**HAYDEN ROSS, PLLC**
**315 S. ALMON**
**MOSCOW, ID 83843**
**(208) 882-5547**

November 6, 2026

LATAH COUNTY HISTORICAL SOCIETY
327 E 2ND ST
MOSCOW, ID 83843

Dear Client:

Your 2025 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service.

No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Nathan Strong

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

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

**Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

**2025**

| Name of filer | EIN or SSN |
|---|---|
| LATAH COUNTY HISTORICAL SOCIETY | 82-0302030 |

Name and title of officer or person subject to tax

KELLY ZAKARIASEN PRESIDENT

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | |
|---|---|---|---|---|
| **1a** **Form 990** check here | ☐ | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | |
| **2a** **Form 990-EZ** check here | ☒ | **b Total revenue,** if any (Form 990-EZ, line 9) | **2b** | 169,276. |
| **3a** **Form 1120-POL** check here | ☐ | **b Total tax** (Form 1120-POL, line 22) | **3b** | |
| **4a** **Form 990-PF** check here | ☐ | **b Tax based on investment income** (Form 990-PF, Part V, line 5) | **4b** | |
| **5a** **Form 8868** check here | ☐ | **b Balance due** (Form 8868, line 3c) | **5b** | |
| **6a** **Form 990-T** check here | ☐ | **b Total tax** (Form 990-T, Part III, line 4) | **6b** | |
| **7a** **Form 4720** check here | ☐ | **b Total tax** (Form 4720, Part III, line 1) | **7b** | |
| **8a** **Form 5227** check here | ☐ | **b FMV of assets at end of tax year** (Form 5227, item D) | **8b** | |
| **9a** **Form 5330** check here | ☐ | **b Tax due** (Form 5330, Part II, line 19) | **9b** | |
| **10a** **Form 8038-CP** check here | ☐ | **b Amount of credit payment requested** (Form 8038-CP, Part III, line 22) | **10b** | |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize HAYDEN ROSS, PLLC to enter my PIN 11562 as my signature

**ERO firm name**

**Enter five numbers, but do not enter all zeros**

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

## Part III Certification and Authentication

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

82362555215

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature NATHAN STRONG Date _____

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

Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

**Electronic filing.** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e -file-providers/e-file-for-charities-and-non-profits.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

**Type or Print**

File by the due date for filing your return. See instructions.

| Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
|---|---|
| LATAH COUNTY HISTORICAL SOCIETY | 82-0302030 |

Number, street, and room or suite number. If a P.O. box, see instructions.
327 E 2ND ST

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
MOSCOW, ID 83843

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  Plan Name _____
  Plan Number _____.
  Plan Year Ending (MM/DD/YYYY)

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of HAYLEY NOBLE 327 E 2ND MOSCOW ID 83843 _____
Telephone No. (208) 882-1004 _____ Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
  If this is for the whole group, check this box . . . . . ☐
  If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . . ☐

**1** I request an automatic 6-month extension of time until 11/15 _____, 20 26 _, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 25 or
☐ tax year beginning _____, 20 ___, and ending _____, 20 ___.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . | **3a** | $ 0. |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . | **3b** | $ 0. |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . | **3c** | $ 0. |

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

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

**Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

**A** For the 2025 calendar year, or tax year beginning , 2025, and ending ,

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

**C**

LATAH COUNTY HISTORICAL SOCIETY
327 E 2ND ST
MOSCOW, ID 83843

**D** Employer identification number: 82-0302030

**E** Telephone number: (208) 882-1004

**F** Group Exemption Number

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

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990).

**I** **Website:** HTTP://WWW.LATAH.ID.US/HISTORICALSOCIETY/

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

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ..... $ 176,285.

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

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

| | | | | | |
|---|---|---|---|---|---|
| **Revenue** | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 107,225. |
| | 2 | Program service revenue including government fees and contracts | | 2 | 3,785. |
| | 3 | Membership dues and assessments | | 3 | 15,208. |
| | 4 | Investment income | | 4 | 2,144. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | 42,229. | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | 2,696. | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 39,533. |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 5,415. | |
| | b | Less: cost of goods sold | 7b | 4,313. | |
| | c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | 7c | 1,102. |
| | 8 | Other revenue (describe in Schedule O) SEE SCHEDULE O | | 8 | 279. |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 169,276. |
| **Expenses** | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 71,851. |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 630. |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | 3,172. |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | | 16 | 51,564. |
| | 17 | **Total expenses.** Add lines 10 through 16 | | 17 | 127,217. |
| **Net Assets** | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | 18 | 42,059. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 223,282. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O | | 20 | -5,228. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 260,113. |

**Part II Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ..... X

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 75,160. | 22 | 77,589. |
| 23 | Land and buildings | 89,406. | 23 | 87,340. |
| 24 | Other assets (describe in Schedule O) SEE SCHEDULE O | 61,130. | 24 | 95,493. |
| 25 | **Total assets** | 225,696. | 25 | 260,422. |
| 26 | **Total liabilities** (describe in Schedule O) SEE SCHEDULE O | 2,414. | 26 | 309. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 223,282. | 27 | 260,113. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ..... X

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

**Expenses** (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $ ) If this amount includes foreign grants, check here ☐ **28a** 108,135.

29

(Grants $ ) If this amount includes foreign grants, check here ☐ **29a**

30

(Grants $ ) If this amount includes foreign grants, check here ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) **32** 108,135.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ..... X

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| SEE SCHEDULE O | | 0. | 0. | 0. |
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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V SEE SCH O ☐

| | | | Yes | No |
|---|---|---|---|---|
| **33** | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| **34** | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | X |
| **35a** | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| **b** | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| **c** | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| **36** | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| **37a** | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | | | |
| **b** | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| **38a** | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| **b** | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0. | | | |
| **39** | Section 501(c)(7) organizations. Enter: | | | |
| **a** | Initiation fees and capital contributions included on line 9 39a 0. | | | |
| **b** | Gross receipts, included on line 9, for public use of club facilities 39b 0. | | | |
| **40a** | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0. ; section 4912: 0. ; section 4955: 0. | | | |
| **b** | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| **c** | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | | |
| **d** | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0. | | | |
| **e** | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |

**41** List the states with which a copy of this return is filed: NONE

**42a** The organization's books are in care of: HAYLEY NOBLE Telephone no. (208) 882-1004
Located at: 327 E 2ND MOSCOW ID ZIP + 4 83843

| | | | Yes | No |
|---|---|---|---|---|
| **b** | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 42b | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| **c** | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: | 42c | | X |

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

| | | | Yes | No |
|---|---|---|---|---|
| **44a** | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44a | | X |
| **b** | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44b | | X |
| **c** | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| **d** | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| **45a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | X |

| | | Yes | No |
|---|---|---|---|
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |

**Part VI Section 501(c)(3) Organizations Only**

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

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

| | | Yes | No |
|---|---|---|---|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer — Date

KELLY ZAKARIASEN — PRESIDENT

Officer's name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| NATHAN STRONG | NATHAN STRONG | | | P00055215 |

Firm's name HAYDEN ROSS, PLLC — Firm's EIN 46-0531452

Firm's address 315 S. ALMON, MOSCOW, ID 83843 — Phone no. (208) 882-5547

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE A**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| LATAH COUNTY HISTORICAL SOCIETY | 82-0302030 |

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [X] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . [ ]

g Provide the following information about the supported organization(s).

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

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (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 VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12

13 **First 5 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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . 15 %

16a **33-1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

b **33-1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 94,352. | 116,299. | 110,850. | 108,009. | 122,433. | 551,943. |
| 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 | 1,392. | 2,129. | 5,732. | 10,239. | 1,102. | 20,594. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 **Total.** Add lines 1 through 5 | 95,744. | 118,428. | 116,582. | 118,248. | 123,535. | 572,537. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 572,537. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 95,744. | 118,428. | 116,582. | 118,248. | 123,535. | 572,537. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 849. | 1,277. | 2,672. | 29,992. | 2,144. | 36,934. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | 849. | 1,277. | 2,672. | 29,992. | 2,144. | 36,934. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI | | | | 51,039. | | 51,039. |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | 96,593. | 119,705. | 119,254. | 199,279. | 125,679. | 660,510. |

14 **First 5 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

| | | |
|---|---|---|
| 15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) | 15 | 86.68 % |
| 16 Public support percentage from 2024 Schedule A, Part III, line 15 | 16 | 86.46 % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f)) | 17 | 5.59 % |
| 18 Investment income percentage from **2024** Schedule A, Part III, line 17 | 18 | 5.58 % |

19a **33-1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

**Part IV Supporting Organizations** (continued)

| | | Yes | No |
|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| **b** | A family member of a person described on line 11a above? | 11b | |
| **c** | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | |

## Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| **2** | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| **2** | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| **3** | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |

## Section E. Type III Functionally Integrated Supporting Organizations

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

**a** ☐ The organization satisfied the Activities Test. Complete line 2 below.

**b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

**c** ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).

**2** Activities Test. Answer lines 2a and 2b below.

| | | Yes | No |
|---|---|---|---|
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| **b** | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

| | | | |
|---|---|---|---|
| **a** | Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI. | 3a | | |
| **b** | Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| **c** | Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3c | | |

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

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

### Section A – Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) | 8 | | |

### Section B – Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C – Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

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

| **Section D — Distributions** | | **Current Year** |
|---|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) | 5 | |
| 6 **Total annual distributions.** Add lines 1 through 5. | 6 | |
| 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | 7 | |
| 8 Distributable amount for 2025 from Section C, line 6 | 8 | |
| 9 Line 7 amount divided by line 8 amount | 9 | |

| **Section E — Distribution Allocations (see instructions)** | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2025** | **(iii) Distributable Amount for 2025** |
|---|---|---|---|
| 1 Distributable amount for 2025 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2025 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2025 | | | |
| **a** From 2020 | | | |
| **b** From 2021 | | | |
| **c** From 2022 | | | |
| **d** From 2023 | | | |
| **e** From 2024 | | | |
| **f** **Total** of lines 3a through 3e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2025 distributable amount | | | |
| **i** Carryover from 2020 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2025 from Section D, line 6: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2025 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 **Excess distributions carryover to 2026.** Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| **a** Excess from 2021 | | | |
| **b** Excess from 2022 | | | |
| **c** Excess from 2023 | | | |
| **d** Excess from 2024 | | | |
| **e** Excess from 2025 | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## PART III, LINE 12 - OTHER INCOME

| NATURE AND SOURCE | 2025 | 2024 | 2023 | 2022 | 2021 |
|---|---|---|---|---|---|
| FUNDRAISING PROJECTS | | $ 51,039. | | | |
| TOTAL | $ 0. | $ 51,039. | $ 0. | $ 0. | $ 0. |

**SCHEDULE G**
**(Form 990)**
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization
LATAH COUNTY HISTORICAL SOCIETY

**Employer identification number**
82-0302030

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| | **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| **Total** | | | | | | | |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 FUNDRAISING EV (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 42,229. | | | 42,229. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 42,229. | | | 42,229. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 2,696. | | | 2,696. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 2,696. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 39,533. |

**Part III** **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

| | | |
|---|---|---|
| **a** The organization's facility | **13a** | % |
| **b** An outside facility | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

**c** If "Yes," enter the name and address of the third party:

Name

Address

**16** Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O** (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: LATAH COUNTY HISTORICAL SOCIETY

Employer identification number: 82-0302030

## FORM 990-EZ, PART I, LINE 8
## OTHER REVENUE

| | |
|---|---|
| ROYALTIES | $ 279. |
| TOTAL | $ 279. |

## FORM 990-EZ, PART I, LINE 16
## OTHER EXPENSES

| | |
|---|---|
| ADVERTISING AND PROMOTION | $ 68. |
| BANK FEES | 20. |
| COLLECTIONS | 815. |
| DEPRECIATION | 2,066. |
| EXHIBITS | 2,210. |
| INSURANCE | 5,747. |
| LATAH LEGACY | 2,722. |
| MISCELLANEOUS EXPENSES | 5,278. |
| OFFICE EXPENSES | 2,501. |
| PROCESSING FEES | 379. |
| PROFESSIONAL FEES | 1,816. |
| PROGRAM EXPENSES | 638. |
| REPAIRS & MAINTENANCE | 11,457. |
| SECURITY SYSTEMS | 1,317. |
| STAFF BONUSES | 275. |
| STAFF DEVELOPMENT | 3,425. |
| UTILITIES | 10,138. |
| VOLUNTEER PROGRAM | 692. |
| TOTAL | $ 51,564. |

## FORM 990-EZ, PART I, LINE 20
## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| | |
|---|---|
| CASH TO ACCRUAL ADJUSTMENT | $ -5,228. |
| TOTAL | $ -5,228. |

## FORM 990-EZ, PART II, LINE 24
## OTHER ASSETS

| | BEGINNING | ENDING |
|---|---|---|
| ACCOUNTS RECEIVABLE | $ 1,180. | $ 0. |
| CIP | 57,208. | 95,482. |
| MACHINERY AND EQUIPMENT | 11. | 11. |
| OTHER CURRENT ASSETS | 2,423. | 0. |
| PREPAID EXPENSES AND DEFERRED CHARGES | 308. | 0. |
| TOTAL | $ 61,130. | $ 95,493. |

## FORM 990-EZ, PART II, LINE 26
## TOTAL LIABILITIES

| | BEGINNING | ENDING |
|---|---|---|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | $ 416. | $ 0. |
| PAYROLL TAXES AND BENEFITS PAYABLE | 1,998. | 0. |
| SALES TAX PAYABLE | 0. | 309. |
| TOTAL | $ 2,414. | $ 309. |

**SCHEDULE O**
**(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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**Attach to Form 990 or Form 990-EZ.**
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OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization
LATAH COUNTY HISTORICAL SOCIETY

**Employer identification number**
82-0302030

## FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE COLLECTION, RESTORATION AND PRESERVATION OF HISTORICAL ARTIFACTS; OPERATION AND PRESERVATION OF THE MCCONNELL MANSION; EXHIBITS, PROGRAMS AND PUBLICATIONS FOR PUBLIC EDUCATION.

## FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PRESERVATION OF MCCONNELL MANSION AS A MUSEUM FOR THE BENEFIT OF LATAH COUNTY, IDAHO. PRESERVATION OF HISTORICAL ARTIFACTS AND PHOTOGRAPHS THAT RELATE TO THE HISTORICAL PAST OF MOSCOW, IDAHO AND LATAH COUNTY, IDAHO.

## FORM 990-EZ, PART IV
## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND TITLE | AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC | ESTIMATED AMOUNT OF OTHER COMPEN. |
|---|---|---|---|---|
| JOANN WESTBERG<br>VICE PRESIDENT | 2 | $ 0. | $ 0. | $ 0. |
| RONALD GOBLE<br>DIRECTOR | 2 | 0. | 0. | 0. |
| LENELLE MCINTURFF<br>CHAIRMAN | 2 | 0. | 0. | 0. |
| LEE SAPPINGTON<br>DIRECTOR | 2 | 0. | 0. | 0. |
| DENISE THOMSON<br>DIRECTOR | 1 | 0. | 0. | 0. |
| NANCY RUTH PETERSON<br>DIRECTOR | 1 | 0. | 0. | 0. |
| SANDRA KELLY<br>SECRETARY | 1 | 0. | 0. | 0. |
| STEVE TALBOTT<br>DIRECTOR | 1 | 0. | 0. | 0. |
| KELLY ZAKARIASEN<br>PRESIDENT | 1 | 0. | 0. | 0. |

**SCHEDULE O**
**(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**Attach to Form 990 or Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization
LATAH COUNTY HISTORICAL SOCIETY

**Employer identification number**
82-0302030

## FORM 990-EZ, PART IV (CONTINUED)
## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND TITLE | AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC | ESTIMATED AMOUNT OF OTHER COMPEN. |
|---|---|---|---|---|
| MURF RAQUET<br>DIRECTOR | 1 | $ 0. | $ 0. | $ 0. |
| ANN HOSTE<br>DIRECTOR | 1 | 0. | 0. | 0. |
| TOM LAMAR<br>DIRECTOR | 1 | 0. | 0. | 0. |
| ZOE BAUM<br>TREASURER | 1 | 0. | 0. | 0. |
| APRIL HERNANDEZ<br>DIRECTOR | 0 | 0. | 0. | 0. |
| SCOTT KRAUSS<br>CHAIRMAN | 0 | 0. | 0. | 0. |
| ALYSON ROY<br>DIRECTOR | 0 | 0. | 0. | 0. |
| | TOTAL | $ 0. | $ 0. | $ 0. |

## FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO

## PART I: LINE 20

THE ORGANIZATION CHANGED ITS METHOD OF ACCOUNTING FOR PURPOSES OF PREPARING FORM 990 FROM THE CASH BASIS TO THE ACCRUAL BASIS IN THE CURRENT YEAR TO ALIGN ITS FORM 990 REPORTING WITH ITS AUDITED FINANCIAL STATEMENTS.

**LATAH COUNTY HISTORICAL SOCIETY** **82-0302030**

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FORM 990/990-PF | | | | | | | | | | | | | | | | |
| | BUILDINGS | | | | | | | | | | | | | | | |
| 1 | CENTENNIAL ANNEX | 7/05/88 | | 83,780 | | | | | | | 83,780 | 83,780 | S/L MM | 27.5 | | 0 |
| 2 | PANEL FOR OUTDOOR SIGN | 4/16/98 | | 359 | | | | | | | 359 | 359 | S/L HY | 7 | | 0 |
| | TOTAL BUILDINGS | | | 84,139 | | 0 | 0 | 0 | 0 | 0 | 84,139 | 84,139 | | | | 0 |
| | FURNITURE AND FIXTURES | | | | | | | | | | | | | | | |
| 3 | FURNISHINGS - ANNEX | 7/05/88 | | 2,500 | | | | | | | 2,500 | 2,500 | S/L HY | 7 | | 0 |
| 4 | CARPETING - ANNEX | 1/01/91 | | 1,040 | | | | | | | 1,040 | 1,040 | S/L HY | 7 | | 0 |
| 5 | CARPETING - MANSION | 1/23/97 | | 1,904 | | | | | | | 1,904 | 1,904 | S/L HY | 7 | | 0 |
| 6 | SHELVING | 2/10/98 | | 397 | | | | | | | 397 | 397 | S/L HY | 7 | | 0 |
| 7 | SHELVING | 3/25/98 | | 96 | | | | | | | 96 | 96 | S/L HY | 7 | | 0 |
| 8 | SHELVING | 4/16/98 | | 74 | | | | | | | 74 | 74 | S/L HY | 7 | | 0 |
| 9 | EXHIBIT CASES | 2/17/99 | | 710 | | | | | | | 710 | 710 | S/L HY | 7 | | 0 |
| 10 | SHELVING | 7/01/99 | | 4,038 | | | | | | | 4,038 | 4,038 | S/L HY | 7 | | 0 |
| 11 | FOLDING CHAIRS | 7/01/01 | | 621 | | | | | | | 621 | 621 | S/L HY | 10 | | 0 |
| 12 | COMPUTER AND SCANNER | 7/01/02 | | 1,245 | | | | | | | 1,245 | 1,245 | S/L HY | 5 | | 0 |
| | TOTAL FURNITURE AND FIXTURE | | | 12,625 | | 0 | 0 | 0 | 0 | 0 | 12,625 | 12,625 | | | | 0 |
| | IMPROVEMENTS | | | | | | | | | | | | | | | |
| 13 | ROOF REPLACEMENT | 9/01/94 | | 6,295 | | | | | | | 6,295 | 6,295 | S/L HY | 20 | | 0 |
| 14 | NEW GUTTERS | 9/01/94 | | 707 | | | | | | | 707 | 707 | S/L HY | 10 | | 0 |
| 15 | REPLACE BACK WALLS BRICKS | 9/01/94 | | 4,827 | | | | | | | 4,827 | 4,827 | S/L HY | 20 | | 0 |
| 16 | ANNEX TILES | 9/01/94 | | 2,923 | | | | | | | 2,923 | 2,923 | S/L HY | 10 | | 0 |

**LATAH COUNTY HISTORICAL SOCIETY** 82-0302030

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | SECURITY SYSTEM | 9/01/94 | | 4,484 | | | | | | | 4,484 | 4,484 | S/L HY | 10 | | 0 |
| 18 | MANSION RESTORATION | 7/01/99 | | 2,291 | | | | | | | 2,291 | 2,291 | S/L HY | 10 | | 0 |
| 19 | ANNEX IMPROVEMENTS | 7/01/99 | | 3,907 | | | | | | | 3,907 | 3,907 | S/L HY | 10 | | 0 |
| 20 | ASBESTOS ABATEMENT | 11/01/01 | | 1,937 | | | | | | | 1,937 | 1,937 | S/L HY | 10 | | 0 |
| 21 | FURNACE REPLACEMENT | 7/01/02 | | 3,416 | | | | | | | 3,416 | 3,416 | S/L HY | 10 | | 0 |
| 22 | REFRIGERATOR | 7/01/02 | | 213 | | | | | | | 213 | 213 | S/L HY | 10 | | 0 |
| 23 | TELEPHONE SYSTEM | 7/01/02 | | 2,127 | | | | | | | 2,127 | 2,127 | S/L HY | 10 | | 0 |
| 67 | IMPROVEMENTS | 6/30/07 | | 6,734 | | | | | | | 6,734 | 6,734 | S/L HY | 10 | | 0 |
| 68 | RENOVATION | 6/30/10 | | 55,458 | | | | | | | 55,458 | 22,101 | S/L MM | 39 | .02564 | 1,422 |
| 70 | FOUNDATION WORK | 6/30/18 | | 25,120 | | | | | | | 25,120 | 4,857 | S/L MM | 39 | .02564 | 644 |
| 71 | RENOVATION PROJECT-CIP | 12/31/24 | | 56,153 | | | | | | | 56,153 | | | | | 0 |
| 72 | RENOVATION PROJECT-CIP | 12/31/25 | | 39,329 | | | | | | | 39,329 | | | | | 0 |
| | TOTAL IMPROVEMENTS | | | 215,921 | | 0 | 0 | 0 | 0 | 0 | 215,921 | 66,819 | | | | 2,066 |
| | LAND | | | | | | | | | | | | | | | |
| 24 | LAND | 7/05/88 | | 33,720 | | | | | | | 33,720 | | | | | 0 |
| | TOTAL LAND | | | 33,720 | | 0 | 0 | 0 | 0 | 0 | 33,720 | 0 | | | | 0 |
| | MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | |
| 25 | 6 LETTER FILE CABINETS | 1/01/91 | | 1,020 | | | | | | | 1,020 | 1,020 | S/L HY | 7 | | 0 |
| 26 | 3 LEGAL FILE CABINETS | 1/01/91 | | 1,200 | | | | | | | 1,200 | 1,200 | S/L HY | 7 | | 0 |
| 27 | ANTIQUE ROLL-TOP DESK | 1/01/91 | | 300 | | | | | | | 300 | 300 | S/L HY | 7 | | 0 |
| 28 | SHELVING FOR ARTIFACTS | 1/01/91 | | 450 | | | | | | | 450 | 450 | S/L HY | 7 | | 0 |
| 29 | HANGING UNITS FOR TEXTILE | 1/01/91 | | 500 | | | | | | | 500 | 500 | S/L HY | 7 | | 0 |
| 30 | SPACESAVER STORAGE UNITS | 1/01/91 | | 8,663 | | | | | | | 8,663 | 8,663 | S/L HY | 7 | | 0 |

**LATAH COUNTY HISTORICAL SOCIETY** 82-0302030

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | EQUIPMENT PRIOR 1990 | VARIOUS | | 22,599 | | | | | | | 22,599 | 22,599 | S/L HY | 7 | | 0 |
| 32 | 2 CACTUS PC/XT PC/PRINTER | 1/01/91 | | 3,200 | | | | | | | 3,200 | 3,200 | S/L HY | 7 | | 0 |
| 33 | 3 IBM SELECTRIC TYPE | 1/01/91 | | 500 | | | | | | | 500 | 500 | S/L HY | 7 | | 0 |
| 34 | CANON COPIER | 1/01/91 | | 2,400 | | | | | | | 2,400 | 2,400 | S/L HY | 7 | | 0 |
| 35 | 2 KODAK SLIDE PROJ. | 1/01/91 | | 1,000 | | | | | | | 1,000 | 1,000 | S/L HY | 7 | | 0 |
| 36 | 1 KODAK DISSOLVE UNIT | 1/01/91 | | 800 | | | | | | | 800 | 800 | S/L HY | 7 | | 0 |
| 37 | LARGE PAPER CUTTER | 1/01/91 | | 150 | | | | | | | 150 | 150 | S/L HY | 7 | | 0 |
| 38 | MAP CASE | 1/01/91 | | 300 | | | | | | | 300 | 300 | S/L HY | 7 | | 0 |
| 39 | 3 TAPE RECORDERS | 1/01/91 | | 330 | | | | | | | 330 | 330 | S/L HY | 7 | | 0 |
| 40 | SLIDE TAPE UNIT | 1/01/91 | | 800 | | | | | | | 800 | 800 | S/L HY | 7 | | 0 |
| 41 | PHOTO COPY STAND | 1/01/91 | | 500 | | | | | | | 500 | 500 | S/L HY | 7 | | 0 |
| 42 | DRYMOUNT PRESS | 1/01/91 | | 800 | | | | | | | 800 | 800 | S/L HY | 7 | | 0 |
| 43 | SPRINKLER SYSTEM | 1/01/91 | | 1,750 | | | | | | | 1,750 | 1,750 | S/L HY | 7 | | 0 |
| 44 | PHOTOGRAPH COLLECTION | 1/01/91 | | 125 | | | | | | | 125 | 125 | S/L HY | 7 | | 0 |
| 45 | EQUIPMENT | 1/01/91 | | 28 | | | | | | | 28 | 28 | S/L HY | 7 | | 0 |
| 46 | EXHIBIT EQUIPMENT | 1/01/91 | | 181 | | | | | | | 181 | 181 | S/L HY | 7 | | 0 |
| 47 | TYPEWRITERS | 1/01/91 | | 175 | | | | | | | 175 | 175 | S/L HY | 7 | | 0 |
| 48 | HANDTRUCK | 1/01/91 | | 85 | | | | | | | 85 | 85 | S/L HY | 7 | | 0 |
| 49 | SIGN | 1/01/91 | | 166 | | | | | | | 166 | 166 | S/L HY | 7 | | 0 |
| 50 | LASER PRINTER | 9/01/94 | | 761 | | | | | | | 761 | 761 | S/L HY | 5 | | 0 |
| 51 | IKON PHOTOCOPIER | 1/20/97 | | 1,038 | | | | | | | 1,038 | 1,038 | S/L HY | 7 | | 0 |
| 52 | COMPUTER DESK | 7/17/97 | | 1,208 | | | | | | | 1,208 | 1,208 | S/L HY | 7 | | 0 |
| 53 | OFFICE CHAIR | 8/12/97 | | 155 | | | | | | | 155 | 155 | S/L HY | 7 | | 0 |
| 54 | COMPUTER UPGRADE | 11/15/97 | | 377 | | | | | | | 377 | 377 | S/L HY | 7 | | 0 |
| 55 | CACTUS COMPUTER | 12/11/97 | | 2,854 | | | | | | | 2,854 | 2,854 | S/L HY | 7 | | 0 |
| 56 | REFRIGERATOR | 5/15/98 | | 126 | | | | | | | 126 | 126 | S/L HY | 7 | | 0 |
| 57 | DRESS FORM FOR EXHIBITS | 12/22/98 | | 125 | | | | | | | 125 | 125 | S/L HY | 7 | | 0 |

**LATAH COUNTY HISTORICAL SOCIETY** 82-0302030

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 58 | COMPUTER | 11/29/99 | | 1,875 | | | | | | | 1,875 | 1,875 | S/L HY | 5 | | 0 |
| 59 | CANON COPIER | 11/15/01 | | 1,935 | | | | | | | 1,935 | 1,935 | S/L HY | 5 | | 0 |
| 60 | CORDLESS PHONE | 2/27/03 | | 52 | | | | | | | 52 | 52 | S/L HY | 5 | | 0 |
| 61 | INKJET PRINTER | 3/10/03 | | 50 | | | | | | | 50 | 50 | S/L HY | 5 | | 0 |
| 62 | PRINTER | 11/13/03 | | 147 | | | | | | | 147 | 136 | S/L HY | 5 | | 0 |
| 63 | SAFE | 5/14/04 | | 148 | | | | | | | 148 | 148 | S/L HY | 7 | | 0 |
| 64 | PRINTER | 1/15/04 | | 264 | | | | | | | 264 | 264 | S/L HY | 5 | | 0 |
| 65 | VGH COMPUTER SYSTEM | 5/31/05 | | 1,777 | | | | | | | 1,777 | 1,777 | S/L HY | 5 | | 0 |
| 66 | 4 VERTICAL CABINETS | 12/29/05 | | 4,993 | | | | | | | 4,993 | 4,993 | S/L HY | 7 | | 0 |
| 69 | ALARM SYSTEM | 9/15/16 | | 8,677 | | | | | | | 8,677 | 8,677 | S/L HY | 7 | | 0 |
| | TOTAL MACHINERY AND EQUIPME | | | 74,584 | | 0 | 0 | 0 | 0 | 0 | 74,584 | 74,573 | | | | 0 |
| | TOTAL DEPRECIATION | | | 420,989 | | 0 | 0 | 0 | 0 | 0 | 420,989 | 238,156 | | | | 2,066 |
| | GRAND TOTAL DEPRECIATION | | | 420,989 | | 0 | 0 | 0 | 0 | 0 | 420,989 | 238,156 | | | | 2,066 |