541800		
	ok value of all assets	F Group	exemption number (See instructions for Block F.)	<b>&gt;</b>					
at (	270,350.	<b>G</b> Check	c organization type X 501(c) corporation	n 🗌	501(c) trust	401(a) trust		Other trust	
H De	scribe the organizatio	n's prim	ary unrelated business activity. 🕨 S	EE S	STATEMENT 1				
			oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	<b>&gt;</b> [	Yes	X No	
			tifying number of the parent corporation.					27 1000	
			MARY JO FOSTER		(A) Income	one number 2			
E-1444444	Gross receipts or sal		de or Business Income	1	(A) Income	(B) Expense:	5	(C) Net	
	Less returns and allo			10	2,372.				
2			c Balance	2	2,231.				
3	Gross profit. Subtract			3	141.			141.	
	•		ch Schedule D)	4a					
			Part II, line 17) (attach Form 4797)	4b					
C			sts	4c					
5			ips and S corporations (attach statement)	5					
6				6					
7			me (Schedule E)	7					
8			and rents from controlled organizations (Sch. F)	8					
9			on 501(c)(7), (9), or (17) organization	9					
10			ome (Schedule I)	10					
11			e J)	11	154,482.	65,8	381.	88,601.	
12			ns; attach schedule.)	12					
13	•		ıgh 12	13	154,623.	65,8	381.	88,742.	
Pa			ot Taken Elsewhere (see instructions foutions, deductions must be directly connecte						
14	Compensation of o	fficers, di	irectors, and trustees (Schedule K)	,			14	8,056.	
15	Salaries and wages						15	51,556.	
16	Repairs and mainte	nance					16		
17	Bad debts						17		
18							18		
19							19		
20			e instructions for limitation rules.)			2 207	20	0.	
21	Depreciation (attacl	h Form 4	562)		21	2,397.	١٠٠٠٠١١	2 207	
22			n Schedule A and elsewhere on return				22b	2,397.	
23							23	4,507.	
24			ompensation plans				l I	2,705.	
25			ahadula N				25 26	2,103.	
26			chedule I)				27		
27	Other deductions (	ousis (Si	chedule J) hedule)		SEE STA	PEMENT 2	28	8,916.	
28 29			neaule) nes 14 through 28				29	78,137.	
30			income before net operating loss deduction. Subtra				30	10,605.	
31			n (limited to the amount on line 30)				31	10,193.	
32			income before specific deduction. Subtract line 31 f				32	412.	
33			ly \$1,000, but see instructions for exceptions)				33	1,000.	
34	Unrelated busin	ess tax	able income. Subtract line 33 from line 32. If line	33 is gr	eater than line 32, enter	the smaller		0.	
8237 3-09-			t and Paperwork Reduction Act Notice, see instruc				34	Form <b>990-T</b> (2008)	
3-09-	09 LHA For Pr	тчацу Мб	cana raperwork neuustion Accivutice, see instrut	35				10mm <b>330-1</b> (2000)	

Part I	II Tax Computation	
35	Organizations Taxable as Corporations. See instructions for tax computation.	
	Controlled group members (sections 1561 and 1563) check here See instructions and:	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
	(1) \$ (2) \$ (3) \$	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	
	(2) Additional 3% tax (not more than \$100,000)	
C	Income tax on the amount on line 34	<b>▶</b> 35c 0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from	
	Tax rate schedule or Schedule D (Form 1041)	
37	Proxy tax. See instructions	
38	Alternative minimum tax	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	
Part I	V Tax and Payments	
to a build the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the building of the	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
	Other credits (see instructions) 40b	
	General business credit. Attach Form 3800 40c	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
	Total credits. Add lines 40a through 40d	40e
41	Subtract line 40e from line 39	
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Oth	ner (attach schedule) 42
43	Total tax. Add lines 41 and 42	
44 a	Payments: A 2007 overpayment credited to 2008 44a	
	2008 estimated tax payments 44b	
	Tax deposited with Form 8868 44c	
	Foreign organizations: Tax paid or withheld at source (see instructions)  44d	
	Backup withholding (see instructions)  44e	
	Other credits and payments: Form 2439	
	Form 4136	
45	Total payments. Add lines 44a through 44f	45
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax	Refunded ▶ 49
Part 1		structions on page 18)
1 At a	any time during the 2008 calendar year, did the organization have an interest in or a signature or other authorit	y over a financial account Yes No
(ba	nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Rep	ort of Foreign Bank and X
Fina	ancial Accounts. If YES, enter the name of the foreign country here 🕨	
2 Duri	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see page 5 of the instructions for other forms the organization may have to file.	X
_	er the amount of tax-exempt interest received or accrued during the tax year 🕨 \$	
Sched	dule A - Cost of Goods Sold. Enter method of inventory valuation	-
	COST	
1 Inv	entory at beginning of year1 3,472. 6 Inventory at end of year	6 1,393.
<b>2</b> Pu	rchases 2152. 7 Cost of goods sold. Subtract line (	6
<b>3</b> Cos	st of labor <b>3</b> from line 5. Enter here and in Part	I, line 2
4a Add	ditional section 263A costs 4a 8 Do the rules of section 263A (with	respect to Yes No
<b>b</b> Oth	ner costs (attach schedule) 4b property produced or acquired for	resale) apply to
5 Tot	al. Add lines 1 through 4b 5 3,624. the organization?	X
	Under peralties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known that the correct is the complete.	d to the best of my knowledge and belief, it is true,
Sign	correct, and complete. Declaration of preparer (other trian taxpayer) is based on all information of which preparer has any known	May the IRS discuss this return with
Here	Musum 1 Munul 8/27/2009 Execution Vine	the preparer shown below (see
	Date Title	instructions)? X Yes No
	Preparer's Date Check if	Preparer's SSN or PTIN
Paid Prepare	signature 08/24/09 self-emi	ployed P00052253
Use On	IN FIRM'S name (or DEATON & COMPANY, CHARTERED	EIN 82-0338741
	employed), 215 N 9TH, SUITE A	Phone no.
	address, and ZIP code POCATELLO, ID 83201	208-232-5825
		Form <b>990-T</b> (2008

823711 03-09-09

### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 19)

1 Desc	ription of property										
(1)											
(2)											70000
(3)						<del></del>					· · · · · · · · · · · · · · · · · · ·
(4)											
		2	2 Rent received	or accrued				An			
	(a) From personal property (if rent for personal property 10% but not more the	is more than	age of	( <b>b</b> ) F	rent for pe	d personal propert rsonal property exc is based on profit	ceeds 50% o	entage r if	<b>3(a)</b> Deductions di columns 2	rectly co 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)											
(2)											
(3)											
(4)											
Total			0.	Total				0.			
here ar	<b>al income</b> . Add totals of col nd on page 1, Part I, line 6, o	column (A)	)	🕨				0.	(b) Total deduction Enter here and on page Part I, line 6, column (E	e 1.	▶ 0.
Sche	edule E - Unrelated	l Debt-l	Financed	Incom	e (See	nstructions or	n page 19	)			******
						2 Gross inc	omo from		3 Deductions directl	y conne	ected with or allocable d property
	1 Description of	f debt-finance	ed property			or allocable financed p	e to debt-	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)	A AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE										
(2)								1			
(3)											
(4)											
	Amount of average acquisition bt on or allocable to debt-financ- property (attach schedule)		of or a debt-fina	adjusted ba allocable to nced proper n schedule)		6 Column by colu			7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
/1\	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						%				
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(2)											
(3)	AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS O										
_(4)											
Totals	3								ere and on page 1, ine 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).
	dividends-received deduct							L			0.
Sche	edule F - Interest,	Annuitie	es Roval	ties ar	nd Ren	ts From C	ontrolle	d Orga	nizations (See		
	, , , , , , , , , , , , , , , , , , ,	1111102111	1	1100, 01	7	t Controlled O			THE COLOTTO	7 11 10 11	dottorio ori page 20/
	1 Name of controlled organizat	tion	<b>2</b> Employer id num	entification	Net ur	3 nrelated income see instructions)	Total	4 of specified ents made	5 Part of column included in the coorganization's gross	ontrollin	g connected with income
(1)											
(2)											
(3)											
(4)											
None	kempt Controlled Organi	zations									PROGRAMMENT AND AND AND AND AND AND AND AND AND AND
	7 Taxable Income 8 Net unrelated income (lo (see instructions)			<b>9</b> To	tal of specified pay made	rments	in the cor	olumn 9 that is included ntrolling organization's gross income	1 1	Deductions directly connected with income in column 10	
/+\		<del> </del>					+				· · · · · · · · · · · · · · · · · · ·
(1)		<b></b>						***************************************			
(2)	· · · · · · · · · · · · · · · · · · ·									+	
(3)	***************************************	<del> </del>			<u></u>	······································				+	***************************************
_(4)								Add column Enter here a line 8, colum	nd on page 1, Part I,	Ent	d columns 6 and 11. ter here and on page 1, Part I, e 8, column (B).
Totale									0		0.
	03-09-09								<u>_</u>		Form <b>990-T</b> (2008

4913\_\_\_1

Schedule G - Investment Income of	a Section	501(c)(7),	(9),	or (17) Organization
(see instructions on page	21)			

	1 Description of Income	2 Amount o	fincome direct	Deductions tly connected ch schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and Part I, line 9, c				Enter here and on page 1, Part I, line 9, column (B).
Totals			0.			0.
Schedule I - F	Exploited Exempt Activity Inc.	ome Other Than Ad	dvertising Inc	come		

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

### Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)			1			
(4)						
						and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Totals (carry to Part II, line (5))	0.	0.	,			0.

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<b>1</b> Name of periodical	<b>2</b> Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	<b>5</b> Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) BLUE RIBBON						
(2) MAGAZ INE	154,482.	65,881.	88,601.	95,963.	<139,617.	>
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	154,482.	65,881.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	<b>2</b> Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
GREG MUMM	EXECUTIVE DIRECTOR	%	8,056.
		%	
		%	
		%	·
Total. Enter here and on page 1, Part II, line 14		▶	8,056.
			- 000 %

Form **990-T** (2008)

823731 03-09-09 FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

ADVERTISING IN THE BLUE RIBBON COALITION MAGAZINE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		TNUOMA
PAYROLL TAXES OCCUPANCY PROPERTY INSURANCE		3,858. 4,778. 280.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	8,916.

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 black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

For	the 20	07 calendar year, or tax year beginning and er	ding		
Chec	ck if icable:	Please C Name of organization		D Employer iden	itification number
	ddress hange	use IRS label or IBLUE RIBBON COALITION INC		82-041	3981
TIN	ame	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nui	
100	hange iitial aturn	Specific 4555 BURLEY DRIVE	Hoom/suite		237-1008
T	ermin-	Instruc-		F Accounting method:	
A	tion mended eturn			Other (specify)	Casil 12 Accidar
T/A	pplicati	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	Hand lare not app		n 527 organizations.
	errening.	must attach a completed Schedule A (Form 990 or 990-EZ).			? Yes X No
Wel	bsite:	▶WWW.SHARETRAILS.ORG	H(b) If "Yes," enter n		
Org	anizat	ion type (check only one) ► X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliates	included? N/	
Che	ck her	e Lifthe organization is not a 509(a)(3) supporting organization and its gross	(If "No," attach a	i list.) te return filed by a	n or-
		e normally not more than \$25,000. A return is not required, but if the organization	H(d) Is this a separa ganization cove	red by a group rul	ing? Yes X No
cho	oses to	o file a return, be sure to file a complete return.	I Group Exemption	on Number 🕨	N/A
			the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	is not required to attach
_		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 1, 102, 439.		90, 990-EZ, or 99	)-PF).
art		Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces		
1		Contributions, gifts, grants, and similar amounts received:			
П	a	Contributions to donor advised funds 1a			
П	b	Direct public support (not included on line 1a) 1b	595,8		
ı	C	Indirect public support (not included on line 1a) 1c	31,1	.06.	
Ш	d	Government contributions (grants) (not included on line 1a) 1d			806 V See
Т	e	Total (add lines 1a through 1d) (cash \$ 582,108. noncash \$	44,807.	) 1e	626,915.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	265,691.
	4	Interest on savings and temporary cash investments		4	7,498.
	5	Dividends and interest from securities		5	
		Gross rents 6a			
		Less; rental expenses 6b			
	C	Net rental income or (loss). Subtract line 6b from line 6a		6c	
		Other investment income (describe		) 7	
Hevenue	8 a	Gross amount from sales of assets other (A) Securities	(B) Other	1000	
		than inventory 8a			
1	b	Less: cost or other basis and sales expenses 8b	4	163.	
П	C	Gain or (loss) (attach schedule) 8c	<4	163.>	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT	1 8d	<463.
The	9	Special events and activities (attach schedule). If any amount is from gaming, check here			
П	a	Gross revenue (not including \$ 16,500 • of contributions reported on line 1b) 9a	36,0	000.	
	b	Less: direct expenses other than fundraising expenses 9b		729.	
	C	Net income or (loss) from special events. Subtract line 9b from line 9a SEE	STATEMENT	2 9c	31,271.
	10 a	Gross sales of inventory, less returns and allowances	3,8	375.	
		Less; cost of goods sold 10b	3,0	035.	
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line			840.
	11	Other revenue (from Part VII, line 103)		11	162,460.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,094,212.
17	13	Program services (from line 44, column (B))		13	880,231.
	14	Management and general (from line 44, column (C))		14	202,152.
	15	Fundraising (from line 44, column (D))		15	49,013.
2000	16	Payments to affiliates (attach schedule)		16	_ 8_20_4_4 = 4
	17	Total expenses. Add lines 16 and 44, column (A)		17	1,131,396.
. 1	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	<37,184.
100	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	<41,518.
sets	10	The best of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the			
ισ I	20	Other changes in net assets or fund balances (attach explanation)		20	0.

Form 990 (2007)

82-0413981 Part II | Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)	ш				
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	1			STATEMENT 5	
(cash \$ 21,000 • noncash \$ 0 •	4		2.00		
If this amount includes foreign grants, check here	22b	21,000.	21,000.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key		50.004	40.050	20 704	0 505
employees, etc. listed in Part V-A	25a	62,301.	19,053.	33,721.	9,527.
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under	1 1				
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not		056.004		10.010	1 100
included on lines 25a, b, and c	26	256,391.	203,876.	48,342.	4,173.
27 Pension plan contributions not included on	2.5	10.511	F 806	6 000	E00
lines 25a, b, and c	27	12,644.	5,786.	6,278.	580.
28 Employee benefits not included on lines		0 540	2 070	F 464	F4 F
25a · 27	28	9,549.	3,870.		515.
29 Payroll taxes	29	13,612.	6,962.	5,241.	1,409.
30 Professional fundraising fees	30	4 500		4 500	
31 Accounting fees	31	4,500.		4,500.	
32 Legal fees	32	100.	15 000	100.	C24
33 Supplies	33	29,613.	15,820.		624.
34 Telephone	34	19,061.	14,654.		111
35 Postage and shipping	35	22,905.	8,899.		444.
36 Occupancy	36	12,926.	5,615.		747.
37 Equipment rental and maintenance	37	1,963.	10 102	1,963.	1 ((2
38 Printing and publications	38	30,638.	18,103.		4,663.
39 Travel	39	67,369.	66,682.		
40 Conferences, conventions, and meetings	40	21,693.	705.	20,988.	
41 Interest	41	6 631	2 666	2 502	202
42 Depreciation, depletion, etc. (attach schedule)	42	6,631.	3,666	2,582.	383.
43 Other expenses not covered above (itemize):					
a	43a				
D	43b	-			
C	43c				
0	43d				
e	43e			-	
g SEE STATEMENT 4	43f	538,500.	10E E10	27,012.	25,948.
	43g	556,500.	485,540	27,012.	43,940.
44 Total functional expenses. Add lines 22a through		2000 1211		12 / / / 14	
43g. (Organizations completing columns (B)-(D),	1	1 121 206	000 221	202,152.	40 012
carry these totals to lines 13-15)	44	1,131,396.	880,231	202,132	49,013.
Joint Costs. Check   if you are following			A LUCINIA		T. 171
Are any joint costs from a combined educational campa					Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	_		ii) the amount allocated t		N/A ;
(iii) the amount allocated to Management and general \$ 723011		N/A ; and (i	v) the amount allocated	to rundraising \$	N/A
723011 12-27-07					Form <b>990</b> (2007)

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primEDUCATION IN RE		OF PUBLIC LANDS		Program Service Expenses
All organizations must describe clients served, publications iss	e their exempt purpose sued, etc. Discuss achie	achievements in a clear and concise manner. State the number wements that are not measurable. (Section 501(c)(3) and (4) sists must also enter the amount of grants and allocations to other		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMEN	Т 6			
(Grants and allocations	\$	) If this amount includes foreign grants, check here	• <b>□</b>	880,231.
(Grants and allocations	\$	) If this amount includes foreign grants, check here	<b>&gt;</b>	
(Grants and allocations	\$	) If this amount includes foreign grants, check here	> _	П
(Grants and allocations  e Other program services (a (Grants and allocations	\$ ttach schedule)	) If this amount includes foreign grants, check here  ) If this amount includes foreign grants, check here	<b>.</b>	
	*	ral line 44, column (B), Program services)		880,231.

Form 990 (2007) BLUE RIBBON

Part IV Balance Sheets (See the instructions.)

: Whe	re required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the desc	cription column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			231,185.	45	223,101.
46	Savings and temporary cash investments		.,.,		46	
	Account of marks	T and D	17 000			
47 a	Accounts receivable  Less: allowance for doubtful accounts	47a 47b	17,908.	17,404.	47.	17,908.
u	Less: allowance for doubtful accounts	470		17,404.	4/6	17,300+
48 a	Pledges receivable	48a			130	
b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50 a	Receivables from current and former officers, di	irectors, trus	stees, and			
	key employees	omiseini, me			50a	
b	Receivables from other disqualified persons (as					
6,00	4958(f)(1)) and persons described in section 49.	the second second second	HOTELES HALLS HALLS HALLS HALLS		50b	
	Other notes and loans receivable					
LTD.	Less: allowance for doubtful accounts			4,448.	51c	3,472.
52	Inventories for sale or use			4,440.	52	3,414.
53	Prepaid expenses and deferred charges Investments - publicly-traded securities	<b>N</b>	Cost FMV		54a	
	Investments - publicly-traded securities				54b	
	Investments - land, buildings, and				340	
	equipment: basis	55a				
	Alekan a same un transmitten and an analysis					
b	Less: accumulated depreciation	55b			55c	
56	Investments - other	.,	nenenna artirate		56	
57 a	Land, buildings, and equipment: basis	57a	71,985. 38,561.	0.1783.7	75,1	30.104
b	Less: accumulated depreciation STMT 7	57b	38,561.	13,552.	57c	33,424.
58	Other assets, including program-related investments					
	(describe >		)	266 500	58	277 005
59	Total assets (must equal line 74). Add lines 45			266,589. 39,278.	59	277,905. 43,566.
60	Accounts payable and accrued expenses			39,410.	60	45,500.
62	Grants payable			268,829.	62	313,041.
63	Deferred revenue  Loans from officers, directors, trustees, and key	v employees	5442111212131111212121311211	200,025	63	313,011.
	a Tax-exempt bond liabilities				64a	
2	Mortgages and other notes payable	**************			64b	
65	Other liabilities (describe		)		65	
E.				2 5 8 1 m 2 7	124	753 3 369-1
66	Total liabilities. Add lines 60 through 65	and the second	INTERNAL PROPERTY OF THE PARTY	308,107.	66	356,607.
Orga	anizations that follow SFAS 117, check here	X and	complete lines			
5.	67 through 69 and lines 73 and 74.			E0 100		40 050
67	Unrestricted			<58,107.		<42,253.
68	Temporarily restricted			16,589.		<36,449.
69	Permanently restricted anizations that do not follow SFAS 117, check				69	
Orga	complete lines 70 through 74.	nere - L	and			
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and				71	
72	Retained earnings, endowment, accumulated in				72	
73	Total net assets or fund balances. Add lines 67 thro			1 - 36 673		TT ATJ.
9	(Column (A) must equal line 19 and column (B) must	equal line 21	)	<41,518.	>73	<78,702.
74	Total liabilities and net assets/fund balances	. Add lines 6	6 and 73	266,589	74	277,905.

	m 990 (2007) BLUE RIBBON COALITION art IV-A   Reconciliation of Revenue per Audited Final	INC	ith Revenue p	82- er Re	04139	81 Page 5
	instructions.)	20 20 20 20 20 20 20 20 20 20 20 20 20 2				
a	Total revenue, gains, and other support per audited financial stateme	nts			a 1,	061,882.
b	Amounts included on line a but not on Part I, line 12:		2.			
1	Net unrealized gains on investments		1			
2	Donated services and use of facilities	Determination of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of t	02			
3	Recoveries of prior year grants		53			
4	Other (specify):		04			
	Add lines b1 through b4		11.02.03.03.03.03.07.03.05.05.05.0		b	0.
C	Subtract line b from line a				c 1,	061,882.
d	Amounts included on Part I, line 12, but not on line a:		7			
1	Investment expenses not included on Part I, line 6b	and a companies of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac	d1			
2	Other (specify): MISCELLANEOUS	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	d2 32,3	30.		
	Add lines d1 and d2				d	32,330.
e	Total revenue (Part I, line 12). Add lines c and d	001111111111111111111111111111111111111		•	e 1,	094,212.
Pa	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Final	ancial Statements V	Vith Expenses	per	Return	
a	Total expenses and losses per audited financial statements					099,066.
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (enecif A)	013100000000000000000000000000000000000	b4			
	Add lines b1 through b4		- 1		b	0.
•	Subtract line h from line a			1115.511		099,066.
d	Subtract line <b>b</b> from line <b>a</b> Amounts included on Part I, line 17, but not on line <b>a</b> :		**********	1000.000	0 1,	0,000.
1		1	as I			
	Investment expenses not included on Part I, line 6b Other (specify): MISCELLANEOUS		d2 32,3	30		
2						32,330.
	Add lines d1 and d2				d 1	131,396.
P	Total expenses (Part I, line 17). Add lines c and d	v Employees /l ist ea	ch person who wa	c an o		
					moer, une	stor, trustee,
_	or key employee at any time during the year even if they we	ere not compensated.) (Se	e the instructions.)			
	or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D)Co emple plans	ntributions to oyee benefit s & deferred	(E) Expense account and
		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	ntributions to oyee benefit s & deferred insation plans	(E) Expense account and other allowances
		(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D)Co emple plans	ntributions to oyee benefit s & deferred insation plans	(E) Expense account and other allowances
ā	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE		(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D)Co emple plans	ntributions to oyee benefit s & deferred insation plans	(E) Expense account and other allowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SF	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SF	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	Other anowances
SF	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	other allowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	other allowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	nsation plans	other allowances
SE	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D)Co emple plans	O •	other allowances

Form 990 (2007)

Yes No

X

ZIP+4 ► 83202

91b

and Financial Accounts.

91 a The books are in care of ▶ GREG MUMM

If "Yes," enter the name of the foreign country

Located at ▶ 4555 BURLEY DRIVE, CHUBBUCK, IDAHO

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	controlling organization as defined in section 512(b)(13).	1/A			Yes	No
	the reporting organization make any transfers to a controlled entity as applete the schedule below for each controlled entity.	s defined in section 5	12(b)(13) of the Code? If "Ye	es,"	163	140
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) nount o ansfer	
a						
b	***************************************					
c						
	Totals				lv.	
	If the reporting organization receive any transfers from a controlled ent replete the schedule below for each controlled entity.	ity as defined in sect	ion 512(b)(13) of the Code?	If "Yes,"	Yes	N
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) nount or ransfer	
a						
b						
c						
	Totals					
	d the organization have a binding written contract in effect on August 1	7, 2006, covering the	e interest, rents, royalties, an	nd	Yes	N
Please Sign	Under penalties of perjury, I declare that I have examined this return, including accompanyl and complete. Declaration of preparer (other than officer) is based on all information of which Signature of officer.	ng schedules and statement h preparer has any knowled	is, and to the best of my knowledge a ge.  Date	nd belief, it is	s true, cor	rect.
Here	Type or print name and title		Date			
	Preparer's signature	Date 04/28/08	self- employed <b>&gt;</b>	SSN or PTIN	(See Gen	ı, İnst
Paid Preparer	First name (or DEATON & COMPANY, CHARTER)		EIN ►			

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the orga	nization		-	Employer identifi	cation number
	BLUE RIBBON COALITION INC	2		82 04139	81
Part I	Compensation of the Five Highest Paid Em (See page 1 of the instructions. List each one. If there are none, e	enter "None.")	Officers, Dire		
(a	Name and address of each employee paid more than \$50,000	(b) Little and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GREG MUN		EX. DIRECTOR			
POCATELI	LO, IDAHO 83201	40.00	71,828.		
	other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Ind (See page 2 of the instructions. List each one (whether individua	ependent Contracto		ional Service	es
	(a) Name and address of each independent contractor paid more t	han \$50,000	(b) Type of	service	(c) Compensation
NONE					
	*****				
	440,440,000,000,000,000,000,000				
	*********				
	others receiving over essional services	0			
Part II-B	Compensation of the Five Highest Paid Ind (List each contractor who performed services other than profess firms. If there are none, enter "None." See page 2 of the instruction	lependent Contracto sional services, whether individu		ervices	
	(a) Name and address of each independent contractor paid more t	han \$50,000	(b) Type of	service	(c) Compensation
NONE					
		******			
Total number of \$50,000 for other	other contractors receiving over er services	. 0			

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \) \( \bigs \	1	х	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		4.79	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  a Sale, exchange, or leasing of property?	2a		x
1	Lending of money or other extension of credit?	2b		X
	Furnishing of goods, services, or facilities?	2c		X
3	f Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
	Transfer of any part of its income or assets?	2e		X
3 :	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
3	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
- 3	b Did the organization make any taxable distributions under section 4966? N/A	4b		
т	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	1	7
-	d Enter the total number of donor advised funds owned at the end of the tax year		N/	A
1	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Α
- 0	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
1	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

rectify tha	at the organization is not a private foundation because it is	Please check only ONE	applicable box.)			
5	A church, convention of churches, or association of					
6	A school. Section 170(b)(1)(A)(ii). (Also complete F		1.36.36%			
7	A hospital or a cooperative hospital service organiza	Your Your wall be a second	(iii).			
8	A federal, state, or local government or government	al unit. Section 170(b)(1)(/	A)(v).			
9	A medical research organization operated in conjun	ction with a hospital. Section	on 170(b)(1)(A)(iii). Enter t	the hospital's	name, city,	
	and state >					
10	An organization operated for the benefit of a college		erated by a governmental u	ınit. Section	170(b)(1)(A)(iv).	
iia X	(Also complete the Support Schedule in Part IV-A.)		1.10 224 - 7	it a second	and the	
11a LX	An organization that normally receives a substantia Section 170(b)(1)(A)(vi). (Also complete the Supp			the general	oublic.	
116	A community trust. Section 170(b)(1)(A)(vi). (Also					
2	An organization that normally receives: (1) more th			ership fees, a	nd aross	
	receipts from activities related to its charitable, etc., its support from gross investment income and unre by the organization after June 30, 1975. See section	functions - subject to certa lated business taxable inco	ain exceptions, and (2) no ome (less section 511 tax)	more than 3: from busines	3 1/3% of	
13	An organization that is not controlled by any disqua 509(a)(3). Check the box that describes the type of Type I	supporting organization:	oundation managers) and unctionally Integrated	otherwise me	ets the requiren	
	Provide the following information	about the supported org				
	Provide the following information (a) Name(s) of supported organization(s)		(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d Is the se organizati the sup organi		(e) Amount of support
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the se organizati the sup organi	upported on listed in oporting zation's	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the si organizati the sup organi governing	) upported on listed in oporting zation's documents?	Amount of

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Part IV-A Calendar year (or fiscal year (b) 2005 (c) 2004 (d) 2003 (a) 2006 beginning in) (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 560,747 586,551 368,690 276,485 1,792,473. 284,689 260,084. 353,491. 282,471. 1,180,735. Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 260,084. 170,296. 177,498 279,916. 887,794. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 4,796. 4,862. 4,743. 5,689. 20,090. Net income from unrelated business 172,132. 142,077. 148,660 151,784 activities not included in line 18 614,653. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 996,345. 4,495,745. Total of lines 15 through 22 1,227,788. 1,195,058. 1,076,554. 24 Line 23 minus line 17 967,704. 1,024,762. 899.056. 716.429. 3.607.951. 9,963. 25 Enter 1% of line 23 12,278. 11.951. 10,766. 72,159. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 • 26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b 3,607,951. Total support for section 509(a)(1) test; Enter line 24, column (e) 26c 614,653. Add: Amounts from column (e) for lines; 634,743. 26d 2,973,208. 26e e Public support (line 26c minus line 26d total) 82.4071% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12; a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) (2004) Add: Amounts from column (e) for lines: N/A 27c N/A d Add: Line 27a total 27d e Public support (line 27c total minus line 27d total) 27e N/A 1 Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h N/A Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

NONE

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return. Do not include these grants in line 15.

Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	1053		
04	and other written communications with the public dealing with student admissions, programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30		
31	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	-		
32	Does the organization maintain the following:	2		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	10.00	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	=		
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
1	Use of facilities?	331	1.1	
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	4.1	1.0
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	 34a		
b		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007

### Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check ► a	if the organization belongs to an affiliated group.	Check	•	b	if you che	ecked "a" and "limited contro	l" provisions apply.
	Limits on Lobbying Expenditu	res				(a) Affiliated group	(b) To be complet

		Affiliated group totals	To be completed for all electing organizations
	ō.	N/A	607
- A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	36		687.
And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	37		14,990.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	38		15,677.
9 Other exempt purpose expenditures	39		1,115,719.
	40		1,131,396.
1 Lobbying nontaxable amount. Enter the amount from the following table -   If the amount on line 40 is - The lobbying nontaxable amount is -   Not over \$500,000	41		188,140.
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  2 Grassroots nontaxable amount (enter 25% of line 41)	42		47,035.
3 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
4 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total						
45 Lobbying nontaxable amount	188,140.	179,230.	180,899.	186,283.	734,552.						
46 Lobbying ceiling amount (150% of line 45(e))					1,101,828.						
47 Total lobbying expenditures	15,677.	14,158.	12,110.	45,215.	87,160.						
48 Grassroots nontaxable amount	47,035.	44,808.	45,225.	46,571.	183,639.						
49 Grassroots ceiling amount (150% of line 48(e))					275,459.						
50 Grassroots lobbying expenditures	687.		2,420.	5,000.	8,107.						

Part VI-B Lobbying Activity by Nonelecting Public Ch	c Charities	Nonelecting F	Activity by	Lobbying	Part VI-B
------------------------------------------------------	-------------	---------------	-------------	----------	-----------

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

Dur	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	103	IIV.	Ainvain
a	Volunteers		211	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)	-	110	
C	Media advertisements		0.0	
d	Mailings to members, legislators, or the public		- 4	
e	Publications, or published or broadcast statements	1		
	Grants to other organizations for lobbying purposes		7.11	
	Direct contact with legislators, their staffs, government officials, or a legislative body	-	117	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		122	
1	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Schedule A (Form 990 or 990-EZ) 2007

Part \		arding Transfers To ations (See page 14 of the		d Relationships With Nonch	aritable		
	d the reporting organization dire	ctly or indirectly engage in an	y of the following with any other	r organization described in section		7	_
	1(c) of the Code (other than sec ansfers from the reporting organ			Diffical organizations?		Yes	No
					51a(i)		X
					a(ii)		X
b Ot	her transactions:						1
(	) Sales or exchanges of assets	with a noncharitable exempt	organization		b(i)		X
(i	) Purchases of assets from a no	oncharitable exempt organiza	tion		b(ii)		X
(11	Rental of facilities, equipment	, or other assets			b(iii)		X
					0.000.00		X
(v	i) Performance of services or m	embership or fundraising sol	icitations				X
	aring of facilities, equipment, m						X
go		iven by the reporting organiza	ation. If the organization receive	always show the fair market value of the d less than fair market value in any or services received;		N/A	
(a) Line no.	(b) Amount involved	Name of noncharitab	(c) le exempt organization	(d) Description of transfers, transactions,	and sharing ar	ranger	nents
						_	_
	7						
	LT of his order						
						_	_
							_
							_
52 a ls	the organization directly or indi	rectly affiliated with, or related	d to, one or more tax-exempt or	J ganizations described in section 501(c) o	of the		
C	ode (other than section 501(c)(3 "Yes," complete the following sc	3)) or in section 527?			Yes	2	No
0 "	(a)		(b)	(c)			
	Name of orga	nization	Type of organization	Description of rela	itionship		
				1			

Schedule A (Form 990 or 990-EZ) 2007

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

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization Employer identification number

BLUE RIBBON COALITION INC 82-0413981

Organization type (che	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
for both the General Ru	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes le and a Special Rule-see instructions.)
General Rule-	
	ons filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one omplete Parts I and II.)
Special Rules-	
sections 509(a	601(c)(3) organization filing Form 990, or Form 990·EZ, that met the 33·1/3% support test of the regulations under ()(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% on line 1 of these forms. (Complete Parts I and II.)
aggregate con	601(c)(7), (8), or (10) organization filing Form 990, or Form 990·EZ, that received from any one contributor, during the year, tributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational ne prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
some contribu \$1,000. (If this charitable, etc	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, tions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than box is checked, enter here the total contributions that were received during the year for an exclusively religious, ., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received religious, charitable, etc., contributions of \$5,000 or more during the year.)
	that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but ox in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

FORM 990 PAGE 2

990

sset No. Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
PROGRAM SERVICES											
13PRIOR YEAR ASSETS	VARIES	SL	5.00	17			4				3,666
* 990 PAGE 2 TOTAL PROGRAM SERVICES					0.		0.	0.	0.	0.	3,666
MANAGEMENT AND GENERA	T										
1PRIOR YEAR ASSETS	VARIES	SL	5.00	17	56,607.			56,607.	29,209.		1,026
2IMAC COMPUTER	010907	SL	5.00	19B	1,271.			1,271.			127
3HEWLETT PACKARD	011207	SL	5.00	19B	466.			466.			47
4KYOCERA	012207	SL	5.00	19B	8,147.			8,147.			815
5700 WX PALM PILOTS	012507	SL	5.00	19В	1,129.			1,129.			96
6POWER SHOT A540 CAMER	A021207	SL	5.00	19B	212.			212.			40
7DISPAYIT	030607	SL	5.00	19B	2,224.			2,224.			222
DIMENSION E520 8COMPUTER	041507	SL	5.00	19B	1,007.			1,007.			101
9MONITOR	051507	SL	5.00	19В	697.			697.			70
10MP3 TECH PLAYER	121007	SL	5.00	19B	225.			225.			38
* 990 PAGE 2 TOTAL MANAGEMENT AND GENERA	T.				71,985.		0.	71,985.	29,209.	0.	2,582
FUNDRAISING											4
12PRIOR YEAR ASSETS * 990 PAGE 2 TOTAL	VARIES	SL	5.00	17							383
FUNDRAISING					0.		0.	0.	0.	0.	383

PAGE 2

DEFREGIATION AND AMONTEATION	990	PAGE	2

Asset No.			Description		Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 2	GRAND DEPR	TOTAL	990 PAGE					71,985.		0.	71,985.	29,209.	0.	6,631.
						1									
						1									
												1			
200100															

990

FORM 990 GAIN (	LOSS) FROM	SALE OF OTH	ER ASSETS	STA	ATEMENT 1
DESCRIPTION		DATE		METH ACQUI	
DISPOSITION OF ASSETS		VARIOU	S VARIOU	S PURCE	HASED
NAME OF BUYER SA	GROSS LES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	463.	0.	0.	<463.
TO FM 990, PART I, LN 8		463.	0.	0.	<463.3
FORM 990	SPECIAL EV	ENTS AND ACT	PIVITIES	STA	ATEMENT 2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
BREAKFAST OF CHAMPIONS	52,500	. 16,500.	36,000.	4,729.	31,271.
TO FM 990, PART I, LINE 9	52,500	. 16,500.	36,000.	4,729.	31,271.

FORM 990											SOLD E 10		STATEMENT	3
INCOME														
1. GROSS RECEIPTS								+	16.	0		3,875		
2. RETURNS AND ALLOWAN		+												
3. LINE 1 LESS LINE 2					٠	•		٠	,				3,	875
4. COST OF GOODS SOLD	(LINE	13	)									3,035		
5. GROSS PROFIT (LINE								٠	٠			-0.500		840
COST OF GOODS SOLD													-	
6. INVENTORY AT BEGINN	ING O	Y	EA	R.										
7. MERCHANDISE PURCHAS	ED .									4				
8. COST OF LABOR							+							
9. MATERIALS AND SUPPL	IES .						+					3,035		
10. OTHER COSTS			6.1											
11. ADD LINES 6 THROUGH	1 10 .				•	•	•		•	•			3,	035
12. INVENTORY AT END OF	YEAR	2	i.			i			ú	4				
13. COST OF GOODS SOLD	/ T TATE	11	T	DOC	T	TATI	E7 1	10	1				2	035

FORM 990	OTHER	EXPENSES		STATEMENT 4
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
43-A TAXES 43-B INSURANCE	1,268.		1,268. 3,368.	
43-C OFFICE EXPENSE 43-D BANK SERVICE	3,577.	286.	3,291.	
CHARGES	4,143.		4,143.	
43-E MAGAZINE 43-F	234,319.	234,319.		
HIRING/TRANSITIONS 43-G MDSE SALES	7,491.		7,491.	
EXPENSE	335.	335.		
43-H WEB PAGE DESIGN 43-I LOBBYIST 43-J LEGAL FUND	18,828. 15,677.	18,828. 15,677.		
EXPENSE 43-K PAID	194,217.	185,035.	7,031.	2,151.
ADVERTISING 43-L SPECIAL EVENTS 43-M MEMBERSHIP DUES	31,060. 23,797.	31,060.		23,797.
OTHER ORGS	420.		420.	
TOTAL TO FM 990, LN 43	538,500.	485,540.	27,012.	25,948.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 5
CLASS OF ACTIVITY	/DONEE'S NAME AND ADDRESS	AMOUNT
SAE CLEAN SNOWMOE	SILE CHALLENGE	2,000.
RUBICON TRAIL FOU	UNDATION	500.
BLM HOLLISTER FIR	LD OFFICE	1,000.
UW (UNIV WASHING)	CON) FOUNDATION	11,500.
TREASURE STATE AI	LIANCE	500.
AMERICAN RECREATI	CON COALITION	500.
CALIF ENDURO RIDE	ERS ASSN	2,500.
WISCONSIN DUAL SI	PORT RIDERS	2,500.
TOTAL INCLUDED OF	N FORM 990, PART II, LINE 22B	21,000

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

### DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS,
ADMINISTRATIVE PERSONNEL AND LAND MANAGERS, THE MEDIA, AND
THE GENERAL PUBLIC; LITIGATION; MONITORING, PARTICIPATING IN
AND/OR PROVIDING SUPPORT FOR SCIENTIFIC RESEARCH; AND
INVOLVEMENT AND/OR SUPPORT FOR MANAGEMENT PROJECTS INTENDED
TO IMPROVE RECREATIONAL ACCESS CONSISTENT WITH THE GOALS OF
THE COALITION. EDUCATE THE PUBLIC ON SUBJECTS USEFUL TO THE
INDIVIDUAL AND BENEFICIAL TO COMMUNITY, INCLUDING THE
IMPORTANCE OF RECREATIONAL AND COMMERCIAL USE OF OUR PUBLIC
LANDS, PROTECTION OF RIGHTS OF RECREATIONAL VEHICLE USERS,
AND COOPERATION BETWEEN ALL PUBLIC LAND USERS.

	_	GRANTS	EXPENSES		
TO FORM 990, PART III, LINE A	_		880,231.		
FORM 990 DEPRECIATION OF A	SSETS NOT HELD FOR	INVESTMENT	STATEMENT 7		
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
PRIOR YEAR ASSETS IMAC COMPUTER HEWLETT PACKARD	56,607. 1,271. 466.	30,235. 127. 47.	26,372. 1,144. 419.		
KYOCERA 700 WX PALM PILOTS POWER SHOT A540 CAMERA	8,147. 1,129. 212.	815. 96. 40.	7,332. 1,033. 172.		
DISPAYIT DIMENSION E520 COMPUTER MONITOR	2,224. 1,007. 697.	222. 101. 70.	2,002. 906. 627.		
MP3 TECH PLAYER	225.	38.	187.		
TOTAL TO FORM 990, PART IV, LN	71,985.	31,791.	40,194.		

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 8
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	TITLE AND COMPEN- AVRG HRS/WK SATION			
GREG MUMM 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	EXECUTIVE DIRE	71,828.	0.	0,	
BILL SCHUMANN 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	VICE PRESIDENT 6.00	0+	0.	0.	
JONI MOGSTAD 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	TREASURER 4.00	0.	0.	0.	
PAT HARRIS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	SECRETARY 3.00	0.	0.	0.	
BILL RUGG 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 2.00	0.	0.	0.	
SONIA BARTZ 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	PRESIDENT 3.00	0.	0.	0.	
CHRIS COOK 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0.00	0.	0.	0.	
BRETT DAVIS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0.00	0.	0.	0.	
CHRISTINE JOURDAIN 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 1.00	0.	0.	0.	
NICK HARIS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 4.00	0.	0.	0.	
SANDRA MITCHELL 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 1.00	0.	0.	0.	

BLUE RIBBON COALITION INC			82-0	413981
MAUREEN HEALEY 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 3.00	0.	0.	0.
JACK SHEETS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 6.00	0.	0.	0.
BOB STEVENSON 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A	71,828.	0.	0.

Form 990-T Exempt Organization Bus (and proxy tax und Internal Revenue Service (77)  Exempt Organization Bus (and proxy tax und For calendar year 2007 or other tax year beginning	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  For calendar year 2007 or other tax year beginning and ending					
A Check box if address changed Name of organization ( Check box if name of address changed Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box if name of organization ( Check box i						
X 501(C)(3) Type Number, street, and room or suite no. If a P.O. bo 408(e) 220(e) 4555 BURLEY DRIVE	x, see paç	e 9 of instructions.		E Unrelated (See instruction page 9	business activity codes actions for Block E .)	
408A530(a)	03			54180	00	
C Book value of all assets  F Group exemption number (see instructions for Block F.)  at end of year  C Check expanization type  X   501(c) corporation		Leavy v	1.60.10.0		80.00	
<78,702.>		501(c) trust	401(a) trust		Other trust	
		TATEMENT 9		Clare	TVI	
During the tax year, was the corporation a subsidiary in an affiliated group or a pare If "Yes," enter the name and identifying number of the parent corporation.	nt-subsid	ary controlled group?	<b>&gt;</b> L	Yes	X No	
J The books are in care of GREG MUMM		Telephor	ne number > 2	08-23	37-1008	
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sales 3,875.						
b Less returns and allowances c Balance	1c	3,875.				
2 Cost of goods sold (Schedule A, line 7)	2	2,424.				
3 Gross profit. Subtract line 2 from line 1c	3	1,451.			1,451.	
4a Capital gain net income (attach Schedule D)	4a					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<463.>			<463.	
c Capital loss deduction for trusts	4c					
5 Income (loss) from partnerships and S corporations (attach statement)	5					
6 Rent income (Schedule C)	6					
7 Unrelated debt-financed income (Schedule E)	7					
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8					
9 Investment income of a section 501(c)(7), (9), or (17) organization						
(Schedule G)	9					
10 Exploited exempt activity income (Schedule I)	10					
11 Advertising income (Schedule J)	11	136,433.	59,5	18.	76,915.	
12 Other income (See instructions; attach schedule.)	12	488 484	E 6 . E			
13 Total. Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere (See instructions f			59,5	018.	77,903.	
(Except for contributions, deductions must be directly connected	ed with the	ne unrelated business	income.)	Last	0 527	
14 Compensation of officers, directors, and trustees (Schedule K)			a labella a loi a colocco la labella de la localista (el labella)	14	9,527. 49,387.	
15 Salaries and wages		12121312121311713111121311111213131	onemineme.	15	49,307.	
16 Repairs and maintenance						
17 Bad debts						
18 Interest (attach schedule)				18	7,837.	
19 Taxes and licenses Charitable contributions (Can instructions for licentation rules)			*************	20	1,051.	
Charitable contributions (See instructions for limitation rules.)  Depreciation (attach Form 4562)		1 24 1	2,721			
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return	1511311111111	220	2,121	22b	2,721.	
				23	2,121	
23 Depletion 24 Contributions to deferred compensation plans				24		
				25	10,224.	
				26	10,221	
	******		er v re r v - er er er er er er er er er er er er er	27		
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule)	**********	SEE STATE	EMENT 10	28	5,130	
29 Total deductions. Add lines 14 through 28	***********		arania anna a	29	84,826	
30 Unrelated business taxable income before net operating loss deduction. Subtra	ct line 29	from line 13	***************************************	30	<6,923	
31 Net operating loss deduction (limited to the amount on line 30)					0.	
32 Unrelated business taxable income before specific deduction. Subtract line 31	from line	30	emmana samus	32	<6,923	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)					1,000	
34 Unrelated business taxable income, Subtract line 33 from line 32. If line						
of zero or line 32				34	<6,923.	
723701 02-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see instru					Form 990-T (200)	

Part III	Tax Computation						
	ganizations Taxable as Corpo	rations. See in	structions for tax cor	nputation.			
	ntrolled group members (sect						
	ter your share of the \$50,000,						
(1)		(2)  \$	polocologo ravanio III	(3)  \$	1		
	ter organization's share of: (1)		tax (not more than \$				
	) Additional 3% tax (not more						
e Inc	nome tay on the amount on line	o 34	<i>L</i> :		▶	35c	0.
36 Tr	uete Tavahla at Truet Ratge S	See instructions	for tay computation	Income tax on the amount on	line 34 from:	000	
50 11						36	
37 Pr						37	
						38	
	stal Add lines 37 and 38 to line	e 35c or 36 wh	ichever annlies	991.Universitättämännämä		39	0.
	Tax and Payments		indirever apprings			1 00 1	
	reign tax credit (corporations a		18: trusts attach Forn	n 1116)	10a		
	her credits (see instructions)				106		
	eneral business credit. Check h						
	Form 3800 Form(				10c		
d Cr	edit for prior year minimum ta	x (attach Form	8801 or 8827)		10d		
						40e	
							0.
42 Ot	her taxes. Check if from:	Form 4255	Form 8611	Form 8697 Form 8866	Other (attach schedule)	42	
	otal tax. Add lines 41 and 42					43	0.
	yments: A 2006 overpayment				14a		
	07 estimated tax payments				14b		
	x deposited with Form 8868				14c		
d Fo	reign organizations: Tax paid o	or withheld at s	ource (see instruction	ns)	14d		
	ckup withholding (see instruc				14e		
	her credits and payments:		Form 2439				
	Form 4136		Other	Total ▶	44f		
45 To	otal payments. Add lines 44a t	hrough 44f				45	
46 Es	stimated tax penalty (see instru	ictions). Check	if Form 2220 is attac	hed 🕨 🔲	optivaries rottam totam	46	
				ount owed			0.
				ter amount overpaid		48	0.
49 En	nter the amount of line 48 you	want: Credited	to 2008 estimated t	ax 🕨	Refunded >	49	
Part V	Statements Regard	ding Certa	ain Activities a	nd Other Information	(See instructions on pa	ge 18)	
1 At any	time during the 2007 calendar	year, did the d	rganization have an i	nterest in or a signature or othe	r authority over a financial a	ccount	Yes No
(bank,	securities, or other) in a foreig	in country? If \	ES, the organization	may have to file Form TD F 90-	22.1. If YES, enter the name	of the	X
foreign	country here						
If YES, s	the tax year, did the organization red see page 5 of the instructions for oth	her forms the orga	n from, or was it the grant inization may have to file.	tor of, or transferor to, a foreign trust	/ 		X
	he amount of tax-exempt inter						
Schedul	le A - Cost of Goods	Sold. Ente	r method of invento	ory valuation D COST			
		1					2 450
1 Invento	ory at beginning of year		4,448.	6 Inventory at end of year		6	3,472.
2 Purcha			1,448.	7 Cost of goods sold. Subtr		1111	51.723.1
	f labor			from line 5. Enter here and	d in Part I, line 2	7	2,424.
4a Additio	onal section 263A costs			8 Do the rules of section 2	63A (with respect to		Yes No
	costs (attach schedule)				quired for resale) apply to		
5 Total.	Add lines 1 through 4b	-	5,896.				
-	Under penalties of perjury, I declar correct, and complete. Declaration	re that I have exa	mined this return, including than taxpayer) is based	ng accompanying schedules and sta on all information of which preparer	tements, and to the best of my ki	nowledge and be	elief, it is true,
Sign			1	1.0			cuss this return with
Here						the preparer sho	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	Signature of officer		Date	Title		Instructions)?	THE RESERVE THE PERSON NAMED IN COLUMN 1
Daid	Preparer's			Date		reparer's SSI	
Paid Preparer's	signature			04/28/08			31328
Use Only	vours if self-		OMPANY, C	HARTERED		2-0338	
	employed), 215		SUITE A		Phone no.	208-2	32-5825
	ZIP code POCA	ATELLO,	ID 83201				
723711/02-1	8-08						Form 990-T (2007)

## Form 990-T (2007) BLUE RIBBON COALITION INC 82-0413981 Page Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property													
(1)													
(2)													
(3)													
(4)								_					
(a) From personal property rent for personal proper	(if the percenty is more than	2 Rent received tage of n	(b) F	rent for per	d personal property rsonal property exc	eeds 50% o	centage or if		3 Deductions d	irectly c 2(a) and	onnect 2(b) (at	ed with the income in ttach schedule)	
10% but not more	than 50%)			the rent	Is based on profit of	or Income)		-					_
(1)							-						_
(2)			_			_	_	+			_		_
(3)								+					_
Total		0.	Total				0			_	_		_
Total income. Add totals of colu here and on page 1, Part I, line 6		nd 2(b). Enter						To	otal deductions. ter here and on pag rt I, line 6, column (				0.
Schedule E - Unrelate				e (See i	nstructions on	page 20	0)						
					0 -	77.00		1	Deductions direct to debt-	ly conne	ected w	vith or allocable	
1 Description	of debt-finance	ced property			2 Gross Inco or allocable financed p	to debt-			aight line depreciati attach schedule)		Гриоре	(b) Other deduction (attach schedule)	S
(1)				_		_	-						-
(2)							_						
(3)													_
(4)													
4 Amount of average acquisit debt on or allocable to debt-fina property (attach schedule)	on nced	of or a debt-fina	adjusted ba allocable to nced proper n schedule)		6 Column 4 by colum				Gross income portable (column 2 x column 6)		(c	8 Allocable deducti column 6 x total of col 3(a) and 3(b))	
(1)						0	/ <sub>o</sub>						
(2)							%						
(3)						0	/a						
(4)						0	%						
Totals	ections inclu	ided in colum	n 8				Par	t I, line	and on page 1, 7, column (A).	0.	Part	r here and on page 1, I, line 7, column (B).	0.
Schedule F - Interest	Annuiti	es, Roya	ities, ar					ganı	zations (Se	e instr	uctio	ns on page 21)	
1 Name of Controlled Organi	zation	Employer Id Num	entification ber	Net un	3 orelated Income see instructions)	Total	ons 4 of specif nents ma	ied de	5 Part of column included in the corganization's gro	ontrollin	ng I	6 Deductions directions connected with incolumn (5)	ctly
(1)			_				_	_			+		
(2)											+		
(3)								100					
(4)													
Nonexempt Controlled Orga	nizations	**											
7 Taxable Income		unrelated incon (see instruction		9 Tot	tal of specified pays made	ments		control	nn 9 that is include ling organization's s income	1		uctions directly conn income in column 10	
(1)	1												
(2)	til en									10			
(3)										H			
(4)	1												
3 i							Add cole Enter he line 8, c	re and c	on page 1, Part I, A).	Ent	ter here	mns 6 and 11. a and on page 1, Part lumn (B).	
Totals									C	) .	_	For- 000 T	0.
723721 / 02-18-08												Form 990-T	(2007

Form 990-T (2007)	BLUE	RIBBON	COALITION	INC	82-04139
Schedule G -	- Investi	ment Incon	ne of a Section	501(c)(7), (9), or (17) Organization	

1 Descri	iption of income			2 Amount of income	3 Deduction directly con (attach sci	nected	4 Set-asides (attach schedule)	5 Total deductions and set-asides
(1)					(attach sc	redule)	, , , , , , , , , , , , , , , , , , , ,	(col. 3 plus col. 4)
(2)			_		_	-		+
(3)								
(4)								
				ter here and on page 1,		_		Enter here and on page 1,
			Pa	rt I, line 9, column (A).				Part I, line 9, column (B).
Totals			<b>&gt;</b>	0.				0.
Schedule I - Exploited (see instru					ng Incor	ne		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe directly con with prod of unrel business	nnected uction ated	4 Net Income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7,	5 Gross in from active is not unrobusiness in	ty that elated	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)		5.			_			
(4)					_			
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, I line 10, c	Part I,					Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertising	ng Income (see i	nstructions	on page 2	2)				
Part I Income From I								
1 Name of periodical	2 Gross advertising income		Direct tising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circ		6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				-				
(2)		_						
(3)		_	-					
(4)		-						
Totals (carry to Part II, line (5)) Part II Income From I	Periodicals Rep		0 . a Separ	ate Basis (For e	each period	lical listed	in Part II, fill in	0.
	7 on a line-by-line ba	isis.)						
(1) BLUE RIBBON						The Di		
(2) MAGAZINE	136,43	3. 59	9,518.	76,915	. 176	045.	97,876.	
(3)					1			
(4)								
(5) Totals from Part I		0.	0.					0.
	Enter here and of page 1, Part I, line 11, col. (A)	pag line 1	here and on e 1, Part I I 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 136,43		9,518.					0.
Schedule K - Compens	sation of Office	rs, Direc	tors, and	Trustees (see	instruction			
1 N	ame			2 Title		3 Percent time devote business	d to	pensation attributable prelated business
GREG MUMM			EXECU	TIVE DIRE	CTOR		%	9,527
							%	
							%	
							%	
Total. Enter here and on page 1, P	art II, line 14			umministration in the second		manna.	. ▶	9,527
								Form 990-T (2007

723731 02-18-08

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	9
ADVERTISING I	N THE BLUE RIBBON COALITION MAGAZINE PAGE 1		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	10
DESCRIPTION		AMOUNT	
MAGAZINE FICA		5,1	30.
TOTAL TO FORM	990-T, PAGE 1, LINE 28	5,1	30.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	PRIOR YEAR DEPRECIATION * TOTAL 990-T PG 1 DEPR	VARIES	SL	5.00	17	0.		0.	0.	0.	0.	2,721.
												-

Department of the Treasury Internal Revenue Service

## Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return. OMB No. 1545-0172 Sequence No. 67

990

Name(s) shown on return Business or activity to which this form relates BLUE RIBBON COALITION INC FORM 990 PAGE 2 82-0413981 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 125,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 500,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 -. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 5,075. 17 MACRS deductions for assets placed in service in tax years beginning before 2007 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (g) Depreciation deduction (a) Classification of property year placed 19a 3-year property 15,378. 5 YRS. HY SL 1,556. b 5-year property 7-year property C 10-year property d 15-year property e 20-year property S/L 25-year property 25 yrs. g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L i Nonresidential real property Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. 40-year 40 vrs. S/L Part IV | Summary (see instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 6,631. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. 23 716251 11-03-07 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2007)

Form 4562 (2007) 82-0413981 Page 2 BLUE RIBBON COALITION INC Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (e) (i) (d) Date Business/ Elected section 179 Type of property (list vehicles first ) Depreciation deduction Basis for depreciation Recovery Method/ Cost or placed in investment (business/investment other basis period Convention service use percentage use only) cost

25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use. Property used more than 50% in a qualified business use: 9% % % 27 Property used 50% or less in a qualified business use: S/L % % S/L · % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	(a Veh		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (do not include commuting miles)			45									
31	Total commuting miles driven during the year			44	_							-	
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year.												
	Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal use?				H		H						

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?	4.	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization					
(a) Description of costs	Date amerization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins dur	ing your 2007 tax year:				
	1000				
3 Amortization of costs that began before	ore your 2007 tax year	. 10*10*010*1111*11*1-1		43	

716252/11-03-07

Form 4562 (2007)

# Department of the Treasury Internal Revenue Service (99)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
Attach to your tax return.

See separate instructions. ➤ Attach to your tax return.

OMB No. 1545-0184

Name(s) shown on return

BLU	E RIBBON COALITION	INC					8	32-0413981
	ter the gross proceeds from sales or					. = 1		
Par		of Property	Used in a Tra	ade or Busine	ss and Involu	ntary Con	versi	ons From
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales	(e) Depreciation allowed or allowable since acquisition	(f) Cost or obasis, plu improvements expense of	other s s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
DIS	POSITION OF ASSETS	VARIOUS	VARIOUS	0.		4	63.	<463.
			7					
3	Gain, if any, from Form 4684, line 39	9					3	
4	Section 1231 gain from installment	sales from Form	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like	kind exchanges	from Form 8824				5	
6	Gain, if any, from line 32, from other	than casualty o	r theft				6	1.50
7	Combine lines 2 through 6. Enter th						7	<463.
	Partnerships (except electing larginstructions for Form 1065, Schedubelow.	ge partnerships le K, line 10, or F	and S corporate Form 1120S, Sch	ions. Report the g edule K, line 9. Sk	ain or (loss) follow ip lines 8, 9, 11, a	ing the nd 12		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	p lines 8 and 9. I ed in an earlier y	f line 7 is a gain a ear, enter the gai	and you did not ha n from line 7 as a l	ve any prior year	section		
8	Nonrecaptured net section 1231 los	sses from prior v	ears (see instruc	tions)			8	
9	Subtract line 8 from line 7. If zero or							
	line 9 is more than zero, enter the a							
	capital gain on the Schedule D filed	with your return	(see instruction	s)			9	
Pai	t II Ordinary Gains and	Losses (see in	estructions)					
10	Ordinary gains and losses not inclu		2 (2 (2)	de preperty held 1	Vany ay loon):			
10	Ordinary gains and losses not inclu	T The strain of the strain	T (inclu	de property neid 1	year or less):	1		
_								
_							-	
_								
11	Loss, if any, from line 7						11	<463.
12	Gain, if any, from line 7 or amount for	rom line 8, if app	licable	*(104110161710461110100	20) WHO ( ) WHO ( ) W	entrominant)	12	1,1000.1
13	Gain, if any, from line 31		-1.0	eirstätts ettstrakteitstietts	118)1141515111141515114141	11511518112118118150	13	
14	Net gain or (loss) from Form 4684, I			***************************************	Pre-1944 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		14	
15	Ordinary gain from installment sales		<ul> <li>- 0.4.5 (0.4.5) (0.4.5) (0.4.5) (0.4.5) (0.4.5)</li> </ul>				15	
16	Ordinary gain or (loss) from like-kind	exchanges from	n Form 8824		similian masimi	151315H811515111	16	
17	Combine lines 10 through 16						17	<463.
18	For all except individual returns, ent	ter the amount f	om line 17 on th	e appropriate line	of your return and	skip lines		
	a and b below. For individual return				or your rotally and	orup miod		
	If the loss on line 11 includes a loss	San Carlo Carlo Carlo			ant of the loce he	ro Entor		
d	the part of the loss from income-pro			1. 1. 1.				
	from property used as an employee				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
							18a	
b	Redetermine the gain or (loss) on lin							
	Form 1040, line 14					*************	18b	
LHA	For Paperwork Reduction Act N							Form 4797 (2007)

(a) Description of section 1245, 1250, 1252, 1254,	or 1255 <sub>I</sub>	property:		(b) Date acquire (mo., day, yr.)	(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	
A					1 =	
В						
C					V+ =	
D						
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property B	Property C	Proper	ty D
O Gross sales price (Note: See line 1 before completing.)	20					
1 Cost or other basis plus expense of sale	21					
2 Depreciation (or depletion) allowed or allowable	22			7		
3 Adjusted basis. Subtract line 22 from line 21	23					
4 Total gain. Subtract line 23 from line 20	24					
5 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975 (see instructions)	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					_
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a					
b Enter the smaller of line 24 or 29a (see instructions)	29b					
Summary of Part III Gains Gamelet	a altress -	A thomash Dates	a line DOIs to to to to	an to line (00		
Summary of Part III Gains. Complete property	columns	A through D through	n line 29b before goir	ng to line 30.		
Total gains for all properties. Add property column	s A throu	igh D, line 24			30	
31 Add property columns A through D, lines 25b, 26g	270 28	h and 29h Enter he	ere and on line 13		31	
32 Subtract line 31 from line 30. Enter the portion from					01	
from other than casualty or theft on Form 4797, lin		9 % - mil - 3 m - 3 m -	oo4, iiile oo. Litter ti		32	
Part IV   Recapture Amounts Under Secti						
(see instructions)			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA			
				(a) Section 179	(b) Sect 280F(b	
Saction 170 expense deduction or depreciation -	owahla t	n prior veere	T 00			/
Section 179 expense deduction or depreciation all			1982			
Recomputed depreciation (see instructions) Recapture amount, Subtract line 34 from line 33. §		estructions for whom	AND THE RESERVE AND ADDRESS OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF	+	_	_
necapture amount, Subtract line 34 from line 33. S	ee me ir	istructions for where	to report 35	21	Form 479	

## Form 4720 Department of the Treasury

Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)

See separate instructions.

OMB No. 1545-0052

For calendar year 2007 or other tax year beginning 2007, and ending Employer identification number Name of organization or entity BLUE RIBBON COALITION INC 82-0413981 Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Check box for type of annual return: 4555 BURLEY DRIVE X Form 990 Form 990EZ Form 990-PF City or town, state, and ZIP code CHUBBUCK, ID 83202-0003 Form 5227 Yes No X A Is the organization a foreign private foundation within the meaning of section 4948(b)? N/A Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction > \$ . If "No," (i.e., any uncorrected acts, or transactions), attach an explanation (see page 4 of the instructions). Part | Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4955(a)(1), 4955(a)(1), 4965(a)(1), and 4966(a)(1)) Tax on undistributed income - Schedule B, line 4 Tax on excess business holdings - Schedule C, line 7 2 2 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 Tax on taxable expenditures - Schedule E, Part I, column (g) Tax on political expenditures - Schedule F, Part I, column (e) 5 Tax on excess lobbying expenditures - Schedule G, line 4 6 Tax on disqualifying lobbying expenditures - Schedule H. Part I, column (e) 7 Tax on premiums paid on personal benefit contracts Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 10 Tax on taxable distributions - Schedule K, Part I, column (f) Tax on charitable remainder trust's unrelated business taxable income. Attach schedule 11 12 12 Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons Part II-A (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (b) Taxpayer (a) Name and address of person subject to tax identification number b d (c) Tax on self-dealing -Schedule A, Part II, col. (d), and Part III, col. (d) (d) Tax on investments that jeopardize charitable purpose -Schedule D, Part II, col. (d) (e) Tax on taxable expenditures -(f) Tax on political expenditures -Schedule E, Part II, col. (d) Schedule F, Part II, col. (d) b C d Total (h) I ax on excess benefit transactions - Sch I, Part II, col. (d), and Part III, col. (d) (i) I ax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) (g) Tax on disqualifying lobbying (j) Tax on taxable distributions expenditures - Sch H, Part II, col. (d) Schedule K, Part II, col. (d) C d Total (k) Tax on prohibited benefits - Sch L. (I) Total - Add cols. (c) through (k) Part II, col. (d) and Part III, col. (d) b d Total Form 4720 (2007) JWA For Privacy Act and Paperwork Reduction Act Notice, see page 15 of the instructions.

2

JWA

724071 02-14-08

under section 4942 (add lines 1 and 2)

Tax - Enter 30% of line 3 here and on page 1, Part I, line 1

Form 4720 (2007)

3

Rusinoss		Computation of Tax	OH EX	cess business	s riolality	JS (Gection 4940	9
		Computation of Tax	attack a	ennerata anhadida fa	v andb autor	seina Dafar	
		in more than one business enterprise, ch line item before making any entries.	attach a	separate schedule to	r each enter	orise. Keter	
Name and add	ress of business ente	erprise					
Employer iden	tification number						
Form of entero	orise (corporation, pa	rtnership, trust, joint venture, sole prop	rietorshi	o, etc.)		<b>•</b>	
				(a) Voting stock (profits interest beneficial intere	or	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation	n holdings in busine	ss enterprise	1				
2 Permitted	holdings in business	s enterprise	2				
3 Value of e	excess holdings in bu	siness enterprise	3				
days; or,	excess holdings dispo other value of excess section 4943 tax (at		4				
5 Taxable e	xcess holdings in bus		5				
			6				
7 Total tax	<ul> <li>Add amounts on lin</li> </ul>	ne 6, columns (a), (b),					
		page 1, Part I, line 2 - Initial Taxes on Investme	7 nts Th	at Jeonardize	e Charita	ble Purpose	(Section 4944)
Part I		and Tax Computation			2.05.00		
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount o investment	of	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
2 3				í.			
4			= -				
Total - column	n (e). Enter here and	on page 1, Part I, line 3		*****************			
		rorated amount) here and in Part II, colu			runenteenesti	111411411311111111111111111111111111111	man.
Part II	Summary of	Tax Liability of Foundation	n Man				1.700
	(a) Names of fou	undation managers liable for tax		(b) Investment no. from Part I, col. (a)		rom Part I, col. (f), prated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)
-							

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## SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures	and Computation	on of Tax				_	
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address	of recipient		(e) Description o	whic	enditure and purposes th made
1								
2								
3					_		_	
5					-			
(f) Question	n number from Form 99 7, Part VI-B, applicable t	0-PF, Part VII-B, or to the expenditure	(g) Initial tax imposed or (20% of col. (t			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		dation managers (if applicable)- ) or 5% of col. (b))
otal - colum	nn (g). Enter here and o	n						
age 1, Part	I, line 4							
	nn (h). Enter total (or pro		montronium vietronium poster	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	e constant	100		
Part II	Summary of 1	ax Liability of F	oundation Managers	and Prorat				(4)
	(a) Names of	foundation managers li	able for tax	(b) Item no. fr Part I, col. (		(c) Tax from Part I, col. or prorated amount	(h),	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions
					$\exists$			
					-			
		OUEDINE E. I.	skiel Teure en Delikie	al Evenandii		(Castion 4055)		
Part I		and Computati	nitial Taxes on Politic	ai Expendii			_	
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political (	expenditure	(e) orga	Initial tax imposed on anization or foundation (10% of col. (b))	mai	(f) Initial tax imposed on nagers (if applicable) (lesse \$5,000 or 2½% of col. (b))
1								
2								
3								
5							_	
	na (a). Enter hare and a	n none 1 Deet I line F						
Part II			d in Part II, column (c), below	lan Managar		d Dravation of Dayma	nto	
Partil		es of organization mana	ation Managers or Foundat gers or	(b) Item no				. (d) Manager's total tax liabil
	founda	ation managers liable fo	r tax	Part I, co	l. (a)	or prorated amou		(add amounts in col, (c)) (see page 11 of the instructions
							-	
724091 JV	VA .				_			Form <b>4720</b> (200

SCHEDULE G - 1	Tax on Excess I	Lobbying I	Expenditures	(Section 4911)
----------------	-----------------	------------	--------------	----------------

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule A (Form 990 or 990-EZ), Part VI-A, column (b), line 43). (See page 11 of the instructions before making entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule A (Form 990 or 990-EZ), Part VI-A, column (b), line 44). (See page 11 of the instructions before making entry.)	2	
3	Taxable lobbying expenditures - enter the larger of line 1 or line 2	3	
4	Tax - Enter 25% of line 3 here and on page 1, Part I, line 6	4	

## SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I	Expenditures	and Computat	tion of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures		(e) Tax imposed on organization (5% of col. (b))	(f) lax imposed on organization managers (if applicable)- (5% of col. (b))	
1							
2							
3							
4							
5							
	(a) Names of or	ganization managers I	able for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions	
						N	
		-					

## SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Excess Benefit Transactions and Tax Computation						
ization managers (if applicable) 20,000 or 10% of col. (d))						
Form <b>4720</b> (200						

			damida i cido	ons and Proration	or r dymonic		17%	
	(a) Names	of disqualified persons liable for ta	яX	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part or prorated an		(d) Disqualified person's total t liability (add amounts in col. (c (see page 13 of the instruction)	
Part III	Summary of	Tax Liability of 501	c)(3) & (4) Org	anization Manage	rs and Prora	tion of	Payments	
	(a) Names of 501(c)	(3) & (4) organization managers lia	ble for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Par or prorated ar	4.70	(d) Manager's total tax liability (add amounts in col. (c)) (see page 13 of the instructions	
CHEDUI Part I		n Being a Party to F ax Shelter Transact instructions)					ntity	
	(	(c) Type of transaction						
	(b) Transaction	1 - Listed	(d) Description of transaction					
number	date	2 - Subsequently listed 3 - Confidential 4 Contractual protection	-	(a) Descript	on or transaction			
number 1		3 - Confidential 4 Contractual protection		(a) Descript	on of transaction			
1 2		3 - Confidential 4 Contractual protection		(d) Descript	on or transaction			
1 2 3		3 - Confidential 4 Contractual protection		(d) Descript	on or transaction			
1 2 3 4		3 - Confidential 4 Contractual protection		(d) Descripti	on or transaction			
1 2 3 4 5	date	4 Contractual protection		(d) Descripti	on or transaction			
1 2 3 4 5 (e) Did the thave reason		W or	utable to the PTST	(g) 75% of proceeds attr		(h) Tax entity (see	imposed on the tax-exempt a page 13 of the instructions	
1 2 3 4 5 (e) Did the thave reason	ax-exempt entity know	W or	utable to the PTST	(g) 75% of proceeds attr		(h) Tax entity (see	imposed on the tax-exempt e page 13 of the instructions	
1 2 3 4 5 (e) Did the thave reason	ax-exempt entity know	W or	utable to the PTST	(g) 75% of proceeds attr		(h) Tax entity (see	imposed on the tax-exempt a page 13 of the instructions	

Part II	Tax Im	posed on Entity Managers (S	Section 4965) Continue	d		
		(a) Name of entity manager		(b) Transaction number from Part I, col. (a)	(C) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
					4 1	
CHEDU		axes on Taxable Distribution			ns Maintaining Dono	or
Part I		Advised Funds (Section 4966). See ple Distributions and Tax Con		ins.		
(a) Item	Taxab	(b) Name of sponsoring organizat			PAGE TANKS	
ltem number		donor advised fund			(c) Description of distr	ibution
1						
2						
0						
3						
4						
(d) Date distribu	e of	(e) Amount of distribution	(f) Tax imposed	on organization col. (e))	(g) Tax on fund manage of col. (e) or \$1	rs (lesser of 5%
uistribu	ition	(2) 1110311 21 31311241311	(20/8 0)	coi. (e))	01 col. (e) 01 \$1	0,000)
			-			
						1 1
otal - colun	nn (f). Enter I	here and on page 1, Part I, line 10				
		total (or prorated amount) here and in Par				
Part II	Summ	ary of Tax Liability of Fund I	Managers and P	roration of P	ayments	Lin
		(a) Name of fund managers liable for tax		(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liabilit (add amounts in col. (c)) (see instructions)
						1
				1.		
						170
						1
				P.—		

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SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

Part I	Prohibited Benefits an	d Tax Computation				
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit				
1						
2						
3						
4						
5						
	d) Amount of prohibited benefit	(e) Tax on prohibited ber	nefit (125% of col. (d)) uctions)	(f) Tax on fund manage 10% of col. (d) or \$1	ers (if applicable) (lesser of 0,000) (see instructions)	
Part II	Summary of Tax Liabil	ity of Donors, Donor Adv	isors, Related Pe	 ersons and Proratio	n of Payments	
	(a) Names of donors, donor advisor, o	related persons liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e), or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c) (see Instructions)	
Part III	Tax Liability of Fund N	lanagers and Proration c	f Payments			
	(a) Names of fund manage	pers liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (f), or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c (see instructions)	
724104 02-14-08 J	WA		-4		Form <b>4720</b> (200	

JWA

Under penalties of perjury,	I declare that I have examine	d this return, includin	g accompanying sche	dules and statements,	and to the best of my knowle	dge and belief
	plete. Declaration of preparer					

BLUE RIBBON COALITION INC

Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqua	alified person, donor, donor advisor, or related person	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqua	alified person, donor, donor advisor, or related person	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqua	alified person, donor, donor advisor, or related person	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqua	alified person, donor, donor advisor, or related person	Date
		04/28/08
Signature of individual or firm preparing the return		Date
DEATON & COMPANY, CHARTERED		
215 N 9TH, SUITE A		
POCATELLO, ID 83201	208-2	232-5825
Address of preparer	Pho	one no. of preparer
724105 NA/A		Form 4720 (200

Form 990-T  Department of the Treasury Internal Revenue Service (77)  Exempt Organization Bus (and proxy tax und	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  For calendar year 2007 or other tax year beginning and ending							
A Check box if address changed Name of organization ( Check box if name of address changed)	changed a	nd see instructions.)		DEmployer (Employer for Block	in to Public Inspection for (c(X)) Organizations Only identification number es' trust, see instructions D on page 9.)			
X 501(C)(3) Type Number, street, and room or suite no. If a P.O. bo 4555 BURLEY DRIVE	x, see pag	ge 9 of instructions.			business activity codes uctions for Block E 2.)			
408A				54180	00			
C Book value of all assets F Group exemption number (see instructions for Block F.) at end of year G Check organization type		501(c) trust	401(a) trust		Other trust			
<78,702.>					other trust			
		TATEMENT 9		-19	Track			
1 During the tax year, was the corporation a subsidiary in an affiliated group or a pare	nt-subsid	iary controlled group?	► l	Yes	X No			
If "Yes," enter the name and identifying number of the parent corporation. ►  J The books are in care of ► GREG MUMM		Talanhan	e number > 2	08-2	37_1008			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expense:		(C) Net			
1a Gross receipts or sales 3,875.		(c) massing	(5)		(4)			
b Less returns and allowances c Balance	1c	3,875.						
2 Cost of goods sold (Schedule A, line 7)	2	2,424.						
3 Gross profit. Subtract line 2 from line 1c	3	1,451.			1,451.			
4a Capital gain net income (attach Schedule D)	4a	V 200 1						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<463.>			<463.			
c Capital loss deduction for trusts	4c							
5 Income (loss) from partnerships and S corporations (attach statement)	5							
6 Rent income (Schedule C)	6							
7 Unrelated debt-financed income (Schedule E)	7							
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F),	8							
9 Investment income of a section 501(c)(7), (9), or (17) organization	116.5							
(Schedule G)	9							
10 Exploited exempt activity income (Schedule I)	10	126 122	E0 E	10	76 015			
11 Advertising income (Schedule J)	11	136,433.	59,5	10.	76,915.			
12 Other income (See instructions; attach schedule.) 13 Total. Combine lines 3 through 12	13	137,421.	59,5	18	77,903.			
Part II Deductions Not Taken Elsewhere (See instructions of (Except for contributions, deductions must be directly connected)	or limitat	ions on deductions.)		7101	11,203.			
14 Compensation of officers, directors, and trustees (Schedule K)	JO MIGIL	ic diffusiated business i	noonie.j	14	9,527.			
15 Salaries and wages	111211222111	4-5-1-3-11111111111-1-1-1-1-1-1-1-1111	18111113811181118	15	49,387.			
16 Repairs and maintenance			************	16				
17 Bad debts				17				
18 Interest (attach schedule)	***********		***************************************	18				
19 Taxes and licenses	**********	overno erea minimum minimum		19	7,837.			
20 Charitable contributions (See instructions for limitation rules.)	191512121191			20				
21 Depreciation (attach Form 4562)		21	2,721.		F 351			
22 Less depreciation claimed on Schedule A and elsewhere on return				22b	2,721.			
23 Depletion				23				
24 Contributions to deferred compensation plans	155115551715			24	10 001			
25 Employee benefit programs			************	25	10,224.			
26 Excess exempt expenses (Schedule I)	X12121141414		2115111112121151211	26				
27 Excess readership costs (Schedule J) 28 Other deductions (attach pshedule)		CPP CMAMP	MENT 10	27	5,130.			
28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28		DEE STATE	HEMI TO	28	84,826.			
<ul> <li>Total deductions. Add lines 14 through 28</li> <li>Unrelated business taxable income before net operating loss deduction. Subtra</li> </ul>	ct line 20	from line 12	martini manani	30	<6,923.			
31 Net operating loss deduction (limited to the amount on line 30)				31	0.			
32 Unrelated business taxable income before specific deduction. Subtract line 31	from line	30	anatomioto	32	<6,923.			
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	11119	- S Tatataminiminanista	K+1(145-11-1110-11-1	33	1,000.			
34 Unrelated business taxable income. Subtract line 33 from line 32. If line								
of zero or line 32  723701 02-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see instru				34	<6,923.: Form <b>990-T</b> (2007)			

Part I	II Tax Computation					
35	Organizations Taxable as Corpora	tions. See instructions for tax con	nputation.			
	Controlled group members (sectio	ns 1561 and 1563) check here 🕨	See instructions and	d;		
а	Enter your share of the \$50,000, \$	25,000, and \$9,925,000 taxable in	come brackets (in that order	r):		
	(1) \$	(2) \$	(3)  \$			
b	Enter organization's share of: (1)	Additional 5% tax (not more than \$	11,750) \$			
	(2) Additional 3% tax (not more th					
C	Income tax on the amount on line	34			35c	0.
36	Trusts Taxable at Trust Rates. Se	e instructions for tax computation.	Income tax on the amount	on line 34 from:		
	Tax rate schedule or	Schedule D (Form 1041)			36	
37	Proxy tax. See instructions		1511 1151 1151 1151 1151 1151 1151 1151 1151 1151		37	
38	Alternative minimum tax	7 E		wavine in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a license in a licens	38	
39	Total. Add lines 37 and 38 to line 3	35c or 36, whichever applies		retirence i un inconcesso progresso s	39	0.
	V Tax and Payments					
	Foreign tax credit (corporations att			40a		
b	Other credits (see instructions)			40b		
C	General business credit. Check her	e and indicate which forms are atta	ached:	5.6		
	Form 3800 Form(s)	(specify)		40c		
d	Credit for prior year minimum tax	attach Form 8801 or 8827)	inanananananananananananananananananana	40d	100	
е	Total credits. Add lines 40a through	gh 40d			40e	
41	Subtract line 40e from line 39 Other taxes. Check if from: F				41	0.
42		orm 4255 Form 8611	Form 8697 Form 88	66 Other (attach schedule)	42	
43	Total tax. Add lines 41 and 42			arrested comments on the most	43	0.
	Payments: A 2006 overpayment of					
	2007 estimated tax payments			44b		
C	Tax deposited with Form 8868			44c		
	Foreign organizations; Tax paid or			44d		
ė	Backup withholding (see instruction	ns)	TTTESHEISHEITERSHEITERSEENS	44e		
t	Other credits and payments:	Form 2439	Total >	6 -		
		Other	Total >	44f		
45	Total payments. Add lines 44a thr	ough 44f			45	
46	Estimated tax penalty (see instruct	ions). Check if Form 2220 is attact	ned 🕨 🔲		46	
47	Tax due. If line 45 is less than the	total of lines 43 and 46, enter amo	unt owed		47	0.
48	Overpayment. If line 45 is larger to	nan the total of lines 43 and 46, en	ter amount overpaid		48	0.
49	Enter the amount of line 48 you wa			Refunded >	49	
	V Statements Regard					
	any time during the 2007 calendar y					Yes No
	nk, securities, or other) in a foreign	country? If YES, the organization r	may have to file Form TD F 9	90-22.1. If YES, enter the name	e of the	X
2 for	eign country here	e a distribution from, or was it the grant	or of, or transferor to, a foreign tri	ust?		_     ,,
	Ing the tax year, did the organization recent ES, see page 5 of the instructions for other					Х Х
	er the amount of tax-exempt interes			nm.		
Sched	dule A - Cost of Goods S	bold. Enter method of invento	ory valuation > COS	ST		
4 100	entencet handaning of con-	1 1 1 1/0 1	C lauration of and of the			3,472.
	entory at beginning of year	1 4,448.		r	6	3,414.
	rchases		7 Cost of goods sold. Su		-	2,424.
3 Co:	st of labor	3	from line 5. Enter here		. 7	
	ditional section 263A costs	4a	8 Do the rules of section			Yes No
	ner costs (attach schedule)	4b 5 000		acquired for resale) apply to		37
5 To	tal. Add lines 1 through 4b	5 5,896.		statements and to the heet of my k	newledge and b	aliaf it is true
Sign	correct, and complete. Declaration o	f preparer (other than taxpayer) is based	g accompanying schedules and on all information of which prepa	statements, and to the best of my karer has any knowledge.	nowledge and b	eller, it is true,
Here		T.	1.8		A ST. AND A ST. CO.	cuss this return with
11010	Signature of officer	Date	Title		the preparer sho	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR
		Date	Date		instructions)?	
Paid	Preparer's signature				reparer's SSI	
Prepare	er's Emile page for DERMIN	M c COMPANIE OF		) 8 self-employed		31328
Use On		ON & COMPANY, CH	MAKTEKED		2-0338	
		N 9TH, SUITE A		Phone no.	. 208-2	32-5825
Vancour.	ZIP code POCA	TELLO, ID 83201				- 990-T

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property	(						oper cy/(and mon . on pg. 2
(1)							
(2)					_		
(3)							
(4)							
17.	2 Rent received	d or accrued				# 2.Ta T.	
(a) From personal property (if the rent for personal property is 10% but not more than	more than	of rent for p	nd personal property ersonal property exc t is based on profit of	eeds 50% or i	tage f	3 Deductions direct columns 2(a) a	tly connected with the income in and 2(b) (attach schedule)
(1)					- 1		
(2)					= 1		
(3)					- 1		
(4)							
Total	0.	Total			0.	Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo	
Total income. Add totals of columns here and on page 1, Part I, line 6, co	lumn (A)				0.	Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
Schedule E - Unrelated I	Debt-Finance	Income (See	instructions on	page 20)			
			2 -		-		onnected with or allocable need property
1 Description of de	ebt-financed property		2 Gross Inco or allocable financed p	to debt-	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					1		
(2)					1		
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property th schedule)	6 Column 4 by colum			7 Gross income reportable (column 2 x column 6)	8 Allocable deduction (column 6 x total of column 3(a) and 3(b))
(1)				%	-		
(1)	-			%	+		
(2)				%	1		-
(4)				%	+-		
Totals Total dividends-received deduction		n 8		*****	Part I, I		Enter here and on page 1, Part I, line 7, column (B).
Schedule F - Interest, A						nizations (See in	structions on page 21)
1 Name of Controlled Organizatio	n Employer lo	2 gentification Net u (loss)	3 inrelated income (see instructions)	Total of	4 specified its made	5 Part of column 4 th included in the contr organization's gross in	hat is 6 Deductions direct connected with inconnected with inconnected in column (5)
(1)							
(2)				-			
(3)							
(4)							
Nonexempt Controlled Organiza	ntions						
7 Taxable Income	8 Net unrelated incor (see instruction		otal of specified payr made	nents 1	in the cor	olumn 9 that is included atrolling organization's gross income	11 Deductions directly connec with Income in column 10
(1)							
(2)							
(3)						11	
(4)							
Totale				E		s 5 and 10. nd on page 1, Part I, on (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals 723721 / 02-18-08				erenzes .		0.	Form 990-T (

DIOI II.	TDDOLL COLLD.	T T OTA	TITAC			0.	0 110000	
Schedule G - Investme	nt Income of a suctions on page 22)	Section	501(c)(7),	(9), or (17) Or	ganizat	ion		
	ption of income		2	Amount of income	3 Dedicated the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly contact of the directly conta	onnected	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)			- (					
(2)								
(3)			- 4					
(4)			(					
				er here and on page 1, t I, line 9, column (A).				Enter here and on page 1 Part I, line 9, column (B).
Totals			<b>&gt;</b>	0 .				0 •
Schedule I - Exploited (see instru	Exempt Activity ctions on page 22)	Income	, Other T	han Advertisi	ng Inco	me		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe directly cor with prod of unrel business i	nnected uction ated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7,	5 Gross from acti is not un business	vity that related	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)			_					
(3)			_			-		
(4)					_	-		
(4)	Enter here and on	Enter here	and on			-		Enter here and
Totala	page 1, Part I, line 10, col. (A).	page 1, I line 10, o						on page 1, Part II, line 26.
Totals Schedule J - Advertisin		netructions		0)				0.
	Periodicals Rep							
Part I Income From I	eriodicais nep	T T	a Consc	iluateu basis	-			7 Excess
1 Name of periodical	2 Gross advertising income		Direct tising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come	6 Readership costs	readership costs (column 6 minus column 5, but not more than column 4).
(1)		-	-					
(2)								
(3)						- 0		
(4)								
Totals (carry to Part II, line (5))	<b>•</b>	0.	0.					0
Part II Income From I	Periodicals Rep 7 on a line-by-line ba	orted on	a Separ	ate Basis (For e	ach perio	dical listed i	n Part II, fill in	
(1) BLUE RIBBON								
(2) MAGAZINE	136,43	3. 59	9,518.	76,915	. 176	,045.	97,876.	
(3)		-	7223			7		
(4)								
(5) Totals from Part I		0.	0.					0
	Enter here and o page 1, Part I, line 11, col. (A)	n Enter	here and on le 1, Part I 11, col. (B).					Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1-5)	▶ 136,43	201	9,518.					0
Schedule K - Compens				Trustees (see	instruction	ns on page	23)	.0
1 N	20172022022	J, 21100	loro, and	2 Title		3 Percent of time devoted business	1 4 Comp	ensation attributable elated business
			DVDOM		CMOD	ousiness	01	0 507
GREG MUMM			EYECO.	TIVE DIRE	CTOR		%	9,527
		_	-				%	

Form 990-T (2007)

9,527.

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	9
		1	BUSINESS ACTIVIT	ry			

ADVERTISING IN THE BLUE RIBBON COALITION MAGAZINE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
MAGAZINE FICA		5,130.
TOTAL TO FORM 990-T, PAGE	1, LINE 28	5,130.

FORM	990-	T	PAGE	-
L OLLI	990-	T .	LUGE	-

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	PRIOR YEAR DEPRECIATION * TOTAL 990-T PG 1 DEPR	VARIES	SL	5.00	17	0.		0.	0.	0.	0.	2,721

Department of the Treasury Internal Revenue Service Name(s) shown on return

## Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172 Attachment

Identifying number

BLU	E RIBBON COALITION	INC	FOR	M 990 PA	GE 2		82-0413981
Par	t   Election To Expense Certain Prop	erty Under Section 17	79 Note: If you have any list	ed property, co	omplete Part	V before yo	u complete Part I.
	laximum amount. See the instruction						125,000.
	otal cost of section 179 property pla						
	hreshold cost of section 179 propert						500,000.
	eduction in limitation. Subtract line 3					1	
5 D	ollar limitation for tax year. Subtract line 4 from li	ne 1. If zero or less, enter				-	
6	(a) Description of p	property	(b) Cost (busine	ess use only)	(c) Elected	cost	
	isted property. Enter the amount from						
	otal elected cost of section 179 prop						
	entative deduction. Enter the smalle						
	arryover of disallowed deduction fro						
	usiness income limitation. Enter the						
	ection 179 expense deduction. Add					12	
	arryover of disallowed deduction to			13			
_	Do not use Part II or Part III below f						
Par	ENVIOLE TENTON OF A DICT THREE TO YOUR TO				7.77		
	pecial allowance for qualified New York L						
	iomass ethanol plant property placed in s						
15 P	roperty subject to section 168(f)(1) e	election				15	
	ther depreciation (including ACRS)					16	
Par	t III MACRS Depreciation (Do r	not include listed pr	Section A				
150 00	Mana I I I I I I I I I I I I I I I I I I		1.77.00.17.01.			Lant	5,075.
	MACRS deductions for assets placed					17	5,015.
10 11	you are electing to group any assets placed in section B - Asset		e During 2007 Tax Year			ation Syste	ım
-		(b) Month and	(c) Basis for depreciation				30
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		15,378.	5 YRS.	HY	SL	1,556
c	7-year property						
d	10-year property			U -			
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		1		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	Barrier State Company	1		39 yrs.	MM	S/L	
i	Nonresidential real property	1			MM	S/L	
	Section C - Assets	Placed in Service	During 2007 Tax Year U	sing the Alterr	ative Depre	ciation Sys	tem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	40-year	/		40 yrs.	MM	S/L	
Par	T IV Summary (see instructions)						
21 L	isted property. Enter amount from li	ne 28	[(*)*  *  *  *  *  *  *  *  *  *  *  *  *			21	
	otal. Add amounts from line 12, line	15/5/28/5/3/3/3/5/5/28/0			- Andrews III of the		1 - 5 - 53
	inter here and on the appropriate line		(		a engavarance	22	6,631
	or assets shown above and placed			7 - 15			
	ortion of the basis attributable to se		And a series of a series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of th	23			
716251							Form 4562 (2007

82-0413981 Page 2 Form 4562 (2007) BLUE RIBBON COALITION INC Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No No 24b If "Yes," is the evidence written? Yes Yes (g) Date Business/ Basis for depreciation Elected Depreciation Type of property Recovery Method/ Cost or section 179 investment use percentage placed in (husiness/investment (list vehicles first ) period Convention deduction other basis service use only) cost 25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L % S/L. 9% % S/L. 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (a) (b) (c) (d) (e)

30	Total business/investment miles driven during the	Veh		Veh	25a H	Veh	icle	Veh	icle	Veh	icle	Vehi	
31	year (do not include commuting miles)  Total commuting miles driven during the year									-			
32									4				
33	Total miles driven during the year.												
	Add lines 30 through 32									1 1			
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more											- 1	
	than 5% owner or related person?					-							1-1
36	Is another vehicle available for personal use?							7.1					

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your

employees?	manantinaman	niciaming areas areas				
38 Do you maintain a written policy state	ement that prohibits pers	onal use of vehicles, e	xcept commuting,	by your		
employees? See the instructions for	vehicles used by corpora	te officers, directors, d	or 1% or more own	ners		
39 Do you treat all use of vehicles by em	ployees as personal use	7				
40 Do you provide more than five vehicle the use of the vehicles, and retain the						
41 Do you meet the requirements conce Note: If your answer to 37, 38, 39, 40						
Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
42 Amortization of costs that begins du	ing your 2007 tax year:					
					4114	
43 Amortization of costs that began before	ore your 2007 tax year			namina.	43	
44 Total. Add amounts in column (f). Se	e the instructions for whe	ere to report	,		44	

716252/11-03-07

Form 4562 (2007)

Yes

No

Department of the Treasury Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

See separate instructions.

Name(s) shown on return

BLU	E RIBBON COALITION	INC					8	32-0413981
	ter the gross proceeds from sales or			2007 on Form(s) 10	99-B or 1099-S			
Par		of Property	Used in a Tra	ade or Busine	ss and Involu	ntary Con	version	ons From
	Other Than Casualty	or Theft-M	ost Property	Held More Th	an 1 Year (see	instructions)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
DTS	POSITION OF ASSETS	VARTOUS	VARIOUS	0.		4	63.	<463.>
DIC	TOUTION OF ADDETO	VARCEOOD	VARCIOUS	0.		- 4	05.	7403.7
_								
3	Gain, if any, from Form 4684, line 39					(1715-05-1777)	3	
4	Section 1231 gain from installment	sales from Form	6252, line 26 or	37	)		4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other Combine lines 2 through 6. Enter th	than casualty o	r thert				7	<463.>
7	Partnerships (except electing larg						1	(403.2
	instructions for Form 1065, Schedu below.	le K, line 10, or F	orm 1120S, Sch	edule K, line 9. Sk	ip lines 8, 9, 11, a	nd 12		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	o lines 8 and 9, I ed in an earlier ye	f line 7 is a gain a ear, enter the gai	and you did not ha n from line 7 as a l	ve any prior year	section		
8	Nonrecaptured net section 1231 los						8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 I	fline 9 is zero, er	nter the gain from I	ine 7 on line 12 be	elow, If	0	
	line 9 is more than zero, enter the accapital gain on the Schedule D filed						9	
Pai	t II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not include	ded on lines 11 t	hrough 16 (inclu	de property held 1	year or less):			
			9					
			1		21			<463.
11							11	<403.2
12	Gain, if any, from line 7 or amount for						12	
13	Gain, if any, from line 31  Net gain or (loss) from Form 4684, li			***************************************			13	
14			**(****)**(**************			entretrorier(	-	
15 16	Ordinary gain from installment sales	s from Form 625	2, line 25 or 35	***************		inaminania.	15	
17	Ordinary gain or (loss) from like-kind						17	<463.
18	Combine lines 10 through 16	tor the amount fo	om lino 17 on th	o appropriate line	of your roturn and	ekin linee	11/	V4031.
10	a and b below. For individual return			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	or your return and	skip iii ies		
а	If the loss on line 11 includes a loss	from Form 4684	I. line 35. column	(b)(ii), enter that r	oart of the loss he	re. Enter		
	the part of the loss from income-pro- from property used as an employee	ducing property	on Schedule A	(Form 1040), line 2	8, and the part of	the loss		
	See instructions						18a	
ь	Redetermine the gain or (loss) on lir Form 1040, line 14	ne 17 excluding	the loss, if any, o	on line 18a. Enter h	ere and on		18b	
	For Paperwork Reduction Act N							Form 4797 (2007)

to the properties on  ee line 1 before completing.) expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) nultiplied by the smaller e instructions) nue 24. If residential rental	20 21 22 23 24 25a 25b	Property A	Property B	Property	C	Property I
ee line 1 before completing.) expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) cultiplied by the smaller e instructions) one 24. If residential rental	20 21 22 23 24 25a 25b	Property A	Property B	Property	C	Property I
ee line 1 before completing.) expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) cultiplied by the smaller e instructions) one 24. If residential rental	20 21 22 23 24 25a 25b	Property A	Property B	Property	C	Property I
ee line 1 before completing.) expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) cultiplied by the smaller e instructions) one 24. If residential rental	20 21 22 23 24 25a 25b	Property A	Property B	Property	С	Property I
ee line 1 before completing.) expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) cultiplied by the smaller e instructions) one 24. If residential rental	20 21 22 23 24 25a 25b	Property A	Property B	Property	С	Property I
expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) multiplied by the smaller e instructions) one 24. If residential rental	20 21 22 23 24 25a 25b	Property A	Property B	Property	C	Property I
expense of sale on) allowed or allowable t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation or 1975 (see instructions) multiplied by the smaller e instructions) one 24. If residential rental	21 22 23 24 25a 25b					
t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation 1975 (see instructions) nultiplied by the smaller e instructions)	22 23 24 25a 25b					
t line 22 from line 21 23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation r 1975 (see instructions) multiplied by the smaller e instructions) me 24. If residential rental	23 24 25a 25b					
23 from line 20 y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation r 1975 (see instructions) nultiplied by the smaller e instructions) ne 24. If residential rental	24 25a 25b					
y: allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation r 1975 (see instructions) nultiplied by the smaller e instructions) ne 24. If residential rental	25a 25b				$\rightarrow$	
allowable from line 22 24 or 25a y: If straight line depreciation 26g, except for a corporation r 1975 (see instructions) multiplied by the smaller e instructions) me 24. If residential rental	25b					
24 or 25a  y: If straight line depreciation 26g, except for a corporation r 1975 (see instructions) multiplied by the smaller e instructions) me 24. If residential rental	25b					
y: If straight line depreciation 26g, except for a corporation r 1975 (see instructions) multiplied by the smaller e instructions)						
26g, except for a corporation r 1975 (see instructions) nultiplied by the smaller e instructions) ne 24. If residential rental	26a			l language		
nultiplied by the smaller e instructions)	26a					
e instructions) ne 24. If residential rental						
	26b					
t more than line 26a, skip	26c					
r 1969 and before 1976	26d					
26c or 26d	26e					
rporations only)	26f			1		
26f	26g					
Skip this section if you did not is form is being completed for n electing large partnership), aring expenses	27a					
				1		
y: lopment costs, expenditures and other natural deposits, ts (see instructions)	28a					
	28b					
y: of payments excluded ion 126 (see instructions)	29a					
24 or 29a (see instructions)	29b			4		
y lo n ts	pment costs, expenditures d other natural deposits, (see instructions) 24 or 28a : payments excluded in 126 (see instructions) 4 or 29a (see instructions) ins. Complete property of	24 or 27b  27c  ment costs, expenditures d other natural deposits, (see instructions)  24 or 28a  28b  payments excluded n 126 (see instructions)  4 or 29a (see instructions)  29a  29b  ins. Complete property columns	24 or 27b	24 or 27b  pment costs, expenditures d other natural deposits, (see instructions) 24 or 28a  ppayments excluded n 126 (see instructions) 4 or 29a (see instructions) 29b  ins. Complete property columns A through D through line 29b before going	24 or 27b	24 or 27b 27c 27c 27c 27c 27c 27c 27c 27c 27c 27c

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

Department of the Treasury Internal Revenue Service A . C -- Al- - 2000 -- I -- - d

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 16 Open to Public Inspection

4913 1

A	rur ine zu	uo calendar year, or tax year beginning	and er	raing		
В	Check if applicable:	Please C Name of organization			D Employer iden	tification number
_	Address	use IRS   label or   BLUE RIBBON COALITION	I INC		82-041	3981
	Name	type. Number and street (or P.O. box if mail is not		Room/suite	E Telephone nun	
	change Initial return	See Specific 4555 BURLEY DRIVE	delivered to street address)	Houlifsale		37-1008
F	Final	instruc-			F Accounting method:	
	√return 		0003		Other (specify)	Casii [11] Accidai
Έ	return Application	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1</li> </ul>	) nonexempt charitable trusts	H and I are not app		527 organizations
		must attach à completed Schedule A (Form 99)	ó or 990-EZ).	H(a) Is this a group r		
G 1	Wehsite: I	►WWW.SHARETRAILS.ORG		H(b) If "Yes," enter nu		
		on type (check only one) ► X 501(c) (3) (insert	no.) 4947(a)(1) or 527	1 ' '		
		e Figure 1 if the organization is not a 509(a)(3) support		(If "No," attach a		
		re normally <b>not</b> more than \$25,000. A return is not requi		H(d) is this a separat	red by a group ruli	ng? Yes X No
		ofile a return, be sure to file a complete return.	,	I Group Exemption		N/A
						is not required to attach
L	Gross rece	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	994,590.		90, 990 <b>-</b> EZ, or 990	
P	art I F	Revenue, Expenses, and Changes in N	let Assets or Fund Bala	nces		
	1	Contributions, gifts, grants, and similar amounts receive	d:			
	а	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	544,0		
	3	Indirect public support (not included on line 1a)	10	16,7	13.	
	d	Government contributions (grants) (not included on line	1a)1d			
	е	Total (add lines 1a through 1d) (cash \$54	17,225 noncash \$	13,522.	) 1e	560,747.
	2	Program service revenue including government fees and	d contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		.,,,,,,,,,	3	260,084.
	4	Interest on savings and temporary cash investments			4	4,796.
	5	Dividends and interest from securities		ţ	5	
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
ø	c	Net rental income or (loss). Subtract line 6b from line 6a	1		6c	
aun	7	Other investment income (describe		T	) 7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities	(B) Other		
ш		than inventory	8a	1 0		
	1	· ·	8b		72.	
	1	Gain or (loss) (attach schedule)	8c	CONCO	72.	<1,872.>
		Net gain or (loss). Combine line 8c, columns (A) and (B			1 8d	<1,0/2.>
	9	Special events and activities (attach schedule). If any an		1 1	60	
	1		contributions reported on line 1b) 9a		87.	
	b	Less: direct expenses other than fundraising expenses	9b			13,873.
		Net income or (loss) from special events. Subtract line		SIMITERIAL	2 9c	13/0/3.
	1	Gross sales of inventory, less returns and allowances			212.	
	b	Less: cost of goods sold				1,811.
						147,380.
	11	Other revenue (from Part VII, line 103)			······	986,819.
	12	Program services (from line 44, column (B))				793,913.
es	14	Management and general (from line 44, column (C))				184,520.
sus	15	Fundraising (from line 44, column (D))				51,974.
Expenses	16	Payments to affiliates (attach schedule)	SEE	STATEMENT		11,893.
ш	17	Total expenses. Add lines 16 and 44, column (A)			17	1,042,300.
	18	Excess or (deficit) for the year. Subtract line 17 from lin				<55,481.>
الم	ੂੰ 19	Net assets or fund balances at beginning of year (from				13,963.
Net	20	Other changes in net assets or fund balances (attach ex				0.
	21	Net assets or fund balances at end of year. Combine lin				<41,518.>
623	3001 18-07 I	LHA For Privacy Act and Paperwork Reduction Act N	lotice, see the senarate instruction	ns.		Form 990 (2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22a				
22h Other grants and allocations (attach schedule	×				
(cash \$0 • noncash \$0					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	66,048.	16,937.	24,796.	24,315.
<b>b</b> Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in	1 1				
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	242,883.	197,694.	45,189.	
27 Pension plan contributions not included on					
lines 25a, b, and c	27	5,182.	1,143.	3,912.	127.
28 Employee benefits not included on lines					
25a · 27	28	8,088.	2,754.	4,805.	529.
29 Payroll taxes	29	12,115.	6,699.	3,826.	1,590.
30 Professional fundraising fees	30				
31 Accounting fees	31	5,476.		5,476.	
32 Legal fees	32	5,919.		5,919.	
33 Supplies	33	33,659.	20,984.	12,591.	84.
34 Telephone	34	16,943.	12,178.	4,765.	
35 Postage and shipping	35	24,290.	9,435.	14,179.	676.
36 Occupancy	36	11,579.	3,106.	7,756.	717.
37 Equipment rental and maintenance	37	2,537.		2,537.	
38 Printing and publications	38	12,344.	7,221.	4,487.	636.
39 Travel	39	67,303.	65,782.	1,521.	
40 Conferences, conventions, and meetings	40	14,028.		14,028.	
41 Interest	41	4.		4.	
42 Depreciation, depletion, etc. (attach schedule)	42	8,216.		8,216.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
d	43d				
е	43e				
t	43f				
g SEE STATEMENT 5	43g	493,793.	449,980.	20,513.	23,300.
44 Total functional expenses. Add lines 22a through	T				
43g. (Organizations completing columns (B)-(D),				]	
carry these totals to lines 13-15)	44	1,030,407.	793,913.	184,520.	51,974.
Joint Costs. Check ▶ ☐ if you are following	SOP 9	98-2.			
Are any joint costs from a combined educational campai	gn and	fundraising solicitation repo	orted in (B) Program serv	rices?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	sts \$		) the amount allocated to	Program services \$	N/A ;
(iii) the amount allocated to Management and general \$		N/A ; and (in	) the amount allocated t	o Fundraising \$	N/A
623011 01-23-07					Form <b>990</b> (2006)

## Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► EDUCATION IN REGARDS TO USE OF PUBLIC LANDS	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a DISTRIBUTE INFORMATION ABOUT PUBLIC LANDS & OTHER RECREATION AREAS & THE WISE USE OF SUCH AREAS. WORK WITH PUBLIC LAND MANAGERS & MEET WITH & LOBBY WITH STATE & FEDERAL GOVERNMENT OFFICES TO CONTINUE PROVIDING AVAILABILITY OF PUBLIC LANDS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here b	793,913.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	<u></u>
(Grants and allocations \$ ) If this amount includes foreign grants, check here   d	]
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  e Other program services (attach schedule)	]
(Grants and allocations \$ ) If this amount includes foreign grants, check here	]
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	793,913. Form <b>990</b> (2006)

12121005 784236 4913

Part	W Balance Sheets (See the instructions.)				
Note: V	Vhere required, attached schedules and amounts within the de hould be for end-of-year amounts only.	escription column	(A) Beginning of year		( <b>B</b> ) End of year
45	5 Cash · non-interest-bearing		290,331.	45	231,185.
46				46	
47	7 a Accounts receivable 47a b Less: allowance for doubtful accounts 47b	17,404.	20,368.	47c	17,404.
48	3 a Pledges receivable 48a				
	b Less: allowance for doubtful accounts 48b			48c	
49				49	<del></del>
50	3 a Receivables from current and former officers, directors, to key employees		1,497.	50a	
	<b>b</b> Receivables from other disqualified persons (as defined u	1		Ì	
ets	4958(f)(1)) and persons described in section 4958(c)(3)(B)	)		50b	
Assets	a Other notes and loans receivable 51a				
1	b Less: allowance for doubtful accounts 51b			51c	
52			6,997.	52	4,448.
53			3,370.	53	
54	a Investments - publicly-traded securities			54a	
1	h Investments - other securities	Cost FMV		54b	
55	investments land, buildings, and				
	equipment: basis 55a				
	b Less: accumulated depreciation 55b		Š	EE.	
56				55c	
	Investments - other	51,536.		30	
"	b Less: accumulated depreciation STMT 6 57b	37,984.	20,960.	57c	13,552.
58	·	3,7,501.	20/3000	376	13/332.
"	(describe >		58		
59		8	343,523.	59	266,589.
60			78,258.	60	39,278.
61			,0,200	61	
62	7		251,302.	62	268,829.
9 63			63		
# 64	a Tax-exempt bond liabilities			64a	
Liabiliti	b Mortgages and other notes payable			64b	
65	<b>_</b>			65	
66	Total liabilities. Add lines 60 through 65		329,560.	66	308,107.
0	rganizations that follow SFAS 117, check here	d complete lines			
	67 through 69 and lines 73 and 74.				
ğ 67	7 Unrestricted		<71,659.	>67	<58,107.>
<u>ह</u>   68	B Temporarily restricted		85,622.	68	16,589.
<u>m</u> 69				69	
Net Assets or Fund Balances	rganizations that do not follow SFAS 117, check here	and			
P. I	complete lines 70 through 74.				
S 70	, , , , , , , , , , , , , , , , , , , ,			70	
9S 71	3,		71		
¥ 72	<b>3</b> ,		15	72	
ž 73		i	12 062	70	∠11 E10 N
74	(Column (A) must equal line 19 and column (B) must equal line 3  Total liabilities and net assets/fund balances. Add lines		13,963. 343,523.	73 74	<41,518.> 266,589.
	Total machines and het assets/fund balances. Add lilles	00 and 70	343/323•	/4	Form <b>990</b> (2006)

	irt IV-A Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements W	ith Revenue p	er Retu	irn (Se	e the
a	Total revenue, gains, and other support per audited financial stateme	ents		a	1,	000,743.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants					
4	Other (and its). MISCELLANEOUS		b4 13,9	24.		
	Add lines b1 through b4					13,924.
C	Subtract line <b>b</b> from line <b>a</b>					986,819.
đ	Amounts included on Part I, line 12, but not on line a:					<u> </u>
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify):		d2			
	Add lines d1 and d2			d		0.
e	Total revenue (Part I, line 12). Add lines c and d	***************************************		. ▶ e		986,819.
Pa	rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	Vith Expenses	per Re	turn	300,0131
a	Total expenses and losses per audited financial statements					056,224.
b	Amounts included on line a but not on Part I, line 17:		.,,			
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20					
3	Losses reported on Part I, line 20					
4	AU / MICCELLANEOUC		13,9	24.		
•	Add lines <b>b1</b> through <b>b4</b>		·			13,924.
C	Subtract line <b>b</b> from line <b>a</b>					042,300.
ų	Amounts included on Part I, line 17, but not on line a:	••••••••			+ - /	012,000.
1	Investment expenses not included on Part I, line 6b		<sub>41</sub>			
,	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	F	12			
_						0.
	Add lines d1 and d2					042,300.
	Total expenses (Part I, line 17). Add lines c and d rt V-A Current Officers, Directors, Trustees, and Ke					
31.400.c	or key employee at any time during the year even if they we				si, direc	nor, trustee,
	(A) Name and address	(B) Title and average hours			utions to	(E) Expense account and
	(A) Name and address	per week devoted to position	(ii not paid, enter	plans & d compensat	eferred ion plans	** **
				ļ		
ĒΕ	E STATEMENT 7		66,048.		0.	0.
			<del>                                     </del>			
			<del> </del>	<del> </del>		
<del>-</del> -				į		
			<del>                                     </del>	<del> </del>		
		}				
		ļ	<del> </del>	<del> </del>		
				1		l
						orm <b>990</b> (2006)

	990 (2006) BLUE RIBBON COALITION			82-04139	<u>}81</u>	Pa	age 6
Pa	t V-A Current Officers, Directors, Trustees, and Ke	ey Employees (continu	ied)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted meetings	-	siness at board	16			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business related individuals and explains the relationship(s)	d other independent contr	actors listed in Sci	hedule A,	75b		X
C	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organization".	d other independent contr whether tax exempt or tax rization."	actors listed in Scl	hedule A,	75c		X
	If "Yes," attach a statement that includes the information described	in the instructions.					
		<u></u>		<u>.</u>	75d		<u> X</u>
Pa.	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of cor	nployee received compens	sation or other ben	efits (described	belov	w) duri	
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plan	ac	) Exper count a r allowa	and
							<del></del>
 					-		
- <b>-</b>							
Pa	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of costatement of each change	<del>-</del>			76		X
77	Were any changes made in the organizing or governing documents If "Yes," attach a conformed copy of the changes.	·			77	X	<u>X</u>
78 a b 79					78a 78b 79	X	X
80 a		de or nationwide organizati	on) through comm	ion	80a		X
	If "Yes," enter the name of the organization ► N/A	and check whether it is	exempt or	nonexempt			
	Enter direct or indirect political expenditures. (See line 81 instruction Did the organization file Form 1120-POL for this year?			0.	81b	000	X
					Form	990 (	2006)

	section 4911 ►	U • ; section 4912 ▶	<u>U •</u> ; section 4955 ▶	<u> </u>		
b	501(c)(3) and 501(c)(4) organ	izations. Did the organization engage in	any section 4958 excess benefit			
	transaction during the year o	r did it become aware of an excess ben	efit transaction from a prior year?			
	If "Yes," attach a statement of	explaining each transaction			89b	X
C	Enter: Amount of tax impose	d on the organization managers or disq	ualified persons during the year under			
	sections 4912, 4955, and 49	58	<b>&gt;</b>	0.		
d	Enter: Amount of tax on line	39c, above, reimbursed by the organiza	tion▶	0.		
е	All organizations. At any time	during the tax year, was the organization	on a party to a prohibited tax shelter transac	tion?	89e	 _X
f	All organizations. Did the organizations	anization acquire a direct or indirect inte	erest in any applicable insurance contract?		89f	X
g	For supporting organizations	and sponsoring organizations maintainii	ng donor advised funds. Did the supporting	organization,		
	or a fund maintained by a sp	onsoring organization, have excess bus	siness holdings at any time during the year?		89g	X
90 a	List the states with which a c	opy of this return is filed ►NONE				

Number of employees employed in the pay period that includes March 12, 2006 \_\_\_\_\_\_\_\_\_90b

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

a financial account in a foreign country (such as a bank account, securities account, or other financial account)? N/A

Located at ► 4555 BURLEY DRIVE, CHUBBUCK, IDAHO

If "Yes," enter the name of the foreign country

Form 990 (2006)

Yes

9

No

Х

Telephone no. ► 208-237-1008

ZIP+4 ► 83202

and Financial Accounts.

91 a The books are in care of ► GREG MUMM

c At any time during the calendar year, did the organization maintain an office outside of the United States?  If 'Yes," enter the name of the foreign country   N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Indicated.  Note: Enter gross amounts unless otherwise indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note: Indicated.  Note:	Yes No
If Yes," enter the name of the foreign country	
Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	X
and enter the amount of tax-exempt interest received or accrued during the tax year	
Part VIII   Analysis of Income-Producing Activities (See the Instructions.)   Note: Enter gross amounts unless otherwise indicated.	
Note: Enter gross amounts unless otherwise included.    Annual	A
Annount   Code	
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g Fees and contracts from government agencies  94 Membership dues and assessments  95 Interest on savings and temporary cash investments  96 Dividends and interest from securities  97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property  98 Net rental income or (loss) from personal property  99 Other investment income  100 Gain or (loss) from sales of assets other than inventory  110 Net income or (loss) from special events  121 Gross profit or (loss) from sales of inventory  122 Gross profit or (loss) from sales of inventory  133 Other revenue:  148 AB000  1,811.  142  153 TAX REFUNDS  164  175 Total (add columns (B), (D), and (E))  176 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
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96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a MAGAZINE/ADVERTISING b TAX REFUNDS c d d e 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
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101 Net income or (loss) from special events  102 Gross profit or (loss) from sales of inventory  103 Other revenue:  a MAGAZINE/ADVERTISING b TAX REFUNDS  c d e  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
102 Gross profit or (loss) from sales of inventory  103 Other revenue:  a MAGAZINE/ADVERTISING  b TAX REFUNDS  c  d  e  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	3,873.
103 Other revenue:  a MAGAZINE / ADVERTISING b TAX REFUNDS c d e  104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	77075
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t  d e  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	5 - 303
t e 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 105 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	7,000.
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105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	1,337.
Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	5,072.
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Line No.   Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization	n'c
exempt purposes (other than by providing funds for such purposes).	11 3
94 MEMBERSHIP DUES ARE USED TO PROVIDE STAFFING TO PROMOTE WISE USE	OF
PUBLIC LANDS	
103B SPECIAL PROGRAMS	
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)	
(A) (B) (C) (D) (E)	
Name, address, and EIN of corporation, percentage of partnership, or disregarded entity ownership interest Nature of activities Total income End-of-	
%	2
N/A %	
N/A %	
%	
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes	X No
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes	X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	LAL NO
	990 (2006)

	controlling organization as defined in section 512(b)(13).	N/A		
00 0:4:-				Yes N
	ne reporting organization make any transfers to a controlled entity	as defined in section 5	512(b)(13) of the Code? If "Yes,"	"
comp	elete the schedule below for each controlled entity.			
	(A)	(B) Employer	(C)	(D)
	Name, address, of each controlled entity	Identification	Description of transfer	Amount of transfer
	controlled entity	Number	transier	transier
		-		
a		-		
				.,
		_		
b		_		
c		_		
	Totals			
				Yes N
07 Did th	ne reporting organization <b>receive</b> any transfers <b>from</b> a controlled o	entity as defined in sect	ion 512(b)(13) of the Code? If "	Yes,"
comp	lete the schedule below for each controlled entity.			
	(A)	(B) Employer	(C)	(D)
	Name, address, of each controlled entity	Identification	Description of transfer	Amount of transfer
	controlled entity	Number	transier	transiei
		-		
a		- \	\	
		-		
b		-		
		-		
c		-		
	Totals			
				Yes N
	ne organization have a binding written contract in effect on Augus	t 17, 2006, covering the	e interest, rents, royalties, and	
	ities described in question 107 above?		<del></del>	
	Under penalties of perjury, I declare that I have examined this red m, including accompa and complete. Deglaration of preparer (on examinan officer) is based on all information of w	inying schedules and statement hich preparer has any knowled	ts, and to the best of my knowledge and b ge.	ellef, it is true, correct,
Please	Attacker All Thomas		10-9 30	~ <b>Z</b>
Sign	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Date CO	OT
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ronarar'a	signature	10/05/07	employed 🕨 🔛	
- 1	Firm's name (or DEATON & COMPANY, CHARTE yours if	RED	EIN ►	
, i	self-employed), address, and			
,	pocatello, ID 83201		Phone no. ► 208-	232-5825 Form <b>990</b> (20

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

Department of the Treasury

Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization Employer identification number BLUE RIBBON COALITION INC 82 0413981 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid (c) Compensation per week devoted to position more than \$50,000 allowances GREG MUMM DIRECTOR POCATELLO, IDAHO 83201 40.00 73,335 Total number of other employees paid 0 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation DON AMADOR 55,000. Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE

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

Schedule A (Form 990 or 990-EZ) 2006

\$50,000 for other services

Total number of other contractors receiving over

0

P	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ 14,158. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
;	a Sale, exchange, or leasing of property?	2a		_X
I	b Lending of money or other extension of credit?	<b>2</b> b		X
1	Furnishing of goods, services, or facilities?	2c		X
(	1 Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2đ	Х	<u></u>
- 1	Transfer of any part of its income or assets?	2e		X
3 :	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
1	b Dd the organization have a section 403(b) annuity plan for its employees?	3b		Х
١	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс		Х
	1 Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		х
1	Did the organization make any taxable distributions under section 4966? N/A	46		
	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	y Lines the aggregate value of account maintains of accounted moladed of and the one of the tax year.	-		

Schedule A (Form 990 or 990-EZ) 2006

artific that t	the organization is not a private foundation herewes it is.	(Diago phack only CMF	annlicable boy							
sertify that t	the organization is not a private foundation because it is: A church, convention of churches, or association of c	•								
6	A school. Section 170(b)(1)(A)(ii). (Also complete Pa	` '	( ) (A)(I).							
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
, E	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9 =	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,									
<b>э</b>	and state									
o 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).									
•	(Also complete the <b>Support Schedule</b> in Part IV-A.)	aniversity evince or op	crated by a governmentar	umi. Occion	170(6)(1)(A)(10)	,.				
1a X		oart of its support from a	novernmental unit or from	the general	nublie					
	Section 170(b)(1)(A)(vi). (Also complete the <b>Support</b>			i the general	public.					
1b 🔲	A community trust. Section 170(b)(1)(A)(vi). (Also co									
2	An organization that normally receives: (1) more than	• • •	*	ershin fees a	nd aross					
•	receipts from activities related to its charitable, etc., fu									
	its support from gross investment income and unrela	ted business taxable inci	ome (less section 511 tax)	from busines						
	by the organization after June 30, 1975. See section	509(a)(2). (Also comple	te the <b>Support Schedule</b> in	Part IV-A.)						
з 🔲	An organization that is not controlled by any disqualifi	ied persons (other than t	oundation managers) and	otherwise me	ets the requiren	nents of sectior				
	509(a)(3). Check the box that describes the type of su	•								
	Type I Type II	· · ·	unctionally Integrated		Type III-O	ther				
		<b>,</b> ,	, ,		,,					
	Provide the following information a	about the supported org	anizations. (See page 7 of	the instruction	ons.)					
	(a)	(b)	(c)	(d	1	(0)				
		1 1 1 1	(6)	1 1	<i>'</i>	(e)				
	Name(s) of supported organization(s)	Employer	Type of organization	Is the si	apported	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines	Is the si organizati	ipported on listed in					
	Name(s) of supported organization(s)	Employer	Type of organization	Is the so organizati the sup organi	upported on listed in uporting zation's	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the so organizati the sup organi	upported on listed in porting	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the so organizati the sup organi	upported on listed in uporting zation's	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
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	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
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	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
otal	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in uporting zation's documents?	Amount of				
tal	Name(s) of supported organization(s)  An organization organized and operated to test for pu	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	is the su organizati the sup organi governing Yes	upported on listed in uporting zation's documents?	Amount of				

			cked a box on line 10, uctions for converting			
	dar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Giffs, grants, and contributions received. (Do not include unusual grants. See line 28.)	586,551.	368,690.	276,485.	284,364.	
16	Membership fees received	284,689.	353,491.	282,471.	276,967.	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	170,296.	177,498.	279,916.	308,607.	936,317.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the					
19	organization after June 30, 1975  Net income from unrelated business	4,862.	4,743.	5,689.	6,764.	22,058.
19	activities not included in line 18	148,660.	172,132.	151,784.	102,185.	574,761.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	140,000.	172/132	1317731.	102/103.	3,1,1,01
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22		1,076,554.	996,345.	978,887.	4,246,844.
24	Line 23 minus line 17	1,024,762.		716,429.	670,280.	
25	Enter 1% of line 23	11,951.	10,766.	9,963.	9,789.	
26	Organizations described on lines 1				≥ 26a	66,211.
b	Prepare a list for your records to sho					
	unit or publicly supported organizati			led the amount shown in	line 26a. ► 26b	0.
	Do not file this list with your return				≥ 26c	3,310,527.
C .	Total support for section 509(a)(1) t		22,058. 19	574,76		3/310/32/1
d	Add: Amounts from column (e) for I	22	26b		≥ 26d	596,819. 2,713,708.
6	Public support (line 26c minus line 2 Public support percentage (line 26	o (numerator) divided by	ling 26c (denominator))			81.9721%
27	Organizations described on line 12	e (numerator) unvided by	in lines 15, 16, and 17 tha	at were received from a "o	lisqualified person " prep	
21	records to show the name of, and to	otal amounts received in e	ach year from, each "disqu	ualified person." <b>Do not fi</b>	le this list with your retu	rn. Enter the sum of
b	For any amount included in line 17 t	hat was received from each	ch person (other than "dis	qualified persons"), prepa	are a list for your records	to show the name of,
-	and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) (2005)	that was more than the late well as individuals.) Do not (2), enter the sum of the (2004)	rger of (1) the amount or ot file this list with your r ese differences (the exces (2)	n line 25 for the year or ( return. After computing t s amounts) for each year 003)	2) \$5,000. (Include in the he difference between the r: N/A (2002)	e list organizations e amount received and
C	Add: Amounts from column (e) for l	lines: 15 _		16		N/A
	Add: Amounts from column (e) for large 17 Add: Line 27a total	20	ad line 07h A-A-I	21	≥ 27c ≥ 27d	
d	Add: Line 27a total Public support (line 27c total minus	line 27d total)	IO IITIE 270 TOTAI		270 27e	N/A
6	Public support (line 27c total minus Total support for section 509(a)(2)	test: Enter amount on line	23 column (e)	271	N/A	/
g	Public support percentage (lin	ne 27e (numerator) di	rided by line 27f idenc	ominator))	<b>▶</b> 27g	N/A %
	Investment income percentage	e (line 18, column (e)	(numerator) divided b	y line 27f (denomina	tor)) 27h	N/A %
28 I	Jnusual Grants: For an organizatio show, for each year, the name of the c	n described in line 10, 11	, or 12 that received any u	inusual grants during 20	02 through 2005, prepar	e a list for your records to
9	show, for each year, the name of the c eturn. Do not include these grants in	contributor, the date and a line 15.		brief description of the r		t file this list with your

NONE

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# (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			ľ
	admissions, programs, and scholarships?			
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
		33a		
a h	Students' rights or privileges? Admissions policies?		-	
C	Employment of faculty or administrative staff?		ļ	<del>                                     </del>
d	Scholarships or other financial assistance?			$\vdash$
e	Educational policies?			<del> </del>
f	Use of facilities?			$\vdash$
q	Athletic programs?		-	
h	Other extracurricular activities?			
•	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	The second second control of the above, pleases of pleases of pleases and the second of pleases of the second of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases of pleases			
		— [		
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

## Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

	(	are original origination that mod to mile of our			
Ch	eck 🕨 a 🔃 if the organization belon	gs to an affiliated group. Check 🕨 b 🗌	if you che	ecked <b>"a"</b> and "limited contro	l" provisions apply.
		Lobbying Expenditures  tures" means amounts paid or incurred.)		<b>(a)</b> Affiliated group totals	(b) To be completed for all electing organizations
				N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		0.
		a legislative body (direct lobbying)			14,158.
		6 and 37)			14,158.
					1,028,142.
		lines 38 and 39)			1,042,300.
41	Lobbying nontaxable amount. Enter the	amount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40	١		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	} 41		179,230.
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
		\$1,000,000			
42	Grassroots nontaxable amount (enter 25	% of line 41)	42		44,808.
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36	43		0.
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38	44		0.
	Caution: If there is an amount on eit	her line 43 or line 44, you must file Form 4720.			

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total					
45 Lobbying nontaxable amount	179,230.	180,899.	186,283.	182,445.	728,857.					
46 Lobbying ceiling amount (150% of line 45(e))					1,093,286.					
47 Total lobbying expenditures	14,158.	12,110.	45,215.		71,483.					
48 Grassroots nontaxable amount	44,808.	45,225.	46,571.	45,611.	182,215.					
49 Grassroots ceiling amount (150% of line 48(e))					273,323.					
50 Grassroots lobbying expenditures		2,420.	5,000.	5,000.	12,420					

N/A

	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to sence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a	Volunteers			
	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements			
	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

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Schedule A (Form 990 or 990-EZ) 2006

Pa	Information Reg	arding Transfers To a ations (See page 13 of the in	and Transactions and structions.)	nd Relationships With Noncha	ritable		
51				her organization described in section			
	501(c) of the Code (other than se						
a	Transfers from the reporting orga	inization to a noncharitable exer	mpt organization of:	-		Yes	No
	(i) Cash				51a(i)		X
	(ii) Other assets		,,,,,	·····	a(ii)		X
b	Other transactions:						
	(i) Sales or exchanges of assets	with a noncharitable exempt or	rganization		b(i)		X
	(ii) Purchases of assets from a r	noncharitable exempt organization	on		b(ii)		Х
	(iii) Rental of facilities, equipment	t, or other assets	***************************************	***************************************	b(iii)		X
	(iv) Reimbursement arrangemen	ts	***************************************		b(iv)		<u>X</u>
	(v) Loans or loan guarantees		***************************************		b(v)		X
	(vi) Performance of services or n	nembership or fundraising solic	itations		b(vi)		<u>X</u>
C	Sharing of facilities, equipment, n				C		X
đ				d always show the fair market value of the			
			_	red less than fair market value in any		_ / _	
	transaction or sharing arrangeme					N/A	
(a) Line		(C)		(d)	d charing an		anta
Lilie	Amount involved	Name of noncharitable	exempt organization	Description of transfers, transactions, ar	nd snaring ari	angem	ients
_							
						,	
						,	
					<del></del>		
52 a	•			rganizations described in section 501(c) of the			٦
	Code (other than section 501(c)(3				Yes	X	No
b	If "Yes," complete the following so	chedule: N/Z					
	(a) Name of orga	nization	(b) Type of organization	(c) Description of relatio	nebin		
	tvarile of orga	mization	Type of organization	Description of relatio	ПЭПТР		
_							
				<del>-</del>			
62315	2					00 F7	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
300000000000000000000000000000000000000	MANAGEMENT AND GENERAL											
] ]	PRIOR YEAR ASSETS POWER LIFE DIGITAL	VARIES	SL	5.00	17	48,857.			48,857.	29,768.		7,729.
2		092906	SL	5.00	19B	840.			840.			120.
3	BROTHER LASER PRINTER	061306	SL	5.00	19B	287.			287.			57.
4	DELL COMPUTER	052306	SL	5.00	19В	681.			681.			136.
5		021006	SL	5.00	19B	871.			871.			174.
555000000000000000000000000000000000000	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					51,536.		0.	51,536.	29,768.	0.	8,216.
	* GRAND TOTAL 990 PAGE 2 DEPR					51,536.		0.	51,536.	29,768.	0.	8,216.
100000000000000000000000000000000000000												
							200000000000000000000000000000000000000					
							****************					******************************

FORM 990 GAIN	N (LOSS) FI	ROM S	SALE OF	OTHER	ASSETS	STA	TEMENT 1
DESCRIPTION				ATE UIRED	DATE SOLD	METH ACQUI	
DISPOSITION OF EQUIPMEN	NT		VAR	ious	VARIOU	S PURCH	IASED
NAME OF BUYER	GROSS SALES PRIC	CE OI	COST OR THER BAS		EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	(	<u> </u>	49,42	2.	0.	47,550.	<1,872.>
TO FM 990, PART I, LN 8	3	_ =	49,42	 2. == =	0.	47,550.	<1,872.
FORM 990	SPECIAL	EVEN	NTS AND	ACTIV	'ITIES	STA	TEMENT 2
DESCRIPTION OF EVENT	GROSS RECEII	-	CONTRIB	. —	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BREAKFAST OF CHAMPIONS	15,5	560.		<del></del>	15,560.	1,687.	13,873.
TO FM 990, PART I, LINE	E 9 15,5	560.		<del></del>	15,560.	1,687.	13,873.

FOR	M 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 3
INC	OME		
2.	RETURNS AND ALLOWANC	ES	023
5.	GROSS PROFIT (LINE 3	LINE 13) 4, 8 LESS LINE 4)	212
COS	T OF GOODS SOLD		
		•	997
8.	MATERIALS AND SUPPLI	ES	785>
		10	4,212
	INVENTORY AT END OF COST OF GOODS SOLD (	YEAR	4,212

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
BLM HOLLISTER FIELD OFFICE			
PURPOSE OF PAYMENT		AMOUNT	
PASS THROUG FUNDS		9,00	0.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
AMERICAN LAND RIGHTS ALLIAN	CE		
PURPOSE OF PAYMENT		AMOUNT	
DONATIONS TO OTHER ENTITIES		15	0.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
AMERICAN RECREATION COALITI	ON		
PURPOSE OF PAYMENT		AMOUNT	
DONATIONS TO OTHER ENTITIES		50	00.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
SAE CLEAN SNOWMOBILE CHALLE	nge		
PURPOSE OF PAYMENT		AMOUNT	
DONATIONS TO OTHER ENTITIES	3	1,00	0.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS		
TREAD LIGHTLY			
PURPOSE OF PAYMENT		AMOUNT	
ORGANIZATIONAL DUES		10	00.

——————————————————————————————————————		
AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
BOARDSOURCE		
PURPOSE OF PAYMENT		AMOUNT
ORGANIZATIONAL DUES	-	198.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
AMERICAN TRAILS		
PURPOSE OF PAYMENT		AMOUNT
DONATIONS TO OTHER ENTITIES	-	850.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
FOP LODGE #5	<del></del>	
PURPOSE OF PAYMENT		AMOUNT
DONATIONS TO OTHER ENTITES	-	25.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
IDAHO TRAILS COUNCIL		
PURPOSE OF PAYMENT		AMOUNT
ORGANIZATION DUES		20.
AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
СОНУСО		
PURPOSE OF PAYMENT		AMOUNT
ORGANAZATION DUES		50.
TOTAL TO FORM 990, PART I, LINE 16		11,893.

FORM 990	ΓΟ	HER EXPENSES		STATEMENT	5
DUGGDIDELON	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG ——
43-A TAXES	1,539	).	1,539.		
43-B INSURANCE	5,375		5,375.		
43-C OFFICE EXPENSE 43-D BANK SERVICE	4,634	1,810.	2,824.		
CHARGES	3,477	' <b>.</b>	3,477.		
43-E MAGAZINE 43-F	225,190				
HIRING/TRANSITIONS 43-G MDSE SALES	7,298	B.	7,298.		
EXPENSE	456	456.			
43-H WEB PAGE DESIGN	11,152				
43-I LOBBYIST 43-J LEGAL FUND	14,158				
EXPENSE 43-K PAID	189,063	188,037.		1,02	26.
ADVERTISING	9,177	9,177.			
43-L SPECIAL EVENTS	22,274	•		22,2	74.
TOTAL TO FM 990, LN 43	493,793	449,980.	20,513.	23,30	00.
FORM 990 DEPRECIAT	TON OF ASSET	S NOT HELD FOR	TNVESTMENT	STATEMENT	6
- DBIRDOIAL	TON OT ADDIT	- NOT HELD TOK			
DESCRIPTION			ACCUMULATED DEPRECIATION	BOOK VALU	E
PRIOR YEAR ASSETS	_	48,857.	37,497.	11,30	60.
POWER LIFE DIGITAL PROJ	ECTOR	840.	120.	-	20.
BROTHER LASER PRINTER		287.	57.		30.
DELL COMPUTER		681.	136.	5	45.
COMPUTER W/MONITOR	_	871.	174.	6:	97.
TOTAL TO FORM 990, PART	IV, LN 57	51,536.	37,984.	13,5	52.
	<u> </u>				

		STATI	EMENT /
TITLE AND AVRG HRS/WK	COMPEN- SATION	BEN PLAN	EXPENSE
PRESIDENT 10.00	0.	0.	0.
VICE PRESIDENT 6.00	0.	0.	0.
TREASURER 4.00	0.	0.	0.
SECRETARY 3.00	0.	0.	0.
BOARD MEMBER 2.00	0.	0.	0.
BOARD MEMBER 3.00	0.	0.	0.
BOARD MEMBER 0.00	0.	0.	0.
BOARD MEMBER 0.00	0.	0.	0.
BOARD MEMBER 3.00	0.	0.	0.
BOARD MEMBER 1.00	0.	0.	0.
BOARD MEMBER 4.00	0.	0.	0.
	TITLE AND AVRG HRS/WK  PRESIDENT 10.00  VICE PRESIDENT 6.00  TREASURER 4.00  SECRETARY 3.00  BOARD MEMBER 2.00  BOARD MEMBER 0.00  BOARD MEMBER 0.00  BOARD MEMBER 1.00  BOARD MEMBER 1.00	TITLE AND COMPEN- AVRG HRS/WK SATION  PRESIDENT 10.00 0.  VICE PRESIDENT 6.00 0.  TREASURER 4.00 0.  SECRETARY 3.00 0.  BOARD MEMBER 2.00 0.  BOARD MEMBER 3.00 0.  BOARD MEMBER 0.00 0.  BOARD MEMBER 3.00 0.  BOARD MEMBER 1.00 0.  BOARD MEMBER 0.00 0.	TITLE AND COMPEN— BEN PLAN CONTRIB  PRESIDENT 10.00 0. 0. 0.  VICE PRESIDENT 6.00 0. 0. 0.  TREASURER 4.00 0. 0. 0.  SECRETARY 3.00 0. 0. 0.  BOARD MEMBER 2.00 0. 0. 0.  BOARD MEMBER 3.00 0. 0. 0.  BOARD MEMBER 0.00 0. 0. 0.  BOARD MEMBER 3.00 0. 0. 0.  BOARD MEMBER 0.00 0. 0. 0.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT

BLUE RIBBON COALITION'INC		•	82-04	113981
ED KLIM 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0.00	0.	0.	0.
SANDRA MITCHELL 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 1.00	0.	0.	0.
MAUREEN HEALEY 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 3.00	0.	0.	0.
JACK SHEETS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 6.00	0.	0.	0.
BOB STEVENSON 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 4.00	0.	0.	0.
GREG MUMM 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	EXECUTIVE DIREC	CTOR 66,048.	0.	0.
TOTALS INCLUDED ON FORM 990,	- PART V-A =	66,048.	0.	0.

Form 990-T Exempt Organization Business Income Tax Return						2006	
Department of the Treasury Internal Revenue Service	For c	(and proxy tax und ralendar year 2006 or other tax year beginning	er se	ction 6033(e)) , and ending			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name of	hanged	and see instruction	s.)	(Empl	oyer identification number oyees' trust, see instructions ock D on page 9.)
B Exempt under section	Print	BLUE RIBBON COALITION	INC			8	2-0413981
X 501(C)(3)	or Tune	Number, street, and room or suite no. If a P.O. bo	x, see p	age 9 of instructions	S.		ated business activity codes
408(e) 220(e)	Type	4555 BURLEY DRIVE				on pag	
408A 530(a)		City or town, state, and ZIP code					
529(a)		CHUBBUCK, ID 83202-00				541	800
at end of year	<b>G</b> Chec	p exemption number (see instructions for Block F.) k organization type X 501(c) corporatio		501(c) trust	401(a) tr	rust	Other trust
<41,518.>							
				STATEMENT			[ T + ]
		poration a subsidiary in an affiliated group or a pare	nt-subsi	idiary controlled gro	oup? l	Ye Ye	s X No
		tifying number of the parent corporation.				200	227 1000
J The books are in care of Part I Unrelate				(A) Income	elephone number		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		de or Business Income	T	(A) income	(B) Expe	inses	(C) Net
1a Gross receipts or sale		6,023.	,	6,02	3		
b Less returns and allo		c Balance	1c 2	4,21			
		e A, line 7)	3	1,81			1,811.
•		rom line 1c	4a	1,01	•		1,011.
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		nips and S corporations (attach statement)	5				
		inps and 3 corporations (attach statement)	6	····			
		me (Schedule E)	7				
		and rents from controlled organizations (Sch. F)	8				
		on 501(c)(7), (9), or (17) organization					
			9				
		ome (Schedule I)	10				
		e J)	11	142,07	16. 97	,821.	44,255.
		ns; attach schedule.)	12	112,0,		7021	11/2000
•		igh 12	13	143,88	37. 97	821.	46,066.
Part II Deduction	ns N	ot Taken Elsewhere (See instructions for					
		utions, deductions must be directly connecte					
14 Compensation of of	ficers, d	irectors, and trustees (Schedule K)				14	
						1 1	
20 Charitable contribut	ions (Se	e instructions for limitation rules.)				20	
		562)					
22 Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a		22b	
						_	
24 Contributions to det	ferred co	ompensation plans				24	
25 Employee benefit pr	rograms					25	
26 Excess exempt expe	enses (S	chedule I)				26	
27 Excess readership of	costs (So	chedule J)				27	44,255.
		hedule)					
29 Total deductions	s. Add lir	nes 14 through 28					44,255.
		income before net operating loss deduction. Subtra				1	1,811.
		n (limited to the amount on line 30)					1,811.
		income before specific deduction. Subtract line 31 f					0.
		ly \$1,000, but see instructions for exceptions)				33	1,000.
		able income. Subtract line 33 from line 32. If line	•				0.
of zero or line 32		A and Danamork Dadustics Ask Nation and instru				34	
623701 01-30-07 LHA For Pri	vacy Ac	t and Paperwork Reduction Act Notice, see instru	cuons.				Form <b>990-T</b> (2006)

Doet I	II Tax Computation					02 0113301	
		rationa Casin				180000000	
35	Organizations Taxable as Corpor						
	Controlled group members (section						
а	Enter your share of the \$50,000,		59,925,000 taxable i	1 '	der):		
	(1) \$	(2) \$		(3) [\$			
þ	Enter organization's share of: (1)						
	(2) Additional 3% tax (not more t	than \$100,000		\$			
C	Income tax on the amount on line	34				<b>▶</b> 35c	0.
36	Trusts Taxable at Trust Rates. Se	ee instructions	for tax computation	. Income tax on the amou	nt on line 34 from:		
	Tax rate schedule or					▶ 36	
37	Proxy tax. See instructions						
38	Alternative minimum tax						
	Total. Add lines 37 and 38 to line						0.
Part I	V Tax and Payments	000 01 00, 1111	опотогаррноо				
	Foreign tax credit (corporations a	ttach Form 11	18: truste attach For	m 1116\	40a		
	Other credits (see instructions)				. 40b		
C	General business credit. Check he						
	Form 3800 Form(s						
	Credit for prior year minimum tax						
е	Total credits. Add lines 40a throu						
41	Subtract line 40e from line 39		····	<u></u>		41	0.
42	Other taxes. Check if from: I	Form 4255 📙	Form 8611	Form 8697 Form 8	3866 L Other (att	ach schedule) 42	
43	Total tax. Add lines 41 and 42			***************************************		43	<u> </u>
44a	Payments: A 2005 overpayment	credited to 200	06		. 44a		
b	2006 estimated tax payments						
C	Tax deposited with Form 8868						
d	Foreign organizations: Tax paid or						
	Backup withholding (see instructi						
f	Credit for federal telephone excise				F	64.	
a	Other credits and payments:	tax paid (atta			.   441		
y			Other	Total D	44-		
45	Form 4136						64.
45	Total payments. Add lines 44a th						04.
46	Estimated tax penalty (see instruc						
47	Tax due. If line 45 is less than the						<u> </u>
48	Overpayment. If line 45 is larger to						64.
49	Enter the amount of line 48 you w				Refu		64.
Part \	Statements Regard	ling Certa	in Activities a	nd Other Informa	<b>tion</b> (See instruct	ions on page 18)	
1 At a	ny time during the 2006 calendar y	year, did the or	ganization have an i	nterest in or a signature or	other authority over	a financial account	Yes No
(bar	nk, securities, or other) in a foreign	country? If Yi	S, the organization	may have to file Form TD I	90-22.1. If YES, en	ter the name of the	X
fore	ign country here 🕨						
2 Duri	ng the tax year, did the organization rece S, see page 5 of the instructions for other	eive a distribution or forms the organ	from, or was it the gran	tor of, or transferor to, a foreign	trust?		X
_	er the amount of tax-exempt intere		-				
	lule A - Cost of Goods				ST		
				•			
1 Inve	entory at beginning of year	1	6,997.	6 Inventory at end of ye	ar	6	6,997.
	chases		4,212.	7 Cost of goods sold.			
	t of labor			from line 5. Enter her		7	4,212.
					·		
	litional section 263A costs			8 Do the rules of secti	•		Yes No
	er costs (attach schedule)		11 200		or acquired for resale		v
5 Tota	al. Add lines 1 through 4b		11,209.				X
Sign	Under penalties of perjury, i declare correct and complete. Declaration of	e mat i have exam of preparer (of er	ined this return, includi than taxpayer) is based	ng accompanying schedules ar I on all information of which pre	a statements, and to the parer has any knowledge	best of my knowledge and b	rener, it is true,
	A while	91/11	1 1 1 1 1 1 T		, <b>D</b> .		scuss this return with
Here C	Jugure Illa	~1 [ [W	un UI 1, a	CKECUI	TUE JUREZ	T T	own below (see
	Sphature of officer		✓ Date	✓ litle	<del></del>	instructions)?	
Do:-	Preparer's	5 Y		Date	Check if	Preparer's SS	
Paid Prepare	signature /	5 40	<u> </u>	10/08/	07 self-employed	P000	)31328
p	r's						
Use On	ly Firm's name (or DEAT)		OMPANY, C	HARTERED		EIN 82-0338	
Use On	ly Firm's name (or DEAT)		MPANY, C SUITE A	HARTERED			3741 232–5825

	MILE (I IV	om Rea	Toperty	and	r er soriar	rioperi	y Least	ou with near r	Tope	erty)(see instr. on pg 20)
1 Description of property										
(1)										
(2)										
(3)										
(4)		Rent received	or accrised							
(a) From personal property (if				n real ar	id personal propert	ty (if the perce	entage	3 Deductions dire	ectly co	nnected with the income in
rent for personal property 10% but not more th	is more than		of re	ent for pe	rsonal property exc is based on profit	ceeds 50% o	r if	columns 2(	a) and 2	2(b) (attach schedule)
(1)										
(2)										
(3)										
<u>(4)</u>		0.	Total				0.			
Total	0/->		Total				<u> </u>	Total deductions.		
<b>Total income</b> . Add totals of colum here and on page 1, Part I, line 6, o							0.	Enter here and on page		0
Schedule E - Unrelated				/S a a i	instructions or	2 2022 201		Part I, line 6, column (B)		<u> </u>
Scriedule L - Officialed	Dent-1	manceu	IIICOIIIE	(066	ristructions of	i page 20	<u> </u>	3 Deductions directly	connec	cted with or allocable
					2 Gross incorporation			to debt-fi	nanced	property
1 Description of	debt-finance	ed property			or allocable financed p		(a)	Straight-line depreciatior (attach schedule)	`	(b) Other deductions (attach schedule)
(1)							<del></del>			
(2)										
(3)								· · · · · · · · · · · · · · · · · · ·		
(4)										
4 Amount of average acquisition 5 Average debt on or allocable to debt-financed of or property (attach schedule) debt-fin		of or a debt-fina	adjusted basis illocable to nced property n schedule)	by column 5			7 Gross income reportable (column 2 x column 6)		<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)						%				
(2)	_					%				
(3)						%				
(4)						%			İ	
								ere and on page 1, ne 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).
Totals									<u>.</u>	0.
Total dividends-received deduct Schedule F - Interest, A	Appuitic	e Royal	ties and	Ren	ts From Co	ontrolle	d Orga	nizations (See	inetru	
ooneddie i - interest, r	- Intallie	, Hoyai			t Controlled O			nzations (oee	ii ioti u	ctions on page 21)
1 Name of Controlled Organizat	tion	Employer Ide Numi	entification	Net un	3 related income see instructions)	Total o	4 If specified ents made	5 Part of column 4 included in the cororganization's gross	ntrolling	connected with income
(4)		-				<del> </del>				<del></del>
(2)						<del> </del>				
(3)						<u> </u>				
(4)										
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net u	unrelated incom see instructions		<b>9</b> To	tal of specified pay made	ments	in the con	olumn 9 that is included trolling organization's gross income	11	Deductions directly connected with income in column 10
(4)									+-	
(1)									+-	
(2)									+-	
(3)									<del> </del>	
(4)	<u></u>						Add columns Enter here ar ine 8, colum	d on page 1, Part I,	Ente	columns 6 and 11. er here and on page 1, Part I, 8, column (B).
Totala								0.	)	0
Totals 623721/ 01-30-07		,			·····	<u> </u>			•1	Form <b>990-T</b> (2006

Form 990-T (2006) BLUE I	RIBBON COAL	I MOITI	INC				82-	041398	1 Page 4
Schedule G - Investme	ent Income of a	Section 50	01(c)(7	), (9), or (17) Oı	ganizat				
	tructions on page 22	)		2 Amount of income	directly o	uctions connected schedule)		Set-asides	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)					(ditidoir s	- Chedule,	<b>-</b>	· · · · · · · · · · · · · · · · · · ·	(cor. 3 plus cor. 4)
(2)									
(3)								<del></del>	
(4)									
				nter here and on page 1, art I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals			▶	0.					0.
Schedule I - Exploited	Exempt Activity	y Income,	Other	Than Advertisi	ng Inco	me			
(300 111011	detions on page 22)	T		4 Net income			<u> </u>		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly conne with product of unrelate business inco	ected tion ed	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5</b> Gross from acti is not us business	vity that related		Expenses tributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)					<del></del>				
(3)							<u> </u>		
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Par line 10, col.	tl, 🔯						Enter here and on page 1, Part II, line 26.
Schedule J - Advertis									
Part   Income From	Periodicals Rep	orted on a	Cons	olidated Basis	<del></del>				
1 Name of periodical	2 Gross advertising income	<b>3</b> Dire advertisir		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come	<b>6</b> <sup>F</sup>	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5)) .		0.	0.						0.
Part II Income From	Periodicals Rep		Sepa	rate Basis (For	each perio	dical liste	d in Pa	ırt II, fill in	
(1) BLUE RIBBON			···	[	Т				
(2) MAGAZ INE	142,07	6. 97	821.	44,255	81	,203.	12	7,369.	44,255.
(3)	112,01		<u> </u>	1, 233	1-51	, 2000	<del></del>	., 555	, 200
(4)					+				
(5) Totals from Part I		0.	0.				<b>'</b>		0.
	Enter here and page 1, Part line 11, col. (A	, page 1	, Part I						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	<u></u> ▶ 142,07	6. 97,	821.						44,255.
Schedule K - Comper	sation of Office	rs, Directo	rs, an	d Trustees (see	instructio				
1	Name			2 Title		3 Percer time devol busine	ted to		ensation attributable related business
							%		
							%		
		•					0.4		

Form **990-T** (2006)

0.

Total. Enter here and on page 1, Part II, line 14

# **Credit for Federal Telephone Excise Tax Paid**

OMB No. 1545-2051

Department of the Treasury Internal Revenue Service

Attach to your income tax return.

Identifying number

BLUE RIBBON COALITION INC

Name(s) as shown on your income tax return

82-0413981

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below. By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

			ral excise tax on long undled service only	distance or	
	(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1	March, April, and			\$ 4.	s 1.
2	May 2003 June, July, and August 2003	\$	\$	\$ 4.	1.
3	September, October, and November 2003			4.	1.
4	December 2003; January and February 2004			4.	1.
5	March, April, and May 2004			4.	1.
6	June, July, and August 2004			4.	1.
7	September, October, and November 2004			4 .	1.
8	December 2004; January and February 2005			4 .	1.
9	March, April, and May 2005			4 .	. 1.
10	June, July, and August 2005			4.	•
11	September, October, and November 2005			4.	
12	December 2005; January and February 2006			4.	•
13	March, April, and May 2006			4.	•
14	June and July 2006			3	•
-	Add lines 1 · 14 in columns (d) ar			<b>\$</b> 55	\$ 9.
16	Total credit or refund requested. Form 1040, line 71; Form 1040A, Form 1040NR, line 69; Form 104	line 42; Form 1040EZ, line 0NR-EZ, line 21; Form 1120	9; Form 1040EZ-T, line 1a; ), line 32g; Form 1120-A,		
	line 28g; Form 1120S, line 23d; F Form 1065, line 23; Form 990-T,				\$ 64.

LHA For Paperwork Reduction Act Notice, see the instructions.

Form 8913 (2006)

Department of the Treasury Internal Revenue Service Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

Business or activity to which this form relates

990

Identifying number

BLI <b>Pa</b> i	JE RIBBON COALITIO			M 990 PA			82-0413981
	<del></del>						
	Maximum amount. See the instruction						108,000.
	otal cost of section 179 property pla						420 000
	hreshold cost of section 179 proper						430,000.
	Reduction in limitation. Subtract line						
	Oollar limitation for tax year. Subtract line 4 from						
6	(a) Description of	property	(b) Cost (busin	ness use only)	(c) Elected	cost	-
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				WHE.		-
							1
							1
	isted property. Enter the amount fro						
	otal elected cost of section 179 pro						
	entative deduction. Enter the <b>small</b>						
	Carryover of disallowed deduction fro						
	Business income limitation. Enter the						
_	Section 179 expense deduction. Add			, <u> </u>		12	
	Carryover of disallowed deduction to			▶ 13			
	: Do not use Part II or Part III below						
	rt II Special Depreciation Allov				ty.)		T
	Special allowance for qualified New York I			,		-	
p	laced in service during the tax year					14	
15 F	Property subject to section 168(f)(1)	election				15	
16 (	Other depreciation (including ACRS)					16	
Pa	rt III MACRS Depreciation (Do	not include listed pro	perty.) (See instructions	.)			
			Section A	<del></del>			T
17 N	MACRS deductions for assets place	d in service in tax yea	rs beginning before 200	6		17	7,729.
18 II	you are electing to group any assets placed in s	service during the tax year in	to one or more general asset acc	ounts, check here	▶ L	] [	
	Section B - Asse	ts Placed in Service	During 2006 Tax Year	Using the Gene	ral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		2,679.	5 YRS.	HY	SL	487.
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		/		27.5 yrs.	ММ	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		, ,		39 yrs.	MM	S/L	
i	Nonresidential real property	,		00 713.	MM	S/L	T
	Section C - Assets	Placed in Service [	During 2006 Tax Year U	sing the Altern			stem
20a	Class life					S/L	T
<u>zua</u> b	12-year	<u> </u>		12 yrs.	1	S/L	
C	40-year	, ,		40 yrs.	MM	S/L	
				1 +0 yls.	T IALIAI		L
	200000000000000000000000000000000000000					04	T
	Listed property. Enter amount from I		- 40 100 in human /-			21	
	<b>Fotal.</b> Add amounts from line 12, line					000	8,216.
	Enter here and on the appropriate lin			uons - see instr		22	0,210.
	For assets shown above and placed	-	•				
61 <b>6</b> 25	portion of the basis attributable to se			23	·		Form <b>4562</b> (2006)

BLUE RIBBON COALITION INC 82-0413981 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes (b) (c) (e) (i) (d) Date Business/ Elected Type of property Basis for depreciation Recovery Depreciation Method/ Cost or placed in investment (business/investment (list vehicles first ) section 179 other basis period Convention deduction use percentage service cost 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use ...... 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L -% S/L· % S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) (e) (f) (a) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes No Yes No Yes No 34 Was the vehicle available for personal use Yes No No Νo during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5%

owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		ļ
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?	<u> </u>	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?	\	<u> </u>
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
	Aatinatina		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins du	ing your 2006 tax year:				****
	: :				
3 Amortization of costs that began before	ore your 2006 tax year			43	
4 Total. Add amounts in column (f). Se	e the instructions for whe	ere to report		44	

Form 4562 (2006)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 8 BUSINESS ACTIVITY

ADVERTISING IN THE BLUE RIBBON COALITION MAGAZINE

TO FORM 990-T, PAGE 1

# **Return of Certain Excise Taxes Under Chapters** 41 and 42 of the Internal Revenue Code

OMB No. 1545-0052

2006 (Sections 170(f)(10), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967) See separate instructions. Internal Revenue Service For calendar year 2006 or other tax year beginning 2006, and ending Name of organization or entity Employer identification number BLUE RIBBON COALITION INC 82-0413981 Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Check box for type of annual return: 4555 BURLEY DRIVE X Form 990 Form 990EZ City or town, state, and ZIP code Form 990-PF CHUBBUCK, ID 83202-0003 Form 5227 Yes No Is the organization a foreign private foundation within the meaning of section 4948(b)? Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a . If "No," (i.e., any uncorrected acts, or transactions), attach an explanation (see page 3 of the instructions). Part 1 Taxes on Organization (Sections 170(f)(10), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4965(a)(1), and 4966(a)(1)) 1 Tax on undistributed income - Schedule B, line 4 2 Tax on excess business holdings - Schedule C, line 7 2 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 Tax on taxable expenditures - Schedule E, Part I, column (g) 4 Tax on political expenditures - Schedule F, Part I, column (e) 5 5 Tax on excess lobbying expenditures - Schedule G, line 4 6 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) Tax on premiums paid on personal benefit contracts 8 8 g Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 10 Tax on taxable distributions - Schedule K, Part I, column (f) 10 Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons Part II-A (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (b) Taxpayer (a) Name and address of person subject to tax identification number (c) Tax on self-dealing -Schedule A, Part II, col. (d), and Part III, col. (d) (d) Tax on investments that (f) Tax on political expenditures -(e) Tax on taxable expenditures jeopardize charitable purpose -Schedule D, Part II, col. (d) Schedule E, Part II, col. (d) Schedule F, Part II, col. (d) Total (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) (h) Tax on excess benefit (j) Tax on taxable distributions -(g) Tax on disqualifying lobbying nsactions - Sch I, Part II, col. (d), and Part III, col. (d) expenditures - Sch H, Part II, col. (d) Schedule K, Part II, col. (d) Total (k) Tax on prohibited benefits - Sch L (I) Total - Add cols. (c) through (k) Part II, col. (d) and Part III, col. (d)

JWA For Privacy Act and Paperwork Reduction Act Notice, see page 15 of the instructions.

Form **4720** (2006)

Total 624061

	SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)		
1	Undistributed income for years before 2005 (from Form 990-PF for 2006, Part XIII, line 6d)	1	
	Undistributed income for 2005 (from Form 990-PF for 2006, Part XIII, line 6e)	2	
	Total undistributed income at end of current tax year beginning in 2006 and subject to tax		
•	under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 15%/30%* of line 3 here and on page 1, Part I, line 1	4	

<sup>224071</sup> JWA \*For tax years beginning after 8/17/2006.

Form 4720 (2006)

Business	Holdings and	Computation of Tax					·
		s in more than one business enterprise,	attach a	separate schedule fo	or each ente	erprise. Refer	
	tions on page 7 for ea dress of business ent	ach line item before making any entries. erprise					
							***
Employer ide	ntification number	<u></u>				<b>&gt;</b>	
Form of enter	rprise (corporation, pa	artnership, trust, joint venture, sole prop	rietorshi	p, etc.)	<u></u>	<b>&gt;</b>	
				(a) Voting stock (profits interest beneficial intere	tor	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundati	on holdings in busine	ss enterprise	1				
2 Permitte	d holdings in busines:	s enterprise	2				
3 Value of	excess holdings in bu	isiness enterprise	3				
	excess holdings disponent of excess						
subject t	o section 4943 tax (at	tach explanation)	4				
	excess holdings in bu e - line 3 minus line 4	siness	5				
6 Tax - Ent	er 5%/10%* of line 5		6				
7 Total tax	r - Add amounts on lir	ne 6, columns (a), (b),	7				
		n page 1, Part I, line 2 - Initial Taxes on Investmer	<u> </u>	nat Jeopardize	e Charit	able Purpose	(Section 4944)
Part I		and Tax Computation	<u></u> _		<u></u>	<u>-</u>	
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount o investment		(e) Initial tax on foundation (5%/10%* of col. (d	(f) Initial tax on foundation managers (if applicable) - (lesser of \$5,000/10,000* or 5%/10%* of col. (d))
1							01 0 757 10 70 07 001 (07)
3							
4							
	nn (e). Enter here and	on page 1, Part I, line 3				<del></del>	
Total - colum	nn (f). Enter total (or p	rorated amount) here and in Part II, colu	mn (c),	below	<u></u>		
Part II	Summary of	Tax Liability of Foundation	Man	agers and Pro	oration	of Payments	
	(a) Names of for	undation managers liable for tax		(b) Investment no. from Part I, col. (a)		from Part I, col. (f), rorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 9 of the instructions)
							-

\* For tax years beginning after 8/17/2006.

Form **4720** (2006)

## SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures a	and Computati	on of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	f recipient			of expenditure and purposes r which made
1							
3							
4							
5							
	number from Form 990, , Part VI-B, applicable to		(g) Initial tax imposed on (10%/20% of col.	foundation (b))		1 ' '	in foundation managers (if applicable)- 10,000° or 2½%/5%° of col. (b))
otal - colum	n (g). Enter here and on				***		
	, line 4		adia Dadilla adama (a)	· · · · · · · · · · · · · · · · · · ·			
otal - colum Blow	n (h). Enter total (or pro	rated amount) here ar	nd in Part II, column (c),				
Part II	Summary of Ta	ax Liability of I	Foundation Managers	and Prorat	tion	of Payments	
<u></u>		oundation managers I		(b) Item no. fr	rom (	c) Tax from Part I, col.	(h), (d) Manager's total tax liability (add amounts in col. (c))
	(-)			Part I, col. (	a)	or prorated amount	(see page 10 of the instructions
					$\perp$		
	sc	CHEDULE F - I	nitial Taxes on Politica	l Expendit	tures	Section 4955)	
Part I	Expenditures a	and Computat	ion of Tax		7-1	I-ikial tau impaced on	(f) Initial tay imposed on
a) Item iumber	(b) Amount	(c) Date paid or incurred	(d) Description of political ex	xpenditure	(e) orga	Initial tax imposed on nization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1							
2		-					
3							
5							_
	nn (e). Enter here and on	page 1, Part I, line 5					
intal - colum	on (f) Enter total (or ere-	rated amount\ here as	nd in Part II, column (c), below				
Part II			ration Managers or Foundati	on Managers	s and	Proration of Payme	ents
DEL DEL COOK DEL CONS	(a) Names	of organization man	agers or	(b) Item no	o. from	(c) Tax from Part I, c	ol. (f), (d) Manager's total tax liabili
	foundat	tion managers liable f	or tax	Part I, co	I. (a)	or prorated amou	page 11 of the instructions)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
					•		
524091 IIA							Form <b>4720</b> /200
\$24091 IVA			LINAAC				

624091 01-29-07 JWA \* For tax years beginning after 8/17/2006.

Form 4720 (2	006) BLUI	E RIBBON (	COALITION INC			82-04	13981	Page 5
	9	SCHEDULE G	- Tax on Excess Lo	bbying Expen	ditures (Section 4911)	)		
990 or <b>2</b> Excess	990-EZ), Part VI-A, colu of lobbying expenditure	umn (b), line 43). (So es over lobbying nor	nontaxable amount (from Some page 11 of the instructions of taxable amount (from Scheduge 11 of the instructions before	before making entry ule A (Form 990	<i>j.</i> )	2		
3 Taxable	e lobbying expenditures	- enter the larger of	line 1 or line 2			3		
4 Tax - E	nter 25% of line 3 here	and on page 1, Part	I, line 6			4		
	SCH	EDULE H - Ta	xes on Disqualifyin	g Lobbying Ex	penditures (Section	4912)		
Part I	Expenditures a	and Computa	tion of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbyi	ng expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax in mana	nposed on or gers (if appli 5% of col. (b	ganization cable)- i))
1 2 3 4	-							
Total - colum	n (f). Enter total (or proi	rated amount) here a	und in Part II, column (c), bel	ow				
Part II		anization managers I	Organization Mana		(c) Tax from Part I, col. (f	(d) Man	ager's total ta	ax liability
	(-)			Part I, col. (a)	or prorated amount	(see pag	amounts in c e 12 of the in	structions)
							· · · · · · · · · · · · · · · · · · ·	
			itial Taxes on Exce		nsactions (Section 49	958)		
Part I		t Transaction	s and Tax Computa	tion				
(a) Transaction number	(b) Date of transaction			(c) Description of	transaction			
1								
3								
4								

\*For tax years beginning after 8/17/2006.

(d) Amount of excess benefit

Form **4720** (2006)

(f) Tax on organization managers (if applicable) (lesser of \$10,000/\$20,000\* or 10% of col. (d))

JWA

(e) Initial tax on disqualified persons (25% of col. (d))

Part II	Summary of	exes on Excess Bene Tax Liability of Disq	ualified Pers	ons and Proration	of Paymen	ts	
	(a) Names	of disqualified persons liable for ta	x	(b) Trans. no. from Part I, col. (a)	(C) Tax from F or prorated		(1) Disqualified person's total tax liability (add amounts in col. (c)) (see page 12 of the instructions)
							-
-							-
Part III	Summary of	Tax Liability of 501(c	c)(3) & (4) Org	anization Manage	rs and Pro	ration of	Payments
	(a) Names of 501(c	c)(3) & (4) organization managers liab	ole for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from F or prorated		(d) Manager's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)
							-
SCHEDUI Part I		n Being a Party to P ax Shelter Transactions instructions)					ntity
(a) Transaction number	(b) Transaction date	(c) Type of transaction  1 - Listed  2 - Subsequently listed  3 - Confidential  4 Contractual protection		(d) Description	on of transaction	n	
1							
3							
4							
5							
have reason	ax-exempt entity know to know this transac T when entered? Answ Yes or No	tion / A National attribut	table to the PTST	(g) 75% of proceeds attri PTST	butable to the		mposed on the tax-exempt page 13 of the instructions)
Total - colum	nn (h). Enter here and	on page 1, Part I, line 9					F4700 (0000)

624103 02-06-07 JWA

## BLUE RIBBON COALITION INC 82-0413981 Form 4720 (2006) Page 8 SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967) (see instructions) Part I **Prohibited Benefits and Tax Computation** (a) Item (b) Date of (c) Description of benefit prohibited benefit number 2 3 4 5 (e) Tax on prohibited benefit (125% of col. (d)) (f) Tax on fund managers (if applicable) (lesser of (d) Amount of prohibited benefit 10% of col. (d) or \$10,000) (see instructions) (see instructions) Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments (b) Item no. from (C) Tax from Part I, col. (e), related persons total tax (a) Names of donors, donor advisor, or related persons liable for tax or prorated amount Part I, col. (a) liability (add amounts in col. (c)) (see instructions) Part III Tax Liability of Fund Managers and Proration of Payments (d) Fund manager's total tax (b) Item no. from (C) Tax from Part I, col. (f), liability (add amounts in col. (c)) (a) Names of fund managers liable for tax Part I, col. (a) or prorated amount (see instructions)

	L	]
		 1
JWA		 Form <b>4720</b> (2006)

Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified per	erson, donor, donor advisor, or related person	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified per	erson, donor, donor advisor, or related person	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified pe	erson, donor, donor advisor, or related person	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified per	erson, donor, donor advisor, or related person	Date
		10/05/07
Signature of individual or firm preparing the return		Date
DEATON & COMPANY, CHARTERED		
215 N 9TH, SUITE A	202.2	20 5025
POCATELLO, ID 83201  Address of preparer		32-5825 le no. of preparer

F 41 IDAHO CORP		OME TAX	RETUF	RN	1019 <b>2006</b> State Use Only
<b>M</b> 8-29-06	For calendar year 2006, or fiscal ►	o Day Year	Мо	Day Year	
AMENDED RETURN, check the box. See instructions, page 6 for the reasons for amending and enter the number. ■	year beginning		nding		
Business name	Γ	State Use Only	]	ederal employer ide	ntification number
DIVIE DIDDON GONIEMON ING		BLUE		00 041	
BLUE RIBBON COALITION, INC. Business mailing address			4	82-041	13981
			'		
4555 BURLEY DRIVE City, State and ZIP Code				Do you need Idaho	
•			• F M	income tax forms	Yes ● No
CHUBBUCK, ID 83202-0003				mailed to you next yea	
Did the corporate name change? If yes, enter the previous name of the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and the latest was started to be a second and t					Yes X No
2. If a federal audit was finalized this year, enter the latest year a					Yes • X No
3. Is this an inactive corporation or nameholder corporation?					
4. a. Were federal quarterly estimated payments required?					Yes • X No
b. Were quarterly estimated payments based on annualized					Yes ● No Yes ● <del>X</del> No
5. Is this a final return?					Yes • A No
If yes, check the proper box below and enter the date the eve				- FEIN	
	Merged or reorganized.			nter new FEIN _	
6. Enter the extended federal due date if this is a short period re					
•					Yes ◆ X No Yes ◆ X No
8. Did you use the combined reporting method?					Yes • X No
a. Does this corporation own more than 50% of another co					Yes • X No
b. Does another corporation own more than 50% of this co					Yes • X No
c. Are more than 50% of this corporation and another corp					Yes • X No
d. Are two or more corporations in this report operating in I		Siness in loano?			Yes • A NO
9. If you are a multinational taxpayer, answer questions a., b. al					
•		water's edge return			Voc. a No.
b. If a water's edge return is filed, do you elect to forego filin					Yes ● No
c. If a worldwide return is filed, is foreign income computed					Yes ● No
10. Did you claim the property tax exemption for investment tax	credit property acquired this	tax year?			Yes ● X No
ADDITIONS					
11. Federal taxable income.					
12. Interest and dividends not taxable under Internal Revenue Co					
13. State, municipal and local taxes measured by net income.				1 1	
14. Net operating loss deducted on federal return.					
15. Dividends received deduction on federal return.					
16. Bonus depreciation. Attach computations.				1 1	
17. Other additions, including additions from Form 42, Part II.					
18. Add lines 11 through 17. SUBTRACTIONS				18	· · · · · · · · · · · · · · · · · · ·
19. Foreign dividend gross-up (Sec. 78, Internal Revenue Code)				• 19	
20. Interest from Idaho municipal securities.				9 19	
		· · · · · · · · · · · · · · · · · · ·			
21. Interest on U.S. Government obligations. Attach a schedule.					
<ul><li>22. Interest and other expenses related to lines 20 and 21.</li><li>23. Add lines 20 and 21, and subtract line 22.</li></ul>				23	
24. Technological equipment donation.				• 24	
25. Allocated income. Attach a schedule.				24	
26. Interest and other expenses related to line 25. Attach a sche					
27. Subtract line 26 from line 25.				27	
28. Bonus depreciation. Attach computations.					
29. Other subtractions, including subtractions from Form 42, Pa					
30. Total subtractions. Add lines 19, 23, 24, 27, 28 and 29					

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A.  $^{648301}_{10-12-06}$ 

31. Net business income subject to apportionment. Subtract line 30 from line 18.



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32. Net business income subject to apportionment. Enter the amount from line 31.		32	
33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporation			
attach Form 42. Enter the apportionment factor from Form 42, Part I, line 21.		33	100.0000 %
34. Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33.		34	0.
35. Income allocated to Idaho. See instructions.			
36. Idaho net operating loss carryover ● carryback ●		36	
37. Idaho taxable income. Add lines 34 and 35, and subtract line 36.	Littor (ot.		
If the corporation has an NOL and is electing to forego the carryback period, check her	re. •	37	0.
38. Idaho income tax. Multiply line 37 by 7.6%.		+31+	
Minimum \$20 for each corporation (see instructions).		38	20.
CREDITS	T - T	30	20.
•	20		
39. Credit for contributions to Idaho educational entities.		-	
40. Credit for contributions to Idaho youth and rehabilitation facilities.		-	
	41		
42. Total credits. Add lines 39 through 41.		42	20.
43. Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero.		43	
OTHER TAXES			1.0
44. Permanent bldg. fund tax. Enter \$10. Combined reports include \$10 for each corp. operating or a			10.
45. Total tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44.		45	
46. Tax on Idaho compensation of individual officers and directors not reported to Idaho.			
47. Fuels tax due. Attach Form 75.		47	
48. Sales/Use tax due on mail order, Internet, and other nontaxed purchases.		48	
49. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER.		<del></del>	
50. Total tax. Add lines 43 through 49.		50	30.
51. Underpayment interest. Attach Form 41ESR.		51	
52. Add line 50 and line 51.		52	30.
PAYMENTS and OTHER CREDITS			
53. Estimated tax payments.		53	
54. Special fuels tax refund Gasoline tax refund		54	·
55. Total payments and other credits. Add line 53 and line 54.		1 1	
55. Total payments and other credits. Add line 55 and line 54.		55	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.		55	
		55	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.		55	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.			30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.		56	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •	Enter total.	56	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.	Enter total.	56	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •	Enter total. ●	56	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.	Enter total. ●	56 57	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 52 from line 55.	Enter total.	56 57	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.	Enter total.	56 57	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty •	Enter total.	56 57 59	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty •	Enter total.	56 57 59	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 52 from line 55.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund	Enter total.	56 57 59 61	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 52 from line 55.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund 62. Total tax due (line 58) or overpayment (line 59) on this return.	Enter total.	56 57 59 61 62	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 52 from line 55.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund 62. Total tax due (line 58) or overpayment (line 59) on this return.  63. Refund from original return plus additional refunds.	Enter total.	56 57 59 61 62 63	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty •	Enter total.	56 57 59 61 62 63 64	
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty •	Enter total.	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty •	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty •	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 52 from line 55.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund 62. Total tax due (line 58) or overpayment (line 59) on this return.  63. Refund from original return plus additional refunds.  64. Tax paid with original return plus additional tax paid.  65. Amended tax due or refund. Add lines 62 and 63, and subtract line 64.  X Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this Under penalties of perjury, I declare that 16 the best of my knowledge and belief this return	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty ● Interest from due date ●  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 59 you want refunded to you.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund 62. Total tax due (line 58) or overpayment (line 59) on this return.  63. Refund from original return plus additional refunds.  64. Tax paid with original return plus additional tax paid.  65. Amended tax due or refund. Add lines 62 and 63, and subtract line 64.  ■ X Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this Under penalties of perjury. I declare that to the best of my knowledge and belief this return Date  Signative of officer  Signative of officer  Signative of officer  Date  10 / 0 5 / 0 7  Phone number	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty ● Interest from due date ●  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 59 you want refunded to you.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund 62. Total tax due (line 58) or overpayment (line 59) on this return.  63. Refund from original return plus additional refunds.  64. Tax paid with original return plus additional tax paid.  65. Amended tax due or refund. Add lines 62 and 63, and subtract line 64.  ■ X Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this Under penalties of perjury. I declare that to the best of my knowledge and belief this return Date  Signative of officer  Signative of officer  Signative of officer  Date  10 / 0 5 / 0 7  Phone number	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty ●	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from due date • Interest from	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty ●	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty ●	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.
If line 52 is more than line 55, GO TO LINE 56. If line 52 is less than line 55, GO TO LINE 59.  REFUND or PAYMENT DUE  56. Tax Due. Subtract line 55 from line 52.  57. Penalty • Interest from due date •  58. TOTAL DUE. Add line 56 and line 57.  59. Overpayment. Subtract line 52 from line 55.  60. REFUND. Amount of line 59 you want refunded to you.  61. ESTIMATED TAX. Amount to credit to your 2007 estimated tax. Subtract line 60 from line 59.  AMENDED RETURN ONLY. Complete this section to determine your tax due or refund 62. Total tax due (line 58) or overpayment (line 59) on this return.  63. Refund from original return plus additional refunds.  64. Tax paid with original return plus additional tax paid.  65. Amended tax due or refund. Add lines 62 and 63, and subtract line 64.  • X Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this Under penalties of perjury. Leclare that is the best of my knowledge and belief this return  Signature officer  Phone number  208-237-000  Preparer's EIN, SSN, or PTIN  82-0338741  Address and phane number  208-232-5825	Enter total.  •  •  •  •  •  •  •  •  •  •  •  •  •	56 57 59 61 62 63 64 65	30.