

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 Department of the Interior (and/or other agencies invited) 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

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In addition, for witnesses representing organizations:

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 *Department of the Interior (and /or other agencies invited)* 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>

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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

| | | | | |
|--|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization BLUE RIBBON COALITION INC Doing Business As | | D Employer identification number 82-0413981 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4555 BURLEY DRIVE | | E Telephone number (208) 237-1008 |
| | | City or town, state or country, and ZIP + 4 CHUBBUCK, ID 83202-0003 | | G Gross receipts \$ 1,114,982. |
| | | F Name and address of principal officer: | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ WWW.SHARETRAILS.ORG | | | | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | |
| L Year of formation: 1987 M State of legal domicile: ID | | | | |

Part I Summary

| | | |
|------------------------------------|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>THE BLUERIBBON COALITION IS A LEADING ADVOCATE FOR REASONABLE MANAGEMENT OF RECREATION ON PUBLIC</u> |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 3 12 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 4 12 |
| | 5 | Total number of employees (Part V, line 2a) 5 9 |
| | 6 | Total number of volunteers (estimate if necessary) 6 50 |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 154,482. |
| b | Net unrelated business taxable income from Form 990-T, line 34 7b 154,482. | |

| | | Prior Year | Current Year |
|------------------------------------|--|---|--------------|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 626,915. | 952,451. |
| | 9 | Program service revenue (Part VIII, line 2g) 265,691. | 154,482. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,498. | 5,677. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 194,108. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,094,212. | 1,112,610. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,000. | 2,240. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 340,885. | 348,054. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 78,890. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 769,511. | 766,170. |
| | 18 | Total expenses. 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.> | <3,854.> | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 277,905. | 270,350. |
| | 21 | Total liabilities (Part X, line 26) 356,607. | 352,906. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 <78,702.> | <82,556.> |

Part II Signature Block

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

Sign Here ▶ *Gregory A. Mumm* Signature of officer 8-27-09 Date
 ▶ Gregory A. Mumm Executive Director Type or print name and title

| | | | | |
|---------------------------------|---|---------------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶ <i>Gregory A. Mumm</i> | Date 08/24/09 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 DEATON & COMPANY, CHARTERED 215 N 9TH, SUITE A POCATELLO, ID 83201 | | | EIN ▶ Phone no. ▶ 208-232-5825 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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? Yes No [X] No 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? Yes No [X] No 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 RECREATIONAL 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 TECHNICAL EXPERTS AND SCIENTISTS ON RECREATION AND RESOURCE MANAGEMENT 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 \$)

4e Total program service expenses \$ 831,252 . (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-27 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a 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)? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | 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 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | X | |
| 4a | 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)? | | 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 and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | X |
| | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | X |
| | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | |
| a | 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 | | |
| a | Gross income from members or shareholders | | |
| | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | | |
| | 12b | | |

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (12); 1b Enter the number of voting members that are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15a The organization's CEO, Executive Director, or top management official? (X); 15b Other officers or key employees of the organization? (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 arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IDAHO, WASHINGTON
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[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, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
MARY JO FOSTER - 208-237-1008
4555 BURLEY DRIVE, CHUBBUCK, IDAHO 83202

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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CHRIS COOK DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| NICK HARIS DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| MAUREEN HEALEY DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| CHRISTINE JOURDAIN DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| CRAIG OSTERMAN DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| JOHN PARRINELLO DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| BILL RUGG DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| JACK SHEETS DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| BOB STEVENSON DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| SONIA BARTZ PRESIDENT | 0.00 | | | X | | | 0. | 0. | 0. | |
| PAT HARRIS SECRETARY | 0.00 | | | X | | | 0. | 0. | 0. | |
| JONI MOGSTAD TREASURER | 0.00 | | | X | | | 0. | 0. | 0. | |
| GREG MUMM EXECUTIVE DIRECTOR | 40.00 | | | | X | | 79,962. | 0. | 0. | |
| | | | | | | | | | | |
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| Part VIII Statement of Revenue | | | | (A) Total revenue | (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 | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | 254,927. | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 697,524. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 36,110. | | | | |
| | h | Total. Add lines 1a-1f | | 952,451. | | | | |
| Program Service Revenue | 2 a | MAGAZINE | Business Code 541800 | 154,482. | | 154,482. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 154,482. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 5,677. | 5,677. | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | Less: cost or other basis and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| Less: direct expenses | | b | | | | | | |
| Net income or (loss) from gaming activities | | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | 2,372. | | | | | |
| | Less: cost of goods sold | b | 2,372. | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | 1,112,610. | 5,677. | 154,482. | 0. | |

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).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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) | | | | |
| 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. | 9,764. | 1,502. |
| 9 Other employee benefits | 15,027. | 8,265. | 5,861. | 901. |
| 10 Payroll taxes | 21,434. | 11,788. | 8,359. | 1,287. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 194,190. | 194,190. | | |
| c Accounting | 4,500. | | 4,500. | |
| d Lobbying | 2,408. | 2,408. | | |
| e 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 | | | | |
| 19 Conferences, conventions, and meetings | 18,903. | 1,160. | 17,743. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 249. | | 249. | |
| 22 Depreciation, depletion, and amortization | 13,317. | 7,325. | 5,194. | 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.) | | | | |
| a MAGAZINE PRODUCTION COS | 133,337. | 133,337. | | |
| b SPECIAL EVENTS CATERING | 17,372. | 2,850. | | 14,522. |
| c ADMINISTRATION COSTS | 9,913. | 9,913. | | |
| d COST OF GOODS SOLD | 2,022. | 2,022. | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 1,116,464. | 831,252. | 206,322. | 78,890. |
| 26 Joint Costs. Check here <input type="checkbox"/> 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 ... | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|--|-----------|--------------------|-----------|
| Assets | 1 | Cash - non-interest-bearing | 223,101. | 1 | 215,796. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 17,908. | 4 | 21,563. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 3,472. | 8 | 1,393. |
| | 9 | Prepaid expenses and deferred charges | | 9 | 4,560. |
| | 10a | Land, buildings, and equipment: cost basis | 72,649. | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 45,611. | | |
| | | | 33,424. | 10c | 27,038. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 277,905. | 16 | 270,350. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 43,566. | 17 | 36,739. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 313,041. | 19 | 316,167. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 356,607. | 26 | 352,906. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | <42,253.> | 27 | <46,107.> |
| | 28 | Temporarily restricted net assets | <36,449.> | 28 | <36,449.> |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | <78,702.> | 33 | <82,556.> |
| | 34 | Total liabilities and net assets/fund balances | 277,905. | 34 | 270,350. |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | X | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b If "Yes," did the organization undergo the required audit or audits? | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **BLUE RIBBON COALITION INC** Employer identification number **82-0413981**

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: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

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 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 - 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) 2004 | (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.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|--------------------------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33 1/3% support test - 2008. 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 | <input type="checkbox"/> | |
| 16b 33 1/3% support test - 2007. 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 | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |

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 include any "unusual grants.") | 867,450. | 840,535. | 805,018. | 850,706. | 894,947. | 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 | | | | | | |
| 6 Total. Add lines 1 - 5 | 867,450. | 840,535. | 805,018. | 850,706. | 894,947. | 4258656. |
| 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 | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 4258656. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 867,450. | 840,535. | 805,018. | 850,706. | 894,947. | 4258656. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14,352. | 9,357. | 8,261. | 9,815. | 7,941. | 49,726. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 14,352. | 9,357. | 8,261. | 9,815. | 7,941. | 49,726. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 174,592. | 132,164. | 148,099. | 140,308. | 156,854. | 752,017. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 18,645. | 23,586. | 15,560. | 36,000. | 22,721. | 116,512. |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | 5176911. |

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

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 82.26 % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | .96 % |
| 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 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number

82-0413981

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

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

OMB No. 1545-0047

2008
Open to Public Inspection

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

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

| | |
|--|---|
| Name of organization BLUE RIBBON COALITION INC | Employer identification number 82-0413981 |
|--|---|

Part I-A 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 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? Yes No
- 4a Was a correction made? Yes No
- 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? Yes No
- 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-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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| | | | | |

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 2,606. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 2,659. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 5,265. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 813,347. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 818,612. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 147,792. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 36,948. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. Enter -0- if line g is more than line a | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. Enter -0- if line f is more than line c | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|--|--|----------|----------|----------|-----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total | |
| 2a | Lobbying non-taxable amount | 180,899. | 179,230. | 188,140. | 147,792. | 696,061. |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,044,092. |
| c | Total lobbying expenditures | 12,110. | 14,158. | 15,677. | 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) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | |
| i Other activities? If "Yes," describe in Part IV | | | |
| j Total lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 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? | 3 | |

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

| | |
|---|-----------|
| 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 expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | 5 |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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

2008

Open to Public Inspection

Name of the organization **BLUE RIBBON COALITION INC** Employer identification number **82-0413981**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e 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:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 72,649. | 45,611. | 27,038. |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 27,038. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Amount | |
|--|------------|--|
| Federal income taxes | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 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.

Part II 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 NONE | (d) Total Events (Add col. (a) through col. (c)) |
|-----------------|---|---|--------------|--------------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 43,125. | | 43,125. |
| | 2 | Less: Charitable contributions | 21,315. | | 21,315. |
| | 3 | Gross revenue (line 1 minus line 2) | 21,810. | | 21,810. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | 14,198. | | 14,198. |
| | 7 | Other direct expenses | 9,703. | | 9,703. |
| | 8 | Direct expense summary. Add lines 4 through 7 in column (d) | | | (23,901.) |
| | 9 | 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.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
|-----------------|--|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | 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? _____ | 10a | |
| b If "Yes," Explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 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? _____ | 12 | |

13 Indicate the percentage of gaming activity operated in:

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

14 Provide 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?

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 name and address:

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?

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 ▶ \$ _____

| | Yes | No |
|------------|-----|----|
| 13a | | |
| 13b | | |
| 14 | | |
| 15a | | |
| 16 | | |
| 17a | | |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **BLUE RIBBON COALITION INC** Employer identification number **82-0413981**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

| 1 (a) Name and address of organization or government | (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 government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number
82-0413981

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WISCONSIN DUAL SPORT RIDERS | | | 0. | 0. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2008
Open to Public
Inspection

▶ Attach to Form 990.

Name of the organization **BLUE RIBBON COALITION INC** Employer identification number **82-0413981**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|-----------------------------------|---|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 2 | 175. | SALE PROCEEDS |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 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 () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | X | |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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 CONTRIBUTIONS.

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

2008

Open to Public Inspection

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number

82-0413981

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

LANDS AND WATERS TO ENHANCE CONSERVATION OF RECREATION OPPORTUNITIES,
NATURAL RESOURCES AND ALL ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING,
BUT NOT LIMITED TO EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS,
ADMINISTRATIVE PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL
PUBLIC.

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

EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS, ADMINISTRATIVE
PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL PUBLIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

REPRESENTATION, LINKS TO OTHER ENTHUSIAST ORGANIZATIONS, AND OTHER
EDUCATIONAL MATERIALS.

BRC PUBLISHES AND NATIONALLY DISTRIBUTES A STATE OF THE ART MONTHLY
MAGAZINE TO HELP KEEP THE RECREATION COMMUNITY INFORMED ON CURRENT
ISSUES, ENTHUSIAST ACTIONS, AND OTHER PERTINENT INFORMATION.

BRC ALSO MAKES JUDICIOUS USE OF DIRECT MAIL MATERIALS TO EDUCATE,
INFORM AND FACILITATE INVOLVEMENT BY ENTHUSIASTS IN PUBLIC LAND USE
PLANNING PROJECTS.

WE COORDINATE OUR NATIONAL ACTIONS AND OFTEN PARTNER WITH LOCAL, STATE,
OR OTHER NATIONAL ASSOCIATIONS TO MAXIMIZE IMPACT AND ENSURE PRUDENT
USE OF PRECIOUS RESOURCES.

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

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

2008

Open to Public Inspection

Name of the organization

BLUE RIBBON COALITION INC

Employer identification number

82-0413981

FORM 990, PART VI, SECTION A, LINE 10: FORMS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW, DISCUSSION, AND RESIGNING OF POLICY AT SPRING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE SEARCH AND HIRING PROCESS OF THE CURRENT EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS ASSIGNED A SEARCH COMMITTEE WHOSE EXPECTATIONS INCLUDED RESEARCH ON 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 THE ORGANIZATION IS EXPECTED TO RESEARCH AND MAKE RECOMMENDATIONS FOR BOARD APPROVAL OF SALARY RANGES FOR THE VARIOUS POSITIONS HELD BY KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS 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 THE EVENT OF REQUEST BY A GRANT APPLICATION, BANKING REQUEST, IN PERIODIC PUBLICATION FOR MEMBER EDUCATION AND/OR AS REQUIRED BY LAW.

Depreciation and Amortization 990
(Including Information on Listed Property)

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

BLUE RIBBON COALITION INC

FORM 990 PAGE 10

Identifying number
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.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 800,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 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 2009. 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.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|----|--|----|--|
| 14 | Special depreciation for qualified property (other than listed 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.)

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008 | 17 | 9,174. |
| 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 | | <input type="checkbox"/> |

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (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 | | 3,464. | 5 YRS. | HY | SL | 4,143. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 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 Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|---|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 40-year | / | 40 yrs. | MM | 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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 13,317. |
| 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 | |

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 No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

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.

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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.

Table with 2 columns: Yes, No. Includes rows 37-41.

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

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2008

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning _____, and ending _____

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|---|---|---|---|
| A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BLUE RIBBON COALITION INC Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 4555 BURLEY DRIVE City or town, state, and ZIP code CHUBBUCK, ID 83202-0003 | D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 82-0413981 E Unrelated business activity codes (See instructions for Block E on page 9.) 541800 |
| C Book value of all assets at end of year 270,350. | F Group exemption number (See instructions for Block F.) ▶ _____ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | |

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **MARY JO FOSTER** Telephone number ▶ **208-237-1008**

| | | (A) Income | (B) Expenses | (C) Net |
|--|-----------|-----------------|----------------|----------------|
| Part I Unrelated Trade or Business Income | | | | |
| 1 a Gross receipts or sales 2,372. | | | | |
| b Less returns and allowances | | | | |
| c Balance | 1c | 2,372. | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | 2,231. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 141. | | 141. |
| 4 a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| 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 | 154,482. | 65,881. | 88,601. |
| 12 Other income (See instructions; attach schedule.) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 154,623. | 65,881. | 88,742. |

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | |
|--|------------|--|----------------|-------------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | | 8,056. | |
| 15 Salaries and wages | 15 | | 51,556. | |
| 16 Repairs and maintenance | 16 | | | |
| 17 Bad debts | 17 | | | |
| 18 Interest (attach schedule) | 18 | | | |
| 19 Taxes and licenses | 19 | | | |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 | | | 0. |
| 21 Depreciation (attach Form 4562) | 21 | | 2,397. | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | | 22b 2,397. |
| 23 Depletion | 23 | | | |
| 24 Contributions to deferred compensation plans | 24 | | | 4,507. |
| 25 Employee benefit programs | 25 | | | 2,705. |
| 26 Excess exempt expenses (Schedule I) | 26 | | | |
| 27 Excess readership costs (Schedule J) | 27 | | | |
| 28 Other deductions (attach schedule) SEE STATEMENT 2 | 28 | | | 8,916. |
| 29 Total deductions. Add lines 14 through 28 | 29 | | | 78,137. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | | 10,605. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | | | 10,193. |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | | 412. |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions) | 33 | | | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | | | 0. |

Part III Tax Computation

| | | |
|---|-----|----|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a 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 | 35c | 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | |
| <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 0. |

Part IV Tax and Payments

| | | |
|--|-----|----|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | |
| b Other credits (see instructions) | 40b | |
| c General business credit. Attach Form 3800 | 40c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | |
| e Total credits. Add lines 40a through 40d | 40e | |
| 41 Subtract line 40e from line 39 | 41 | 0. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 42 | |
| 43 Total tax. Add lines 41 and 42 | 43 | 0. |
| 44a Payments: A 2007 overpayment credited to 2008 | 44a | |
| b 2008 estimated tax payments | 44b | |
| c Tax deposited with Form 8868 | 44c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | |
| e Backup withholding (see instructions) | 44e | |
| f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total | 44f | |
| 45 Total payments. Add lines 44a through 44f | 45 | |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 46 | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | 0. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | 0. |
| 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 49 | |

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

| | | |
|---|-----|----|
| 1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| | | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation COST

| | | | | | |
|---|----|--------|---|-----|--------|
| 1 Inventory at beginning of year | 1 | 3,472. | 6 Inventory at end of year | 6 | 1,393. |
| 2 Purchases | 2 | 152. | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 2,231. |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional section 263A costs | 4a | | | | X |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | 3,624. | | | |

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

Sign Here
 Signature of officer: *[Signature]* Date: 8/27/09 Title: Executive Director
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 08/24/09 Check if self-employed Preparer's SSN or PTIN: P00052253
 Firm's name (or yours if self-employed), address, and ZIP code: DEATON & COMPANY, CHARTERED
 215 N 9TH, SUITE A
 POCATELLO, ID 83201
 EIN: 82-0338741
 Phone no.: 208-232-5825

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

1 Description of property

| | | | |
|--|--|--|----|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| 2 Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | Total | 0. |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... | |
| | | 0. | |

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

| | | | | |
|---|---|---|--|---|
| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | 0. | 0. |
| Total dividends-received deductions included in column 8 | | | 0. | |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

| | | | | | | |
|--|---|---|---|---|--|---|
| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | | |
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | | | | 0. | 0. |
| | | | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

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 of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | 0. | | | 0. |

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) | | | | | | |
| 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) | | | | | | |
| (4) | | | | | | |
| 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.)

| 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) BLUE RIBBON | | | | | | |
| (2) MAGAZINE | 154,482. | 65,881. | 88,601. | 95,963. | <139,617.> | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| 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 | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|--------------------|---------------------------------------|---|
| GREG MUMM | EXECUTIVE DIRECTOR | % | 8,056. |
| | | % | |
| | | % | |
| | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 8,056. |

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

ADVERTISING IN THE BLUE RIBBON COALITION MAGAZINE

TO FORM 990-T, PAGE 1

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 2 |
|------------|------------------|-----------|---|
|------------|------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| PAYROLL TAXES | 3,858. |
| OCCUPANCY | 4,778. |
| PROPERTY INSURANCE | 280. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 8,916. |

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
BLUE RIBBON COALITION INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4555 BURLEY DRIVE
 City or town, state or country, and ZIP + 4
CHUBBUCK, ID 83202-0003

D Employer identification number
82-0413981

E Telephone number
(208) 237-1008

F Accounting method: Cash Accrual
 Other (specify) **▶**

G Website: **▶ WWW.SHARETRAILS.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,102,439.**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶ N/A**
H(c) Are all affiliates included? **▶ N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶ N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | 1a | | 1b | | 1c | | 1d | | 1e | |
|---|--|----|--|----|--|----|--|----|--|----|--|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | | | | | | | | |
| a Contributions to donor advised funds | | | | | | | | | | | |
| b Direct public support (not included on line 1a) | | | | | | | | | | | |
| c Indirect public support (not included on line 1a) | | | | | | | | | | | |
| d Government contributions (grants) (not included on line 1a) | | | | | | | | | | | |
| e Total (add lines 1a through 1d) (cash \$ 582,108. noncash \$ 44,807.) | | | | | | | | | | | |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | | | | | | | | | |
| 3 Membership dues and assessments | | | | | | | | | | | |
| 4 Interest on savings and temporary cash investments | | | | | | | | | | | |
| 5 Dividends and interest from securities | | | | | | | | | | | |
| 6 a Gross rents | | | | | | | | | | | |
| b Less: rental expenses | | | | | | | | | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | | | | | | | | | | | |
| 7 Other investment income (describe ▶) | | | | | | | | | | | |
| 8 a Gross amount from sales of assets other than inventory | | | | | | | | | | | |
| b Less: cost or other basis and sales expenses | | | | | | | | | | | |
| c Gain or (loss) (attach schedule) | | | | | | | | | | | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | | | | | | | | | | | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | | | | | | | |
| a Gross revenue (not including \$ 16,500. of contributions reported on line 1b) | | | | | | | | | | | |
| b Less: direct expenses other than fundraising expenses | | | | | | | | | | | |
| c Net income or (loss) from special events. Subtract line 9b from line 9a | | | | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | | | | | | | | | | |
| b Less: cost of goods sold | | | | | | | | | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | | | | | | | | | | | |
| 11 Other revenue (from Part VII, line 103) | | | | | | | | | | | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | | | | | | | | | |
| 13 Program services (from line 44, column (B)) | | | | | | | | | | | |
| 14 Management and general (from line 44, column (C)) | | | | | | | | | | | |
| 15 Fundraising (from line 44, column (D)) | | | | | | | | | | | |
| 16 Payments to affiliates (attach schedule) | | | | | | | | | | | |
| 17 Total expenses. Add lines 16 and 44, column (A) | | | | | | | | | | | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | | | | | | | | | | | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | | | | | | | | | | |
| 20 Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | | | | | | | | | | |

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.

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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 <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 21,000 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 21,000. | 21,000. | STATEMENT 5 | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 62,301. | 19,053. | 33,721. | 9,527. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 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 section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 256,391. | 203,876. | 48,342. | 4,173. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 12,644. | 5,786. | 6,278. | 580. |
| 28 Employee benefits not included on lines 25a - 27 | 9,549. | 3,870. | 5,164. | 515. |
| 29 Payroll taxes | 13,612. | 6,962. | 5,241. | 1,409. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 4,500. | | 4,500. | |
| 32 Legal fees | 100. | | 100. | |
| 33 Supplies | 29,613. | 15,820. | 13,169. | 624. |
| 34 Telephone | 19,061. | 14,654. | 4,407. | |
| 35 Postage and shipping | 22,905. | 8,899. | 13,562. | 444. |
| 36 Occupancy | 12,926. | 5,615. | 6,564. | 747. |
| 37 Equipment rental and maintenance | 1,963. | | 1,963. | |
| 38 Printing and publications | 30,638. | 18,103. | 7,872. | 4,663. |
| 39 Travel | 67,369. | 66,682. | 687. | |
| 40 Conferences, conventions, and meetings | 21,693. | 705. | 20,988. | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 6,631. | 3,666. | 2,582. | 383. |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 4 | 538,500. | 485,540. | 27,012. | 25,948. |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 1,131,396. | 880,231. | 202,152. | 49,013. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--------------------------|---------|--------------------|-----------|
| Assets | 45 Cash - non-interest-bearing | 231,185. | 45 | 223,101. | |
| | 46 Savings and temporary cash investments | | 46 | | |
| | 47 a Accounts receivable | 17,908. | | | |
| | b Less: allowance for doubtful accounts | | | | |
| | | | 17,404. | 47c | 17,908. |
| | 48 a Pledges receivable | | | | |
| | b Less: allowance for doubtful accounts | | | 48c | |
| | 49 Grants receivable | | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | 50b | |
| | 51 a Other notes and loans receivable | | | | |
| | b Less: allowance for doubtful accounts | | | 51c | |
| | 52 Inventories for sale or use | 4,448. | 52 | | 3,472. |
| | 53 Prepaid expenses and deferred charges | | | 53 | |
| | 54 a Investments - publicly-traded securities | | | 54a | |
| | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | | |
| | b Investments - other securities | | | 54b | |
| | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | | |
| | 55 a Investments - land, buildings, and equipment: basis | | | | |
| b Less: accumulated depreciation | | | 55c | | |
| 56 Investments - other | | | 56 | | |
| 57 a Land, buildings, and equipment: basis | 71,985. | | | | |
| b Less: accumulated depreciation STMT 7 | 38,561. | 13,552. | 57c | 33,424. | |
| 58 Other assets, including program-related investments (describe ▶ _____) | | | 58 | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 266,589. | 59 | | 277,905. | |
| Liabilities | 60 Accounts payable and accrued expenses | 39,278. | 60 | 43,566. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | 268,829. | 62 | 313,041. | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | | |
| | 64 a Tax-exempt bond liabilities | | 64a | | |
| | b Mortgages and other notes payable | | 64b | | |
| | 65 Other liabilities (describe ▶ _____) | | 65 | | |
| 66 Total liabilities. Add lines 60 through 65 | 308,107. | 66 | | 356,607. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | <58,107.> | 67 | <42,253.> | |
| | 68 Temporarily restricted | 16,589. | 68 | <36,449.> | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (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 66 and 73 | 266,589. | 74 | | 277,905. |

| Part VI Other Information (continued) | | Yes | No |
|---------------------------------------|--|-----|-----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| | 82b | | N/A |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | | | N/A |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | | |
| | | | N/A |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| | | | N/A |
| c | Dues, assessments, and similar amounts from members | | |
| | 85c | | N/A |
| d | Section 162(e) lobbying and political expenditures | | |
| | 85d | | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| | 85e | | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| | 85f | | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | |
| | | | N/A |
| 85g | | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| | | | N/A |
| 85h | | | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | | |
| | 86a | | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | | |
| | 86b | | N/A |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | |
| | 87a | | N/A |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| | 87b | | N/A |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | | X |
| 88b | | | |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| 89b | | | |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u> | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u> | | |
| 89e | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89f | | | |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89g | | | |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 89g | | | |
| 90 a | List the states with which a copy of this return is filed <u>NONE</u> | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 | 90b | 9 |
| 91 a | The books are in care of <u>GREG MUMM</u> Telephone no. <u>208-237-1008</u> Located at <u>4555 BURLEY DRIVE, CHUBBUCK, IDAHO</u> ZIP + 4 <u>83202</u> | | |
| 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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 91b | X |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 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 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 265,691. |
| 95 Interest on savings and temporary cash investments | | | 14 | 7,498. | |
| 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 | | | | | <463.> |
| 101 Net income or (loss) from special events | | | | | 31,271. |
| 102 Gross profit or (loss) from sales of inventory | 448000 | 840. | | | |
| 103 Other revenue: | | | | | |
| a MAGAZINE/ADVERTISING | | 136,433. | | | |
| b TAX REFUNDS | | | | | 26,027. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 137,273. | | 7,498. | 322,526. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 467,297. |

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.)

| 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's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 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) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| 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 No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

| | | | | Yes | No |
|--|---|-----------------------------------|------------------------------|-----|----|
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | | | | | |
| (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| Totals | | | | | |

| | | | | Yes | No |
|---|---|-----------------------------------|------------------------------|-----|----|
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | | | | | |
| (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| Totals | | | | | |

| | | Yes | No |
|--|--|-----|----|
| 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | | | |

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: 04/28/08

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: DEATON & COMPANY, CHARTERED
215 N 9TH, SUITE A
POCATELLO, ID 83201

EIN: _____

Phone no.: 208-232-5825

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

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 organization BLUE RIBBON COALITION INC | Employer identification number 82 0413981 |
|--|---|

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title 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 MUMM POCATELLO, IDAHO 83201 | EX. DIRECTOR 40.00 | 71,828. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

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 |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part II-B 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.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0 | |

| Part 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 ▶ \$ _____ \$ <u>15,677.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <u>VI-A, LINE 38B</u> | X | |
| 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. | | | |
| 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? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e | Transfer of any part of its income or assets? | | 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.) | | X |
| | b Did the organization have a section 403(b) annuity plan for its employees? | | X |
| | c 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 | | X |
| | d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | 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 | | X |
| | b Did the organization make any taxable distributions under section 4966? | N/A | |
| | c Did the organization make a distribution to a donor, donor advisor, or related person? | N/A | |
| | 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 | |
| | f 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. | |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 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, and state
- 10 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 **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total <input type="checkbox"/> | | | | | |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

| Part IV-A 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. | | | | | |
|---|------------|------------|------------|----------|----------------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 560,747. | 586,551. | 368,690. | 276,485. | 1,792,473. |
| 16 Membership fees received | 260,084. | 284,689. | 353,491. | 282,471. | 1,180,735. |
| 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 | 260,084. | 170,296. | 177,498. | 279,916. | 887,794. |
| 18 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. |
| 19 Net income from unrelated business activities not included in line 18 | 142,077. | 148,660. | 172,132. | 151,784. | 614,653. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 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 | 1,227,788. | 1,195,058. | 1,076,554. | 996,345. | 4,495,745. |
| 24 Line 23 minus line 17 | 967,704. | 1,024,762. | 899,056. | 716,429. | 3,607,951. |
| 25 Enter 1% of line 23 | 12,278. | 11,951. | 10,766. | 9,963. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 72,159. |
| b 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 0. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 3,607,951. |
| d Add: Amounts from column (e) for lines: 18 20,090. 19 614,653. 22 _____ 26b _____ | | | | | 26d 634,743. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 2,973,208. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 82.4071% |
| 27 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: N/A | | | | | |
| (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| b 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 | | | | | |
| (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) | | | | | 27f N/A |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |
| 28 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 return. Do not include these grants in line 15. | | | | | |

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

N/A

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

| | | Yes | No |
|------|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 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? | | |
| 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? | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 32 | Does the organization maintain the following: | | |
| a | 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? | | |
| 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? | | |
| | 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? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | 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.) | | |
| | _____ | | |
| | _____ | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 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 | | |

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 checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|---|--|
| | | N/A | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | 687. |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | 14,990. |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | 15,677. |
| 39 | Other exempt purpose expenditures | 39 | 1,115,719. |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 1,131,396. |
| 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 | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| 41 | | 41 | 188,140. |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | 47,035. |
| 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 either 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.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | Amount |
|---|-----|----|--------|
| | Yes | No | |
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i 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 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 (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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-

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 \$5,000 or 2% of the amount on line 1 of these forms. (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 check the box 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 requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

| 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 |
|-----------|------------------------|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | PROGRAM SERVICES | | | | | | | | | | | |
| 13 | PRIOR YEAR ASSETS | VARI | ESSL | 5.00 | 17 | | | | | | | 3,666. |
| | * 990 PAGE 2 TOTAL | | | | | | | | | | | |
| | PROGRAM SERVICES | | | | | 0. | | 0. | 0. | 0. | 0. | 3,666. |
| | MANAGEMENT AND GENERAL | | | | | | | | | | | |
| 1 | PRIOR YEAR ASSETS | VARI | ESSL | 5.00 | 17 | 56,607. | | | 56,607. | 29,209. | | 1,026. |
| 2 | IMAC COMPUTER | 010907 | SL | 5.00 | 19B | 1,271. | | | 1,271. | | | 127. |
| 3 | HEWLETT PACKARD | 011207 | SL | 5.00 | 19B | 466. | | | 466. | | | 47. |
| 4 | KYOCERA | 012207 | SL | 5.00 | 19B | 8,147. | | | 8,147. | | | 815. |
| 5 | 700 WX PALM PILOTS | 012507 | SL | 5.00 | 19B | 1,129. | | | 1,129. | | | 96. |
| 6 | POWER SHOT A540 CAMERA | 021207 | SL | 5.00 | 19B | 212. | | | 212. | | | 40. |
| 7 | DISPAYIT | 030607 | SL | 5.00 | 19B | 2,224. | | | 2,224. | | | 222. |
| | DIMENSION E520 | | | | | | | | | | | |
| 8 | COMPUTER | 041507 | SL | 5.00 | 19B | 1,007. | | | 1,007. | | | 101. |
| 9 | MONITOR | 051507 | SL | 5.00 | 19B | 697. | | | 697. | | | 70. |
| 10 | MP3 TECH PLAYER | 121007 | SL | 5.00 | 19B | 225. | | | 225. | | | 38. |
| | * 990 PAGE 2 TOTAL | | | | | | | | | | | |
| | MANAGEMENT AND GENERAL | | | | | 71,985. | | 0. | 71,985. | 29,209. | 0. | 2,582. |
| | FUNDRAISING | | | | | | | | | | | |
| 12 | PRIOR YEAR ASSETS | VARI | ESSL | 5.00 | 17 | | | | | | | 383. |
| | * 990 PAGE 2 TOTAL | | | | | | | | | | | |
| | FUNDRAISING | | | | | 0. | | 0. | 0. | 0. | 0. | 383. |

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|-------------------------|-------------------|---------------------|-----------------|--------------------|
| DISPOSITION OF ASSETS | VARIOUS | VARIOUS | PURCHASED | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
| | | | DEPREC | |
| | 0. | 463. | 0. | <463.> |
| TO FM 990, PART I, LN 8 | | 463. | 0. | <463.> |

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | 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

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

| | | |
|--|-------|-------|
| 1. GROSS RECEIPTS | 3,875 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 3,875 |
| 4. COST OF GOODS SOLD (LINE 13) | 3,035 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 840 |

COST OF GOODS SOLD

| | | |
|---|-------|-------|
| 6. INVENTORY AT BEGINNING OF YEAR | | |
| 7. MERCHANDISE PURCHASED | | |
| 8. COST OF LABOR | | |
| 9. MATERIALS AND SUPPLIES | 3,035 | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 3,035 |
| 12. INVENTORY AT END OF YEAR | | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) | | 3,035 |

FORM 990 OTHER EXPENSES STATEMENT 4

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

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 ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|------------|
| PRIOR YEAR ASSETS | 56,607. | 30,235. | 26,372. |
| IMAC COMPUTER | 1,271. | 127. | 1,144. |
| HEWLETT PACKARD | 466. | 47. | 419. |
| KYOCERA | 8,147. | 815. | 7,332. |
| 700 WX PALM PILOTS | 1,129. | 96. | 1,033. |
| POWER SHOT A540 CAMERA | 212. | 40. | 172. |
| DISPAYIT | 2,224. | 222. | 2,002. |
| DIMENSION E520 COMPUTER | 1,007. | 101. | 906. |
| MONITOR | 697. | 70. | 627. |
| MP3 TECH PLAYER | 225. | 38. | 187. |
| TOTAL TO FORM 990, PART IV, LN 57 | 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 | COMPEN- SATION | EMPLOYEE | |
|--|-----------------------------|-------------------|---------------------|--------------------|
| | | | BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| GREG MUMM 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003 | EXECUTIVE DIRECTOR 40.00 | 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

82-0413981

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.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2007

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning _____, and ending _____

| | | | | |
|--|---|---------------|---|---|
| A <input type="checkbox"/> Check box if address changed | B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BLUE RIBBON COALITION INC Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 4555 BURLEY DRIVE City or town, state, and ZIP code CHUBBUCK, ID 83202-0003 | D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 82-0413981 E Unrelated business activity codes (See instructions for Block E on page 9.) 541800 |
|--|---|---------------|---|---|

C Book value of all assets at end of year: **<78,702.>**

F Group exemption number (see instructions for Block F.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 9**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **GREG MUMM** Telephone number **208-237-1008**

| 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. | 59,518. | 76,915. |
| 12 Other income (See instructions; attach schedule.) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 137,421. | 59,518. | 77,903. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|-----|-----------------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | 9,527. |
| 15 Salaries and wages | 15 | 49,387. |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | 7,837. |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | 2,721. |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 2,721. |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | 10,224. |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) SEE STATEMENT 10 | 28 | 5,130. |
| 29 Total deductions. Add lines 14 through 28 | 29 | 84,826. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 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 | 32 | <6,923.> |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | <6,923.> |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a 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 **35c** 0.

36 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) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44a Payments: A 2006 overpayment credited to 2007 **44a**

b 2007 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: Form 2439 Form 4136 Other _____ Total **44f**

45 Total payments. Add lines 44a through 44f **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: Credited to 2008 estimated tax **49** Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **COST**

| | | | | | | | |
|----|--------------------------------|----|--------|---|--|-----|--------|
| 1 | Inventory at beginning of year | 1 | 4,448. | 6 | Inventory at end of year | 6 | 3,472. |
| 2 | Purchases | 2 | 1,448. | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 2,424. |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs | 4a | | | | | X |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | 5,896. | | | | |

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

Sign Here
 Signature of officer _____ Date _____ Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature _____ Date 04/28/08
 Check if self-employed Preparer's SSN or PTIN P00031328
 Firm's name (or yours if self-employed), address, and ZIP code DEATON & COMPANY, CHARTERED
 215 N 9TH, SUITE A
 POCATELLO, ID 83201
 EIN 82-0338741
 Phone no. 208-232-5825

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

1 Description of property

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes rows (1)-(4) and a Total row.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1)-(4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Includes rows (1)-(4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Includes rows (1)-(4) and a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

| 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) | | | | | | |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions on page 22)

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) | | | | | | |
| (4) | | | | | | |
| 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.)

| | | | | | | |
|------------------------------------|-----------------|----------------|---------|----------|---------|-----------|
| (1) BLUE RIBBON | | | | | | |
| (2) MAGAZINE | 136,433. | 59,518. | 76,915. | 176,045. | 97,876. | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 136,433. | 59,518. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|--------------------|---------------------------------------|---|
| GREG MUMM | EXECUTIVE DIRECTOR | % | 9,527. |
| | | % | |
| | | % | |
| | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 9,527. |

Depreciation and Amortization 990
(Including Information on Listed Property)

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

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.

| | | |
|----|---|------------------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 125,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 500,000. |
| 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 | |
| 6 | (a) Description of property | (b) Cost (business use only) |
| | | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 |
| 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.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | |
|----|---|----|
| 14 | 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.)

Section A

| | | | |
|----|---|--------------------------|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2007 | 17 | 5,075. |
| 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 | <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

| (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 | | 15,378. | 5 YRS. | HY | SL | 1,556. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 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 2007 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | / | | 40 yrs. | MM | 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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 6,631. |
| 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 | |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|---|--|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 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 | | | | | | | | 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 | | | | | | | | 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.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the 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 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is 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 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? | | |
| 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 | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2007 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2007 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

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: **BLUE RIBBON COALITION INC** Identifying number: **82-0413981**

1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

| (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 other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|-----------------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| 2 DISPOSITION OF ASSETS | VARIOUS | VARIOUS | 0. | | 463. | <463.> |
| | | | | | | |
| | | | | | | |

| | | |
|--|----------|--------|
| 3 Gain, if any, from Form 4684, line 39 | 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 or theft | 6 | |
| 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | 7 | <463.> |
| 8 Nonrecaptured net section 1231 losses from prior years (see instructions) | 8 | |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) | 9 | |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|--|------------|--------|
| 11 Loss, if any, from line 7 | 11 | <463.> |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| 13 Gain, if any, from line 31 | 13 | |
| 14 Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| 17 Combine lines 10 through 16 | 17 | <463.> |
| 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: | | |
| a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions | 18a | |
| b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 | 18b | |

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | | |
|---|--|--------------------------------------|----------------------------------|------------|------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | |
| 25 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. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 |
| 34 | Recomputed depreciation (see instructions) | 34 |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 |

**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.

For calendar year 2007 or other tax year beginning _____, 2007, and ending _____

| | |
|--|--|
| Name of organization or entity BLUE RIBBON COALITION INC | Employer identification number 82-0413981 |
| Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 4555 BURLEY DRIVE | Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Form 5227 |
| City or town, state, and ZIP code CHUBBUCK, ID 83202-0003 | |

| | | |
|---|------------|-----------|
| A Is the organization a foreign private foundation within the meaning of section 4948(b)? | Yes | No |
| 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) | | X |
| 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 I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 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 | 1 |
| 2 Tax on excess business holdings - Schedule C, line 7 | 2 |
| 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) | 3 |
| 4 Tax on taxable expenditures - Schedule E, Part I, column (g) | 4 |
| 5 Tax on political expenditures - Schedule F, Part I, column (e) | 5 |
| 6 Tax on excess lobbying expenditures - Schedule G, line 4 | 6 |
| 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) | 7 |
| 8 Tax on premiums paid on personal benefit contracts | 8 |
| 9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) | 9 |
| 10 Tax on taxable distributions - Schedule K, Part I, column (f) | 10 |
| 11 Tax on charitable remainder trust's unrelated business taxable income. Attach schedule | 11 |
| 12 Total (add lines 1 - 11) | 12 |

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons
 (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))

| (a) Name and address of person subject to tax | | | | (b) Taxpayer identification number |
|---|--|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| 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 - Schedule E, Part II, col. (d) | (f) Tax on political expenditures - Schedule F, Part II, col. (d) |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| Total | | | | |
| | (g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d) | (h) Tax on excess benefit transactions - Sch I, Part II, col. (d), and Part III, col. (d) | (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) | (j) Tax on taxable distributions - Schedule K, Part II, col. (d) |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| Total | | | | |
| | (k) Tax on prohibited benefits - Sch L, Part II, col. (d) and Part III, col. (d) | | | (l) Total - Add cols. (c) through (k) |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| Total | | | | |

| Part II-B Summary of Taxes (See Tax Payments on page 3 of the instructions) | |
|---|---|
| 1 Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) | 1 |
| 2 Total tax. Add Part I, line 12, and Part II-B, line 1. (Make check(s) or money order(s) payable to the United States Treasury.) | 2 |

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

| Part I Acts of Self-Dealing and Tax Computation | | | |
|--|-----------------|------------------------|--|
| (a) Act number | (b) Date of act | (c) Description of act | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

| (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act | (e) Amount involved in act | (f) Initial tax on self-dealing (10% of col. (e)) | (g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e)) |
|--|----------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Part II Summary of Tax Liability of Self-Dealers and Proration of Payments | | | |
|---|-----------------------------------|---|--|
| (a) Names of self-dealers liable for tax | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col. (c)) (see page 6 of the instructions) |
| | | | |
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| Part III Summary of Tax Liability of Foundation Managers and Proration of Payments | | | |
|---|-----------------------------------|---|--|
| (a) Names of foundation managers liable for tax | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (g), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see page 6 of the instructions) |
| | | | |
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SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

| | |
|---|---|
| 1 Undistributed income for years before 2006 (from Form 990-PF for 2007, Part XIII, line 6d) | 1 |
| 2 Undistributed income for 2006 (from Form 990-PF for 2007, Part XIII, line 6e) | 2 |
| 3 Total undistributed income at end of current tax year beginning in 2007 and subject to tax under section 4942 (add lines 1 and 2) | 3 |
| 4 Tax - Enter 30% of line 3 here and on page 1, Part I, line 1 | 4 |

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions on page 7 for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

| | | (a) Voting stock (profits interest or beneficial interest) | (b) Value | (c) Nonvoting stock (capital interest) |
|---|--|---|--------------|--|
| 1 | Foundation holdings in business enterprise | 1 | | |
| 2 | Permitted holdings in business enterprise | 2 | | |
| 3 | Value of excess holdings in business enterprise | 3 | | |
| 4 | Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach explanation) | 4 | | |
| 5 | Taxable excess holdings in business enterprise - line 3 minus line 4 | 5 | | |
| 6 | Tax - Enter 10% of line 5 | 6 | | |
| 7 | Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on page 1, Part I, line 2 | 7 | | |

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

| (a) Investment number | (b) Date of investment | (c) Description of investment | (d) Amount of investment | (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)) |
|---|------------------------|-------------------------------|--------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total - column (e). Enter here and on page 1, Part I, line 3 | | | | | |
| Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below | | | | | |

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

| (a) Names of foundation managers liable for tax | (b) Investment 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 10 of the instructions) |
|---|--|---|---|
| | | | |
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SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

| Part I Expenditures and Computation of Tax | | | | |
|--|------------|---------------------------|---|---|
| (a) Item number | (b) Amount | (c) Date paid or incurred | (d) Name and address of recipient | (e) Description of expenditure and purposes for which made |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| (f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure | | | (g) Initial tax imposed on foundation (20% of col. (b)) | (h) Initial tax imposed on foundation managers (if applicable) (lesser of \$10,000 or 5% of col. (b)) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total - column (g). Enter here and on page 1, Part I, line 4 | | | | |
| Total - column (h). Enter total (or prorated amount) here and in Part II, column (c), below | | | | |

| Part II Summary of Tax Liability of Foundation Managers and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of foundation managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (h), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions) |
| | | | |
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SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

| Part I Expenditures and Computation of Tax | | | | | |
|---|------------|---------------------------|--|---|--|
| (a) Item number | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization 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 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total - column (e). Enter here and on page 1, Part I, line 5 | | | | | |
| Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below | | | | | |

| Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments | | | |
|---|------------------------------------|---|---|
| (a) Names of organization managers or foundation managers liable 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) |
| | | | |
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SCHEDULE G - Tax on Excess Lobbying 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 Computation 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) Tax imposed on organization managers (if applicable) - (5% of col. (b)) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total - column (e). Enter here and on page 1, Part I, line 7 | | | | | |
| Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below | | | | | |

| Part II Summary of Tax Liability of Organization Managers and Proration of Payments | | | |
|---|------------------------------------|---|---|
| (a) Names of organization managers liable 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) |
| | | | |
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SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

| Part I Excess Benefit Transactions and Tax Computation | | |
|--|---|--|
| (a) Transaction number | (b) Date of transaction | (c) Description of transaction |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| (d) Amount of excess benefit | (e) Initial tax on disqualified persons (25% of col. (d)) | (f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d)) |
| | | |
| | | |
| | | |
| | | |

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

See page 14 of the instructions.

| Part I Prohibited Benefits and 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 benefit (125% of col. (d)) (see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions) |
| | | |
| | | |
| | | |
| | | |

| Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of donors, donor advisor, or 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) |
| | | | |
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| Part III Tax Liability of Fund Managers and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of fund managers 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) |
| | | | |
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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 taxpayer) is based on all information of which preparer has any knowledge.

| Signature of officer or trustee | Title | Date |
|---|-------|------------------|
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature of individual or firm preparing the return | | 04/28/08 Date |

DEATON & COMPANY, CHARTERED
215 N 9TH, SUITE A
POCATELLO, ID 83201

Address of preparer

208-232-5825

Phone no. of preparer

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2007

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning _____, and ending _____

| | | | |
|--|------------------------------|--|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BLUE RIBBON COALITION INC</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 4555 BURLEY DRIVE</p> <p>City or town, state, and ZIP code CHUBBUCK, ID 83202-0003</p> | <p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 82-0413981</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 541800</p> |
|--|------------------------------|--|--|

C Book value of all assets at end of year: **<78,702.>**

F Group exemption number (see instructions for Block F.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 9**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **GREG MUMM** Telephone number ▶ **208-237-1008**

| 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. | 59,518. | 76,915. |
| 12 Other income (See instructions; attach schedule.) _____ | 12 | | |
| 13 Total. Combine lines 3 through 12 _____ | 13 137,421. | 59,518. | 77,903. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
|---|-----|---------------|-----------------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) _____ | 14 | | 9,527. |
| 15 Salaries and wages _____ | 15 | | 49,387. |
| 16 Repairs and maintenance _____ | 16 | | |
| 17 Bad debts _____ | 17 | | |
| 18 Interest (attach schedule) _____ | 18 | | |
| 19 Taxes and licenses _____ | 19 | | 7,837. |
| 20 Charitable contributions (See instructions for limitation rules.) _____ | 20 | | |
| 21 Depreciation (attach Form 4562) _____ | 21 | 2,721. | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return _____ | 22a | | 2,721. |
| 23 Depletion _____ | 23 | | |
| 24 Contributions to deferred compensation plans _____ | 24 | | |
| 25 Employee benefit programs _____ | 25 | | 10,224. |
| 26 Excess exempt expenses (Schedule I) _____ | 26 | | |
| 27 Excess readership costs (Schedule J) _____ | 27 | | |
| 28 Other deductions (attach schedule) SEE STATEMENT 10 _____ | 28 | | 5,130. |
| 29 Total deductions. Add lines 14 through 28 _____ | 29 | | 84,826. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____ | 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 _____ | 32 | | <6,923.> |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions) _____ | 33 | | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 _____ | 34 | | <6,923.> |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a 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 **35c** 0.

36 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) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44a Payments: A 2006 overpayment credited to 2007 **44a**

b 2007 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: Form 2439 Form 4136 Other _____ Total **44f**

45 Total payments. Add lines 44a through 44f **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: Credited to 2008 estimated tax **49** Refunded

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **COST**

| | | | | | |
|----------------------------------|----|--------|--|-----|-------------------------------------|
| 1 Inventory at beginning of year | 1 | 4,448. | 6 Inventory at end of year | 6 | 3,472. |
| 2 Purchases | 2 | 1,448. | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 2,424. |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional section 263A costs | 4a | | | | <input checked="" type="checkbox"/> |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | 5,896. | | | |

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

Sign Here

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature _____ Date 05/01/08 Check if self-employed Preparer's SSN or PTIN P00031328

Firm's name (or yours if self-employed), address, and ZIP code DEATON & COMPANY, CHARTERED 215 N 9TH, SUITE A POCATELLO, ID 83201 EIN 82-0338741 Phone no. 208-232-5825

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

1 Description of property

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes a Total line at the bottom.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes a Totals line at the bottom.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table with 6 main columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes a Totals line at the bottom.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 22)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 22)

| 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) | | | | | | |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions on page 22)

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) | | | | | | |
| (4) | | | | | | |
| 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.)

| | | | | | | |
|------------------------------------|----------|---------|---------|----------|---------|----|
| (1) BLUE RIBBON | | | | | | |
| (2) MAGAZINE | 136,433. | 59,518. | 76,915. | 176,045. | 97,876. | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 136,433. | 59,518. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|--------------------|---------------------------------------|---|
| GREG MUMM | EXECUTIVE DIRECTOR | % | 9,527. |
| | | % | |
| | | % | |
| | | % | |
| Total . Enter here and on page 1, Part II, line 14 | | | 9,527. |

Depreciation and Amortization 990
(Including Information on Listed Property)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 125,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 500,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 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.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|----|---|----|--|
| 14 | 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.)

Section A

| | | | |
|----|--|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2007 | 17 | 5,075. |
| 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 <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

| (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 | | 15,378. | 5 YRS. | HY | SL | 1,556. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 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 2007 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|---|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 40-year | / | 40 yrs. | MM | 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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 6,631. |
| 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 | |

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.)

Table with columns (a) through (i) for depreciation and other information. Includes rows 25-29 for special allowances and business use percentages.

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.

Table for Section B with columns (a) through (f) for vehicle use. Includes rows 30-36 for miles driven and personal use questions.

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.

Table for Section C with rows 37-41 for employer questions and Yes/No columns.

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

Table for Part VI Amortization with columns (a) through (f) for cost descriptions and amortization amounts. Includes rows 42-44.

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

OMB No. 1545-0184

2007
 Attachment
 Sequence No. 27

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return: **BLUE RIBBON COALITION INC** Identifying number: **82-0413981**

1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| (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 other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| 2 DISPOSITION OF ASSETS | VARIOUS | VARIOUS | 0. | | 463. | <463.> |
| | | | | | | |
| | | | | | | |

| | | |
|---|---|--------|
| 3 Gain, if any, from Form 4684, line 39 | 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 or theft | 6 | |
| 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | 7 | <463.> |
| 8 Nonrecaptured net section 1231 losses from prior years (see instructions) | 8 | |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) | 9 | |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|---|-----|--------|
| 11 Loss, if any, from line 7 | 11 | <463.> |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| 13 Gain, if any, from line 31 | 13 | |
| 14 Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| 17 Combine lines 10 through 16 | 17 | <463.> |
| 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: | | |
| a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions | 18a | |
| b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 | 18b | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2007)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | | |
|--|--|--------------------------------------|----------------------------------|------------|------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | |
| 25 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. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 | Recomputed depreciation (see instructions) | 34 | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |

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

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

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 BLUE RIBBON COALITION INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 4555 BURLEY DRIVE
 City or town, state or country, and ZIP + 4
 CHUBBUCK, ID 83202-0003

D Employer identification number
 82-0413981

E Telephone number
 (208) 237-1008

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ WWW.SHARETRAILS.ORG

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 994,590.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ N/A

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | 1a | | 1b | | 1c | | 1d | | 1e | |
|---|--|----------------|--|-----------------|--|----|--|----|--|---------------|--|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | | | | | | | | |
| a Contributions to donor advised funds | | | | | | | | | | | |
| b Direct public support (not included on line 1a) | | | | 544,034. | | | | | | | |
| c Indirect public support (not included on line 1a) | | | | 16,713. | | | | | | | |
| d Government contributions (grants) (not included on line 1a) | | | | | | | | | | | |
| e Total (add lines 1a through 1d) (cash \$ 547,225. noncash \$ 13,522.) | | | | | | | | | | 560,747. | |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | | | | | | | | 260,084. | |
| 3 Membership dues and assessments | | | | | | | | | | 4,796. | |
| 4 Interest on savings and temporary cash investments | | | | | | | | | | | |
| 5 Dividends and interest from securities | | | | | | | | | | | |
| 6 a Gross rents | | 6a | | | | | | | | | |
| b Less: rental expenses | | 6b | | | | | | | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | | | | | | | | | | 6c | |
| 7 Other investment income (describe ▶) | | | | | | | | | | 7 | |
| 8 a Gross amount from sales of assets other than inventory | | (A) Securities | | (B) Other | | | | | | | |
| b Less: cost or other basis and sales expenses | | 8a | | 1,872. | | | | | | | |
| c Gain or (loss) (attach schedule) | | 8b | | <1,872.> | | | | | | | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | | | | STMT 1 | | | | | | 8d <1,872.> | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/> | | | | | | | | | | | |
| a Gross revenue (not including \$ 0. of contributions reported on line 1b) | | 9a | | 15,560. | | | | | | | |
| b Less: direct expenses other than fundraising expenses | | 9b | | 1,687. | | | | | | | |
| c Net income or (loss) from special events. Subtract line 9b from line 9a | | | | SEE STATEMENT 2 | | | | | | 9c 13,873. | |
| 10 a Gross sales of inventory, less returns and allowances | | 10a | | 6,023. | | | | | | | |
| b Less: cost of goods sold | | 10b | | 4,212. | | | | | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | | | | STMT 3 | | | | | | 10c 1,811. | |
| 11 Other revenue (from Part VII, line 103) | | | | | | | | | | 11 147,380. | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | | | | | | | | 12 986,819. | |
| 13 Program services (from line 44, column (B)) | | | | | | | | | | 13 793,913. | |
| 14 Management and general (from line 44, column (C)) | | | | | | | | | | 14 184,520. | |
| 15 Fundraising (from line 44, column (D)) | | | | | | | | | | 15 51,974. | |
| 16 Payments to affiliates (attach schedule) | | | | SEE STATEMENT 4 | | | | | | 16 11,893. | |
| 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 line 12 | | | | | | | | | | 18 <55,481.> | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | | | | | | | | | 19 13,963. | |
| 20 Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | 20 0. | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | | | | | | | | | 21 <41,518.> | |

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 <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 66,048. | 16,937. | 24,796. | 24,315. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 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 section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 242,883. | 197,694. | 45,189. | |
| 27 Pension plan contributions not included on lines 25a, b, and c | 5,182. | 1,143. | 3,912. | 127. |
| 28 Employee benefits not included on lines 25a - 27 | 8,088. | 2,754. | 4,805. | 529. |
| 29 Payroll taxes | 12,115. | 6,699. | 3,826. | 1,590. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 5,476. | | 5,476. | |
| 32 Legal fees | 5,919. | | 5,919. | |
| 33 Supplies | 33,659. | 20,984. | 12,591. | 84. |
| 34 Telephone | 16,943. | 12,178. | 4,765. | |
| 35 Postage and shipping | 24,290. | 9,435. | 14,179. | 676. |
| 36 Occupancy | 11,579. | 3,106. | 7,756. | 717. |
| 37 Equipment rental and maintenance | 2,537. | | 2,537. | |
| 38 Printing and publications | 12,344. | 7,221. | 4,487. | 636. |
| 39 Travel | 67,303. | 65,782. | 1,521. | |
| 40 Conferences, conventions, and meetings | 14,028. | | 14,028. | |
| 41 Interest | 4. | | 4. | |
| 42 Depreciation, depletion, etc. (attach schedule) | 8,216. | | 8,216. | |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 5 | 493,793. | 449,980. | 20,513. | 23,300. |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 1,030,407. | 793,913. | 184,520. | 51,974. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

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.)

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 ▶

793,913.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(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 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|-----------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 290,331. | 45 | 231,185. |
| | 46 Savings and temporary cash investments | | 46 | |
| | 47 a Accounts receivable | 17,404. | | |
| | b Less: allowance for doubtful accounts | | 47c | 17,404. |
| | 48 a Pledges receivable | | | |
| | b Less: allowance for doubtful accounts | | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | 1,497. | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | 50b | |
| | 51 a Other notes and loans receivable | | | |
| | b Less: allowance for doubtful accounts | | 51c | |
| | 52 Inventories for sale or use | 6,997. | 52 | 4,448. |
| | 53 Prepaid expenses and deferred charges | 3,370. | 53 | |
| | 54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54a | |
| | b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| 55 a Investments - land, buildings, and equipment: basis | | | | |
| b Less: accumulated depreciation | | 55c | | |
| 56 Investments - other | | 56 | | |
| 57 a Land, buildings, and equipment: basis | 51,536. | | | |
| b Less: accumulated depreciation STMT 6 | 37,984. | 57c | 13,552. | |
| 58 Other assets, including program-related investments (describe _____) | | 58 | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 343,523. | 59 | 266,589. | |
| Liabilities | 60 Accounts payable and accrued expenses | 78,258. | 60 | 39,278. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 251,302. | 62 | 268,829. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable | | 64b | |
| | 65 Other liabilities (describe _____) | | 65 | |
| 66 Total liabilities. Add lines 60 through 65 | 329,560. | 66 | 308,107. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | <71,659.> | 67 | <58,107.> |
| | 68 Temporarily restricted | 85,622. | 68 | 16,589. |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 13,963. | 73 | <41,518.> | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 343,523. | 74 | 266,589. | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

Table with 4 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 16. Row 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Row 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." Row 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.)

Yes No

Table with 4 columns: Question, Yes, No. Row 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Row 77: Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. Row 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Row 80b: If "Yes," enter the name of the organization. Row 81a: Enter direct or indirect political expenditures. (See line 81 instructions.) Row 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88 b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
89 a 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.
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
89 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89 f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89 g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90 a List the states with which a copy of this return is filed NONE
90 b Number of employees employed in the pay period that includes March 12, 2006 9
91 a The books are in care of GREG MUMM Telephone no. 208-237-1008
Located at 4555 BURLEY DRIVE, CHUBBUCK, IDAHO ZIP + 4 83202
91 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 N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 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 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 260,084. |
| 95 Interest on savings and temporary cash investments | | | 14 | 4,796. | |
| 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 | | | 18 | <1,872.> | |
| 101 Net income or (loss) from special events | | | | | 13,873. |
| 102 Gross profit or (loss) from sales of inventory | 448000 | 1,811. | | | |
| 103 Other revenue: | | | | | |
| a <u>MAGAZINE/ADVERTISING</u> | | | | | 142,077. |
| b <u>TAX REFUNDS</u> | | | | | 5,303. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 1,811. | | 2,924. | 421,337. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 426,072. |

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.)

| 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's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 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) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| 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 No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | Yes | No |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|-----|----|
| a | ----- | | | | | |
| b | ----- | | | | | |
| c | ----- | | | | | |
| Totals | | | | | | |

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | Yes | No |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|-----|----|
| a | ----- | | | | | |
| b | ----- | | | | | |
| c | ----- | | | | | |
| Totals | | | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Gregory Allen Mumm* Signature of officer | *Oct 9, 2007* Date
 Type or print name and title: **GREGORY ALLEN MUMM EXECUTIVE DIRECTOR**

Paid Preparer's Use Only: Preparer's signature: *JE* | Date: 10/05/07 | Check if self-employed: | Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DEATON & COMPANY, CHARTERED
 215 N 9TH, SUITE A
 POCA TELLO, ID 83201** | EIN: | Phone no.: **208-232-5825**

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: **BLUE RIBBON COALITION INC** Employer identification number: **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.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title 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 MUMM POCATELLO, IDAHO 83201 | EX. DIRECTOR 40.00 | 73,335. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

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 \$50,000 for professional services | 0 | |

Part II-B 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.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

Part 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 ▶ \$ _____ \$ <u>14,158.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B | X | |
| 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. | | | |
| 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? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e | Transfer of any part of its income or assets? | | 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.) | | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | X |
| c | 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 | | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | 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 | | X |
| b | Did the organization make any taxable distributions under section 4966? | N/A | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | N/A | |
| 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 | |
| f | 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. | |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 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, and state **▶** _____
- 10 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 **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | ▶ |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A 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.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|------------|------------|----------|----------|----------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 586,551. | 368,690. | 276,485. | 284,364. | 1,516,090. |
| 16 Membership fees received | 284,689. | 353,491. | 282,471. | 276,967. | 1,197,618. |
| 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 organization after June 30, 1975 | 4,862. | 4,743. | 5,689. | 6,764. | 22,058. |
| 19 Net income from unrelated business 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 | | | | | |
| 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 | 1,195,058. | 1,076,554. | 996,345. | 978,887. | 4,246,844. |
| 24 Line 23 minus line 17 | 1,024,762. | 899,056. | 716,429. | 670,280. | 3,310,527. |
| 25 Enter 1% of line 23 | 11,951. | 10,766. | 9,963. | 9,789. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 66,211. |
| b 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 0. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 3,310,527. |
| d Add: Amounts from column (e) for lines: 18 22,058. 19 574,761. 22 _____ 26b _____ | | | | | 26d 596,819. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 2,713,708. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 81.9721% |
| 27 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: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| b 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) _____ (2003) _____ (2002) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A | | | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 return. Do not include these grants in line 15.
 NONE

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

N/A

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

| | | Yes | No |
|------|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 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? | | |
| 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? | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| | | | |
| | | | |
| 32 | Does the organization maintain the following: | | |
| a | 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? | | |
| 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? | | |
| | 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? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | 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.) | | |
| | | | |
| | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 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 | | |

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)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) 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. |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | 14,158. |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | 14,158. |
| 39 | Other exempt purpose expenditures | 39 | 1,028,142. |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 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 |
| | Over \$500,000 but not over \$1,000,000 | | \$100,000 plus 15% of the excess over \$500,000 |
| | Over \$1,000,000 but not over \$1,500,000 | | \$175,000 plus 10% of the excess over \$1,000,000 |
| | Over \$1,500,000 but not over \$17,000,000 | | \$225,000 plus 5% of the excess over \$1,500,000 |
| | Over \$17,000,000 | | \$1,000,000 |
| 41 | | 41 | 179,230. |
| 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 either 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.)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|--|-------------|-------------|-------------|--------------|------------|
| | (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. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i 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.

| 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 |
|-----------|---|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | MANAGEMENT AND GENERAL | | | | | | | | | | | |
| 1 | PRIOR YEAR ASSETS | VARIABLE | SSL | 5.00 | 17 | 48,857. | | | 48,857. | 29,768. | | 7,729. |
| 2 | POWER LIFE DIGITAL PROJECTOR | 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 | 19B | 681. | | | 681. | | | 136. |
| 5 | COMPUTER W/MONITOR | 021106 | SL | 5.00 | 19B | 871. | | | 871. | | | 174. |
| | * 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. |

| FORM 990 | | GAIN (LOSS) FROM SALE OF OTHER ASSETS | | | STATEMENT | 1 |
|--------------------------|-------------------|---------------------------------------|-----------------|-----------------|--------------------|---|
| DESCRIPTION | | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | | |
| DISPOSITION OF EQUIPMENT | | VARIOUS | VARIOUS | PURCHASED | | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) | |
| | 0. | 49,422. | 0. | 47,550. | <1,872.> | |
| TO FM 990, PART I, LN 8 | | 49,422. | 0. | 47,550. | <1,872.> | |

| FORM 990 | | SPECIAL EVENTS AND ACTIVITIES | | | STATEMENT | 2 |
|---------------------------|----------------|-------------------------------|---------------|-----------------|------------|---|
| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME | |
| BREAKFAST OF CHAMPIONS | 15,560. | | 15,560. | 1,687. | 13,873. | |
| TO FM 990, PART I, LINE 9 | 15,560. | | 15,560. | 1,687. | 13,873. | |

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

| | | |
|--|-------|-------|
| 1. GROSS RECEIPTS | 6,023 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 6,023 |
| 4. COST OF GOODS SOLD (LINE 13) | 4,212 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 1,811 |

COST OF GOODS SOLD

| | | |
|--|---------|-------|
| 6. INVENTORY AT BEGINNING OF YEAR | 6,997 | |
| 7. MERCHANDISE PURCHASED | | |
| 8. COST OF LABOR | <2,785> | |
| 9. MATERIALS AND SUPPLIES | | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 4,212 |
| 12. INVENTORY AT END OF YEAR | | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). | | 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

9,000.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

AMERICAN LAND RIGHTS ALLIANCE

PURPOSE OF PAYMENT

AMOUNT

DONATIONS TO OTHER ENTITIES

150.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

AMERICAN RECREATION COALITION

PURPOSE OF PAYMENT

AMOUNT

DONATIONS TO OTHER ENTITIES

500.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

SAE CLEAN SNOWMOBILE CHALLENGE

PURPOSE OF PAYMENT

AMOUNT

DONATIONS TO OTHER ENTITIES

1,000.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

TREAD LIGHTLY

PURPOSE OF PAYMENT

AMOUNT

ORGANIZATIONAL DUES

100.

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

PURPOSE OF PAYMENT

AMOUNT

DONATIONS TO OTHER ENTITIES

25.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

IDAHO TRAILS COUNCIL

PURPOSE OF PAYMENT

AMOUNT

ORGANIZATION DUES

20.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

COHVCO

PURPOSE OF PAYMENT

AMOUNT

ORGANAZATION DUES

50.

TOTAL TO FORM 990, PART I, LINE 16

11,893.

| FORM 990 | OTHER EXPENSES | | | STATEMENT 5 |
|-------------------------------|-----------------|----------------------------|----------------------------------|--------------------|
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
| 43-A TAXES | 1,539. | | 1,539. | |
| 43-B INSURANCE | 5,375. | | 5,375. | |
| 43-C OFFICE EXPENSE | 4,634. | 1,810. | 2,824. | |
| 43-D BANK SERVICE CHARGES | 3,477. | | 3,477. | |
| 43-E MAGAZINE | 225,190. | 225,190. | | |
| 43-F HIRING/TRANSITIONS | 7,298. | | 7,298. | |
| 43-G MDSE SALES EXPENSE | 456. | 456. | | |
| 43-H WEB PAGE DESIGN | 11,152. | 11,152. | | |
| 43-I LOBBYIST | 14,158. | 14,158. | | |
| 43-J LEGAL FUND EXPENSE | 189,063. | 188,037. | | 1,026. |
| 43-K PAID ADVERTISING | 9,177. | 9,177. | | |
| 43-L SPECIAL EVENTS | 22,274. | | | 22,274. |
| TOTAL TO FM 990, LN 43 | 493,793. | 449,980. | 20,513. | 23,300. |

| FORM 990 | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | | | STATEMENT 6 |
|--|--|-----------------------------|----------------|-------------|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE | |
| PRIOR YEAR ASSETS | 48,857. | 37,497. | 11,360. | |
| POWER LIFE DIGITAL PROJECTOR | 840. | 120. | 720. | |
| BROTHER LASER PRINTER | 287. | 57. | 230. | |
| DELL COMPUTER | 681. | 136. | 545. | |
| COMPUTER W/MONITOR | 871. | 174. | 697. | |
| TOTAL TO FORM 990, PART IV, LN 57 | 51,536. | 37,984. | 13,552. | |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 7
TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|------------------------------|--------------------|
| JACK WELCH 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003 | PRESIDENT 10.00 | 0. | 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 | BOARD MEMBER 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. |
| JIM MURPHY 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003 | BOARD MEMBER 3.00 | 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. |

| | | | | |
|---|-----------------------------|----------------|-----------|-----------|
| 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 DIRECTOR 40.00 | 66,048. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | <u>66,048.</u> | <u>0.</u> | <u>0.</u> |

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2006

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2006 or other tax year beginning _____, and ending _____

| | | | |
|---|----------------------|---|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <41,518.></p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BLUE RIBBON COALITION INC</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 4555 BURLEY DRIVE</p> <p>City or town, state, and ZIP code CHUBBUCK, ID 83202-0003</p> <p>F Group exemption number (see instructions for Block F.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> | <p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 82-0413981</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 541800</p> |
|---|----------------------|---|--|

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 8**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **GREG MUMM** Telephone number ▶ **208-237-1008**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------|---------|
| 1 a Gross receipts or sales <u>6,023.</u> | | | |
| b Less returns and allowances <u> </u> c Balance ▶ | 1c 6,023. | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 4,212. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 1,811. | | 1,811. |
| 4 a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| 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) | 11 142,076. | 97,821. | 44,255. |
| 12 Other income (See instructions; attach schedule.) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 143,887. | 97,821. | 46,066. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | 44,255. |
| 28 Other deductions (attach schedule) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 44,255. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 1,811. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | 1,811. |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 0. |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 0. |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and: a 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 35c 0. 36 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) 36 37 Proxy tax. See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a b Other credits (see instructions) 40b c General business credit. Check here and indicate which forms are attached: Form 3800 Form(s) (specify) 40c d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 0. 44a Payments: A 2005 overpayment credited to 2006 44a b 2006 estimated tax payments 44b c Tax deposited with Form 8868 44c d Foreign organizations: Tax paid or withheld at source (see instructions) 44d e Backup withholding (see instructions) 44e f Credit for federal telephone excise tax paid (attach Form 8913) 44f 64. g Other credits and payments: Form 2439 Form 4136 Other Total 44g 45 Total payments. Add lines 44a through 44g 45 64. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 64. 49 Enter the amount of line 48 you want: Credited to 2007 estimated tax Refunded 49 64.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation COST

Table with 8 columns: Line number, Description, Amount, Line number, Description, Amount, Yes/No columns. 1 Inventory at beginning of year 1 6,997. 6 Inventory at end of year 6 6,997. 2 Purchases 2 4,212. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 4,212. 3 Cost of labor 3 4a Additional section 263A costs 4a b Other costs (attach schedule) 4b 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X 5 Total. Add lines 1 through 4b 5 11,209.

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

Sign Here Signature of officer Date EXECUTIVE DIRECTOR May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer's Use Only Preparer's signature Date 10/08/07 Check if self-employed Preparer's SSN or PTIN P00031328 Firm's name (or yours if self-employed), address, and ZIP code DEATON & COMPANY, CHARTERED 215 N 9TH, SUITE A POCATELLO, ID 83201 EIN 82-0338741 Phone no. 208-232-5825 Form 990-T (2006)

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

1 Description of property

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes rows (1)-(4) and a Total row.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1)-(4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes rows (1)-(4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Includes rows (1)-(4) and a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

| 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) | | | | | | |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions on page 23)

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) | | | | | | |
| (4) | | | | | | |
| 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.)

| | | | | | | |
|------------------------------------|----------|---------|---------|---------|----------|---------|
| (1) BLUE RIBBON | | | | | | |
| (2) MAGAZINE | 142,076. | 97,821. | 44,255. | 81,203. | 127,369. | 44,255. |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 142,076. | 97,821. | | | | 44,255. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

▶ **Attach to your income tax return.**

Name(s) as shown on your income tax return

Identifying number

BLUE RIBBON COALITION INC

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.

Amount of federal excise tax on long distance or bundled service only

| (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 May 2003 | \$ | \$ | \$ 4. | \$ 1. |
| 2 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. | |
| 15 Add lines 1 - 14 in columns (d) and (e) | | | \$ 55. | \$ 9. |
| 16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns | | | | \$ 64. |

LHA For Paperwork Reduction Act Notice, see the instructions.

Form **8913** (2006)

4562

Form

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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.

Table with 5 main rows for Part I. Line 1: 108,000. Line 3: 430,000. Line 7: 7. Line 13: 13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table for Part II with 3 rows. Line 14, 15, 16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table for Section A. Line 17: 7,729. Line 18: checkbox.

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

Table for Section B with 9 rows (19a-i) detailing property classification, month, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table for Section C with 3 rows (20a-c) detailing class life, month, and depreciation deduction.

Part IV Summary (see instructions)

Table for Part IV. Line 21, 22: 8,216. Line 23.

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 No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 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 | | | | | | | 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 | | | | | | | 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.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the 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 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is 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.

| | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2006 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2006 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

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), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)
▶ See separate instructions.

OMB No. 1545-0052

2006

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)

4555 BURLEY DRIVE

Check box for type of annual return:

Form 990 Form 990EZ

City or town, state, and ZIP code

CHUBBUCK, ID 83202-0003

Form 990-PF

Form 5227

A Is the organization a foreign private foundation within the meaning of section 4948(b)?

Yes No

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)

N/A

Yes No

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 3 of the instructions).

Part I 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 | 1 |
| 2 | Tax on excess business holdings - Schedule C, line 7 | 2 |
| 3 | Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) | 3 |
| 4 | Tax on taxable expenditures - Schedule E, Part I, column (g) | 4 |
| 5 | Tax on political expenditures - Schedule F, Part I, column (e) | 5 |
| 6 | Tax on excess lobbying expenditures - Schedule G, line 4 | 6 |
| 7 | Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) | 7 |
| 8 | Tax on premiums paid on personal benefit contracts | 8 |
| 9 | Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) | 9 |
| 10 | Tax on taxable distributions - Schedule K, Part I, column (f) | 10 |
| 11 | Total (add lines 1 - 10) | 11 |

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons

(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))

| (a) Name and address of person subject to tax | | (b) Taxpayer identification number | | |
|--|---|---|---|---------------------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| 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 - Schedule E, Part II, col. (d) | (f) Tax on political expenditures - Schedule F, Part II, col. (d) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| (g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d) | (h) Tax on excess benefit transactions - Sch I, Part II, col. (d), and Part III, col. (d) | (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) | (j) Tax on taxable distributions - Schedule K, Part II, col. (d) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| (k) Tax on prohibited benefits - Sch L, Part II, col. (d) and Part III, col. (d) | | | | (l) Total - Add cols. (c) through (k) |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| Total | | | | |

624061
02-05-07

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

Form **4720** (2006)

Part II-B Summary of Taxes (See **Tax Payments** on page 4 of the instructions)

| | | |
|---|---|---|
| 1 | Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) | 1 |
| 2 | Total tax. Add Part I, line 11, and Part II-B, line 1. (Make check(s) or money order(s) payable to the United States Treasury.) | 2 |

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation

| (a) Act number | (b) Date of act | (c) Description of act | (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act | (e) Amount involved in act | (f) Initial tax on self-dealing (5%/10%* of col. (e)) | (g) Tax on foundation managers (if applicable) (lesser of \$10,000/20,000* or 2½%/5%* of col. (e)) |
|----------------|-----------------|------------------------|--|----------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

| (a) Names of self-dealers liable for tax | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col. (c)) (see page 6 of the instructions) |
|--|-----------------------------------|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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Part III Summary of Tax Liability of Foundation Managers and Proration of Payments

| (a) Names of foundation managers liable for tax | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (g), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see page 6 of the instructions) |
|---|-----------------------------------|---|--|
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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 |
| 2 | Undistributed income for 2005 (from Form 990-PF for 2006, Part XIII, line 6e) | 2 |
| 3 | 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 |

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions on page 7 for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

| | | (a) Voting stock (profits interest or beneficial interest) | (b) Value | (c) Nonvoting stock (capital interest) |
|---|--|---|--------------|--|
| 1 | Foundation holdings in business enterprise | 1 | | |
| 2 | Permitted holdings in business enterprise | 2 | | |
| 3 | Value of excess holdings in business enterprise | 3 | | |
| 4 | Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach explanation) | 4 | | |
| 5 | Taxable excess holdings in business enterprise - line 3 minus line 4 | 5 | | |
| 6 | Tax - Enter 5%/10%* of line 5 | 6 | | |
| 7 | Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on page 1, Part I, line 2 | 7 | | |

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

| (a) Investment number | (b) Date of investment | (c) Description of investment | (d) Amount of 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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total - column (e). Enter here and on page 1, Part I, line 3 | | | | | |
| Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below | | | | | |

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

| (a) Names of foundation managers liable for tax | (b) Investment 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 9 of the instructions) |
|---|--|---|--|
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SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

| Part I Expenditures and Computation of Tax | | | | |
|--|------------|---------------------------|---|--|
| (a) Item number | (b) Amount | (c) Date paid or incurred | (d) Name and address of recipient | (e) Description of expenditure and purposes for which made |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| (f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure | | | (g) Initial tax imposed on foundation (10%/20% of col. (b)) | (h) Initial tax imposed on foundation managers (if applicable)- (lesser of \$5,000/\$10,000* or 2½%/5%* of col. (b)) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total - column (g). Enter here and on page 1, Part I, line 4 | | | | |
| Total - column (h). Enter total (or prorated amount) here and in Part II, column (c), below | | | | |

| Part II Summary of Tax Liability of Foundation Managers and Proration of Payments | | | |
|---|------------------------------------|---|---|
| (a) Names of foundation managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (h), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c) (see page 10 of the instructions)) |
| | | | |
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SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

| Part I Expenditures and Computation of Tax | | | | | |
|---|------------|---------------------------|--|---|--|
| (a) Item number | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization 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 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total - column (e). Enter here and on page 1, Part I, line 5 | | | | | |
| Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below | | | | | |

| Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of organization managers or foundation managers liable 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)) |
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SCHEDULE G - Tax on Excess Lobbying 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 Computation 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) Tax imposed on organization managers (if applicable)- (5% of col. (b)) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total - column (e). Enter here and on page 1, Part I, line 7 | | | | | |
| Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below | | | | | |

| Part II Summary of Tax Liability of Organization Managers and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of organization managers liable 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 12 of the instructions) |
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SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

| Part I Excess Benefit Transactions and Tax Computation | | |
|---|---|--|
| (a) Transaction number | (b) Date of transaction | (c) Description of transaction |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| (d) Amount of excess benefit | (e) Initial tax on disqualified persons (25% of col. (d)) | (f) Tax on organization managers (if applicable) (lesser of \$10,000/\$20,000* or 10% of col. (d)) |
| | | |
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SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967)

(see instructions)

| Part I Prohibited Benefits and 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 benefit (125% of col. (d)) (see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions) |
| | | |
| | | |
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| Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of donors, donor advisor, or 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) |
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| Part III Tax Liability of Fund Managers and Proration of Payments | | | |
|--|------------------------------------|---|---|
| (a) Names of fund managers 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) |
| | | | |
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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 taxpayer) is based on all information of which preparer has any knowledge.

| Signature of officer or trustee | Title | Date |
|---|-------|------------------|
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | | Date |
| Signature of individual or firm preparing the return | | 10/05/07 Date |

DEATON & COMPANY, CHARTERED
215 N 9TH, SUITE A
POCATELLO, ID 83201

208-232-5825

Address of preparer

Phone no. of preparer

JWA

Form 4720 (2006)

IDAHO CORPORATION INCOME TAX RETURN

AMENDED RETURN, check the box. See instructions, page 6 for the reasons for amending and enter the number.

For calendar year 2006, or fiscal year beginning

Mo Day Year

ending

Mo Day Year

Business name

State Use Only

Federal employer identification number

BLUE RIBBON COALITION, INC.

BLUE

82-0413981

Business mailing address

4555 BURLEY DRIVE

City, State and ZIP Code

CHUBBUCK, ID 83202-0003

F M

Do you need Idaho income tax forms mailed to you next year? Yes No

- 1. Did the corporate name change? If yes, enter the previous name.
2. If a federal audit was finalized this year, enter the latest year audited.
3. Is this an inactive corporation or nameholder corporation?
4. a. Were federal quarterly estimated payments required?
b. Were quarterly estimated payments based on annualized amounts?
5. Is this a final return?
6. Enter the extended federal due date if this is a short period return.
7. Is this an electrical or telephone utility?
8. Did you use the combined reporting method?
9. If you are a multinational taxpayer, answer questions a., b. and c. Complete Form 42.
10. Did you claim the property tax exemption for investment tax credit property acquired this tax year?

ADDITIONS

- 11. Federal taxable income.
12. Interest and dividends not taxable under Internal Revenue Code.
13. State, municipal and local taxes measured by net income.
14. Net operating loss deducted on federal return.
15. Dividends received deduction on federal return.
16. Bonus depreciation. Attach computations.
17. Other additions, including additions from Form 42, Part II.
18. Add lines 11 through 17.

SUBTRACTIONS

- 19. Foreign dividend gross-up (Sec. 78, Internal Revenue Code)
20. Interest from Idaho municipal securities.
21. Interest on U.S. Government obligations. Attach a schedule.
22. Interest and other expenses related to lines 20 and 21.
23. Add lines 20 and 21, and subtract line 22.
24. Technological equipment donation.
25. Allocated income. Attach a schedule.
26. Interest and other expenses related to line 25. Attach a schedule.
27. Subtract line 26 from line 25.
28. Bonus depreciation. Attach computations.
29. Other subtractions, including subtractions from Form 42, Part II.
30. Total subtractions. Add lines 19, 23, 24, 27, 28 and 29.
31. Net business income subject to apportionment. Subtract line 30 from line 18.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056
ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A.



| | | |
|--|----|------------|
| 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 corporations complete and 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. | 35 | |
| 36. Idaho net operating loss carryover • _____ carryback • _____ Enter tot. | 36 | |
| 37. Idaho taxable income. Add lines 34 and 35, and subtract line 36. If the corporation has an NOL and is electing to forego the carryback period, check here. • <input type="checkbox"/> | 37 | 0. |
| 38. Idaho income tax. Multiply line 37 by 7.6%. Minimum \$20 for each corporation (see instructions). | 38 | 20. |

CREDITS

| | | |
|--|----|-----|
| 39. Credit for contributions to Idaho educational entities. | 39 | |
| 40. Credit for contributions to Idaho youth and rehabilitation facilities. | 40 | |
| 41. Total business income tax credits from Form 44, Part I, line 14. Attach Form 44. | 41 | |
| 42. Total credits. Add lines 39 through 41. | 42 | |
| 43. Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero. | 43 | 20. |

OTHER TAXES

| | | |
|--|----|-----|
| 44. Permanent bldg. fund tax. Enter \$10. Combined reports include \$10 for each corp. operating or authorized to do business in ID. | 44 | 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. | 46 | |
| 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. | 49 | |
| 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 _____ Attach Form 75. | 54 | |
| 55. Total payments and other credits. Add line 53 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.

REFUND or PAYMENT DUE

| | | |
|---|----|-----|
| 56. Tax Due. Subtract line 55 from line 52. | 56 | 30. |
| 57. Penalty • _____ Interest from due date • _____ Enter total. | 57 | |

58. TOTAL DUE. Add line 56 and line 57. 30.

59. Overpayment. Subtract line 52 from line 55. 59

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. 61

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. | 62 | |
| 63. Refund from original return plus additional refunds. | 63 | |
| 64. Tax paid with original return plus additional tax paid. | 64 | |
| 65. Amended tax due or refund. Add lines 62 and 63, and subtract line 64. | 65 | |

• Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

| | |
|---|--|
| Signature of officer <i>Harvey Alan Thomas</i> | Date 10/05/07 |
| Signature of officer EXECUTIVE DIRECTOR | Phone number 208-237-1000 |
| Paid preparer's signature <i>J. Lee</i> | Preparer's EIN, SSN, or PTIN • 82-0338741 |
| Address and phone number 208-232-5825 | |

DEATON & COMPANY, CHARTERED
215 N 9TH, SUITE A
POCATELLO, ID 83201

648302 09-27-06



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