Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



Spur Community Foundation Inc PO Box 6184 Ketchum, ID 83340

Dear Carol,

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible.

We have enclosed mailing envelopes for your convenience in filing the return.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Will Birdsall



MERIDIAN BOISE TWIN FALLS BUHL KETCHUM COEUR D'ALENE HARRISCPAS.COM

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Pre	pa	red	ΙF	or:
-----	----	-----	----	-----

Spur Community Foundation Inc PO Box 6184 Ketchum, ID 83340

Prepared By:

HARRIS & CO., PLLC 1120 S. RACKHAM WAY, SUITE 100 MERIDIAN, ID 83642

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible

Form 8879-TF

THIS IS NOT A FILEABLE COPY *

RS	e-file	Sign	ature	Auth	orizāti	on
	for a	ı Tăx	Exen	npt En	titv	

For calendar year 2022, or fiscal year beginning

, 2022, and ending

OMB No. 1545-0047

Department of the Treasury

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN SPUR COMMUNITY FOUNDATION INC 81-2375057 Name and title of officer or person subject to tax CAROL NIE PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** ______ **7 , 214 , 013 .** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 75057 X Lauthorize HARRIS & CO., PLLC to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 82172112345 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MARGARET FLOWERS 10/23/23

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

Date

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

ERO's signature

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print SPUR COMMUNITY FOUNDATION INC 81-2375057 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 6184 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 83340 KETCHUM, ID Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) SALLY GILLESPIE The books are in the care of ▶ PO BOX 1135 - SUN VALLEY, ID 83353 Telephone No. ► 208-450-2600 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SPUR COMMUNITY FOUNDATION INC Name change 81-2375057 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 6184 208-450-2600 9,639,344. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return KETCHUM, ID 83340 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CAROL NIE Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions SPURFOUNDATION.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2016 M State of legal domicile: ID Trust Part I Summary Briefly describe the organization's mission or most significant activities: SPUR'S MISSION IS TO INSPIRE Activities & Governance EFFECTIVE PHILANTHROPY FOR THE WOOD RIVER VALLEY. WE SEEK TO: 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 9,962,871. 7,137,976. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 7,446. 13,610. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 36,625. 62,427. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10,006,942. ,214,013. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,158,912. 11,987,750. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 253,716. 255,063. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 126,540. 228,087. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,470,900. 2,539,168. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,467,774. -5,256,887. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 9,209,608. 3,902,906. Total assets (Part X, line 16) 9,480.56,853. 21 Total liabilities (Part X, line 26) 三年 152,755. 3,893,426 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CAROL NIE, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 10/23/23 self-employed P00748716 MARGARET FLOWERS MARGARET FLOWERS Paid Firm's name HARRIS & CO., PLLC Firm's EIN 26-4022510 Preparer Firm's address 1120 S. RACKHAM WAY, SUITE 100 Use Only Phone no. (208) 333-8965 MERIDIAN, ID 83642 X Yes

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

. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SPUR'S MISSION IS TO INSPIRE EFFECTIVE PHILANTHROPY FOR THE WOOD RIVER	
	VALLEY. WE SEEK TO:	
	* EXPAND FUNDING TO THE NONPROFIT SECTOR	
	* FOSTER EXCELLENCE AND ACCOUNTABILITY AMONG LOCAL NONPROFITS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$12,038,205. including grants of \$11,987,750.) (Revenue \$62,427 SPUR MAKES GRANTS TO NONPROFIT ORGANIZATIONS FROM DISCRETIONARY FUNDS AND DONOR ADVISED FUNDS.)
4b	(Code:)(Expenses \$113,213. including grants of \$) (Revenue \$) SPUR FOSTERS EXCELLENCE AND ACOCUNTABILITY AMONG NONPROFITS SERVING THE WOOD RIVER VALLEY IN IDAHO. WE PROVIDE A VARIETY OF SERVICES, INCLUDING LEADERSHIP COACHING, CONSULTING, BENCHMARKING AND ASSESSMENTS.	
4c	Code:	<u>)</u> <u>[</u>
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 12,163,995.	
46	Total program service expenses 12.163.995.	

Form 990 (2022) SPUR COMMUNITY FOUNDATION INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		7.7	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	L

Form 990 (2022) SPUR COMMUNITY FOUNDATION INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , , ,	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			\ _{3,7}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Chack if Schodula O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Fart v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.40
	Enter the number reported in box 3 of 1 of in 1030. Enter 40- in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	Х	
-	(gambling) winnings to prize winners?	וו		

Form 990 (2022) SPUR COMMUNITY FOUNDATION INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements, 2a 4 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b I the organization have unrelated business gross incomer of \$1,000 or more during the year? 3c Did the organization have unrelated business gross incomer of \$1,000 or more during the year? 3c Did the organization have unrelated business gross incomer of \$1,000 or more during the year? 3c Did the organization have unrelated business gross incomer of \$1,000 or more during the year? 3c Did the organization have were during the calendary great of the tonganization 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)? 4c Did any toxable party notify the organization file Financial account in a foreign country. 5c Si Was the organization sparty in a prohibeted tax shelter transaction or any time during the tax year? 5c Was the organization related ploss excepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as charitable contributions? 5c Does the organization related with every golicitation an expresse statement that such contributions or grits were not tax deductable? 5c Does the organization related with every golicitation an expresse statement that such contributions or grits were not tax deductable? 6c Does the organization related with every golicitation an expresse statement that such contributions or grits were not tax deductable? 6c Does the organization related with every golicitation and expresse statement that such contributions or grits were not tax deductable? 6c Does the organization related with every golicitation and party for goods and services provided to the progratization related and services provided? 7c Deductable organization related and party the denor of the value of the good					Yes	No					
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SPUR COMMUNITY FOUNDATION INC 81-2375057 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website ___ Other *(explain on Schedule O)* Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

SALLY GILLESPIE - 208-450-2600 PO BOX 1135, SUN VALLEY, ID 8

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

Week (list any hours for related organizations below line)	(F) Estimated amount of other
X	compensation from the organization and related organizations
Carol Nie	1 020
X	1,929.
TREASURER, SECRETARY X	0.
X	,
(4) LYNDSAY LYLE 1.00 DIRECTOR X 0.0 (5) JONATHAN NEELEY 1.00 DIRECTOR X 0.0 (6) BRITT PALMEDO 1.00 DIRECTOR X 0.0 (7) LISA STELCK 1.00 DIRECTOR X 0.0	0.
X	•
Column C	0.
DIRECTOR X	· · · · · · ·
(6) BRITT PALMEDO 1.00 DIRECTOR X (7) LISA STELCK 1.00 DIRECTOR X	0.
DIRECTOR X 0. 0	
(7) LISA STELCK DIRECTOR 1.00 X 0.0	0.
	0.
(8) MARY WILSON 2.00	
DIRECTOR X 0.	0.
(9) TIM WOLFF 2.00	
DIRECTOR X 0.	0.

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	(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an						(D) (E) Reportable Reportable compensation compensation			on amoun		
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	- 1	com fr org and	other pensatiom the anizated d related	ation ne tion ted
			•											
			•											
	Subtotal								160,000.		0.		1.9	29.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								160,000.	.000 of reportable	0.		1,9	29.
	compensation from the organization						,			,				1
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		X
•	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a											5		X
Sec	rendered to the organization? If "Yes." com	piete Scheaule	9 J T	or su	icn į	oers	on .				1	<u> </u>		
1	Complete this table for your five highest co	•	-							•	ensat	ion fro	om	
	the organization. Report compensation for t	ine calendar ye	ear e	enair	ig w	ith C	or wi	tnin	the organization's tax y	ear.		((;)	
	Name and business	address	N	ONE	<u> </u>			_	Description of s	services	С	ompe		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to	thos	_	ted	above) who received m	ore than				
	Too, soo or compensation from the organiz	Lation										Form	990	(2022)

			Check if Schedule O	ontai	ns a res	ponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
សស	1	а	Federated campaigns		18	1					
an			Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events								
			-								
nig,			Government grants (contri								
Sig			All other contributions, gifts,								
her			similar amounts not included				7,137,976.				
草豆		g	Noncash contributions included in			3 \$	1,879,078.				
Sor		h	Total. Add lines 1a-1f					7,137,976.			
							Business Code				
o l	2	а									
Ş		b									
Ser		С									
an Sye		d									
Program Service Revenue		е									
Pr		f	All other program service	reveni	ue						
		g									
	3		Investment income (includ								
		other similar amounts)					22,217.			22,217.	
	4		Income from investment of								
	5		Royalties								
					(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a	2,416	,724.					
		b	Less: cost or other basis								
e			and sales expenses	7b	2,425	,331.					
le l		С	Gain or (loss)	7с	- 8	,607.					
her Revenue		d	Net gain or (loss)			<u></u>		-8,607.			-8,607.
ЭĒ	8	а	Gross income from fundraising	ng evel	nts (not						
₹			including \$		of	:					
			contributions reported on	line 1	c). See						
			Part IV, line 18			<u>8a</u>					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundra	aising ev	ents_					
	9	а	Gross income from gamin	g acti	vities. S	ee					
			Part IV, line 19								
		b	Less: direct expenses			9b					
			Net income or (loss) from			ties					
	10	а	Gross sales of inventory, I								
			and allowances			10a	1				
			Less: cost of goods sold				þ				
		С	Net income or (loss) from	sales	of inven	tory					
က္							Business Code				
e e	11	а	CUSTODIAL SERVICES				900099	48,400.	48,400.		
lant		b	BILLABLE REIMBURSABI				900099	9,401.	9,401.		
Miscellaneous Revenue		С	NONPROFIT ADVISORY S				900099	4,000.	4,000.		
Mis			All other revenue				900099	626.	626.		
			Total. Add lines 11a-11d		<u></u>	<u></u>		62,427.			
	12		Total revenue See instruction	ne				7 214 013.	62 427.	I 0.	13 610.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 11,987,750. 11,987,750. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 161,929. 48,579. 80,965. 32,385. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 73,402. 10,119. 45,599. 17,684. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,859. 2,000. 859. Other employee benefits 9 16,873. 4,190. 9,091. 3,592. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,714. 5,714. Legal 11,396. 11,396. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 108,478. 95,220. 13,258. column (A), amount, list line 11g expenses on Sch O.) $3, \overline{131}$ 10,366. 7,235. Advertising and promotion 12 14,058. 3,726. 10,332 Office expenses 13 578. 578. Information technology 14 Royalties 15 33,075. 33,075. 16 Occupancy 2,689. 2,689. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 165. 165. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,670. 2,670. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 19,024. 2,866. 14,935. 1,223. SOFTWARE FEES 12,160. DINING & CATERING 513. 1,753. 9,894. 7,714. 1,668. 6,046. OTHER С d All other expenses 12,470,900. 12,163,995. 221,759. 85,146. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	220,522.	1	30,090.	
	2	Savings and temporary cash investments		5,751,585.	2	147,688.
	3	Pledges and grants receivable, net		3,232,501.	3	102,500.
	4	Accounts receivable, net		5,000.	4	3,720.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqual				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
ıς	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	1,637.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	3,617,271.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line	T T		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	9,209,608.	16	3,902,906.	
	17	Accounts payable and accrued expenses		947.	17	9,480.
	18	Grants payable	55,906.	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ဖွ	22	Loans and other payables to any current or for	mer officer, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
abi		controlled entity or family member of any of the	ese persons		22	
 	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
	25	Other liabilities (including federal income tax, p.	ayables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		56,853.	26	9,480.
		Organizations that follow FASB ASC 958, ch	eck here X			
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		143,777.	27	50,799.
Ba	28	Net assets with donor restrictions	<u></u>	9,008,978.	28	3,842,627.
Pur		Organizations that do not follow FASB ASC	958, check here			
띤		and complete lines 29 through 33.				
8	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e	quipment fund		30	
As	31	Retained earnings, endowment, accumulated in	r		31	
Net L	32	Total net assets or fund balances		9,152,755.	32	3,893,426.
	33	Total liabilities and net assets/fund balances		9,209,608.	33	3,902,906.

Form **990** (2022)

Form	1 990 (2022) SPUR COMMUNITY FOUNDATION INC	81-	2375057	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,214		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,470		
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,256		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,152		
5	Net unrealized gains (losses) on investments	5	-2	2,4	<u>42.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,893	3,4	<u> 26.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	
			Form 9	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPUR COMMUNITY FOUNDATION INC

Employer identification number

81-2375057 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	711,061.	1158634.	2394484.	9962871.	7200403.	21427453.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	711,061.	1158634.	2394484.	9962871.	7200403.	21427453.
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)						3974311.
	Public support. Subtract line 5 from line 4.						17453142.
	tion B. Total Support	I I			Г		Т
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	711,061.	1158634.	2394484.	9962871.	7200403.	21427453.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	686.	2,952.	3,632.	439.	22,217.	29,926.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						04.455050
	Total support. Add lines 7 through 10						21457379.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
800	organization, check this box and stor						
	etion C. Computation of Publi			. (6)			81.34 %
	Public support percentage for 2022 (I					14	
	Public support percentage from 2021					15	
тоа	33 1/3% support test - 2022. If the content have The experience qualifies						
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o						
D							
170	and stop here. The organization qual						
11 d	10% -facts-and-circumstances test and if the organization meets the fact	_					
	meets the facts-and-circumstances te		•	•		•	
L	10% -facts-and-circumstances test	•	•			7a and line 15 is	
b	more, and if the organization meets the	_					10 /0 OI
	organization meets the facts-and-circu				· ·		
18	Private foundation. If the organization				•	***************************************	
	ata raamaattom n and organizatio	ala liot di lock a l		-, 100, 174, OI 17D	, shook this box at	555 11156 4060118	

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Vss	N-
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	TU		
	4c		
	5a		
	5b 5c		
	JC		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
مارر	10b A (Forn	n gan	2022
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	Sadic A (10111 000) 2022		, ,	age o
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
Sec	cuon B. Type i Supporting Organizations			Γ
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	515,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
	nion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(contint}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS	2,328,642.	1,899,494.
BATY, STAN AND KRISTINE	500,000.	70,852.
FIDELITY CHARITABLE	1,172,000.	742,852.
STEVENS FAMILY FOUNDATION	1,576,251.	1,147,103.
THE NICHOLAS MARTIN JR FAMILY FOUNDATION	519,875.	90,727.
MARS, MICHAEL AND CAMPBELL, TERRI	452,431.	23,283.
		1
Total Excess Contributions to Schedule A, Part II, Line 5		3,974,311.

Schedule B

(Form 990)

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

Employer identification number

	SPUR COMMUNITY FOUNDATION INC	81-2375057
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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	
• •	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributo	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) -EZ, line 1. Complete Parts I and II.	nd that received from any one
contributor, dur literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, so cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I in (b) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because in able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Pifiling requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SPUR COMMUNITY FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Trainity dudicoo, did Eli TT	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,576,251.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SPUR COMMUNITY FOUNDATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$519,875.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>153,663.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SPUR COMMUNITY FOUNDATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	888 SHARES HOME DEPOT INC (HD)		
		\$\$	07/07/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SHARES OF 58 PUBLICLY TRADED SECURITIES		
		\$1,376,251.	12/29/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	395 SHARES SPDR S&P500 ETF TRUST TRUST UNIT DEP (SPY)		
		\$\$	10/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** SPUR COMMUNITY FOUNDATION INC 81-2375057 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SPUR COMMUNITY FOUNDATION INC

Employer identification number 81-2375057

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Accounts. Complete if the
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	15	10
2	Aggregate value of contributions to (during year)	3,860,182.	6,163,631.
3	Aggregate value of grants from (during year)	2,056,475.	9,931,275.
4	Aggregate value at end of year	2,536,955.	1,211,175.
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	· ·
_			
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	· —	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		l I
b		de una franchische de factor (A)	
	Number of conservation easements on a certified historic structure.		2c
a	Number of conservation easements included in (c) acquired aft		2d
3	historic structure listed in the National Register		
3	year	ased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
Ū	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	5 , 1	,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservatio	on 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)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statemen	ts that describes the
_	organization's accounting for conservation easements.		0: 11 4
Pai	t III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958,	•	
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical treas		jain, provide
_	the following amounts required to be reported under FASB ASI	_	Φ.
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		Þ

Pai	t III	Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Othei	Simi	lar Asset	S (cont	inued)	<u> </u>
3	Using	g the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make si	gnificar	nt use of its			
	collec	ction items (check all that apply):										
а		Public exhibition	d	i 🔲	Loan or exc	hange progra	am					
b		Scholarly research	е	,	Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	llections and explair	n how th	ney further th	ne organizatio	n's exen	npt pur	pose in Par	XIII.		
5	Durin	g the year, did the organization solicit or	r receive donations of	of art, hi	storical treas	sures, or othe	er similar	assets				
	to be	sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	llection?				Yes		No
Pai	t IV	Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered '	'Yes" on	Form 9	90, Part IV,	line 9, c	r	
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is the	e organization an agent, trustee, custodia	an or other intermed	liary for	contributions	s or other ass	sets not i	nclude	d			
	on Fo	orm 990, Part X?							[Yes		No
b		es," explain the arrangement in Part XIII a						_				
										Amou	nt	
С	Begir	nning balance						. 10	;			
d		tions during the year							t k			
е		butions during the year							•			
f	Endir	ng balance						. <u>1</u> 1	f			
2a	Did th	he organization include an amount on Fo	orm 990, Part X, line	21, for (escrow or cu	ustodial acco	unt liabili	ity?	[Yes		No
		es," explain the arrangement in Part XIII.										
Pai	<u>t V</u>	Endowment Funds. Complete if	f the organization an			rm 990, Part						
			(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Thre	ee years back	(e) Fo	ur years	back
1a	Begir	nning of year balance										
b	Cont	ributions										
С	Net in	nvestment earnings, gains, and losses										
d	Gran	ts or scholarships										
е	Othe	r expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End o	of year balance										
2	Provi	de the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a))) held as:						
а	Board	d designated or quasi-endowment		%								
b	Perm	anent endowment	%									
С	Term	endowment	%									
	The p	percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are th	here endowment funds not in the posses	ssion of the organiza	ation tha	it are held ar	nd administer	ed for th	е				
	orgar	nization by:									Yes	No
	(i) L	Inrelated organizations								3a(i)		
		Related organizations)	
b	If "Ye	es" on line 3a(ii), are the related organizat	tions listed as requir	ed on S	chedule R?					. 3b		
4		ribe in Part XIII the intended uses of the		wment f	funds.							
Pai	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X,	line 10.				
		Description of property	(a) Cost or o		(b) Cost	or other	٠,	ccumul	I	(d) Bo	ok valu	е
			basis (investr	ment)	basis	(other)	de	preciati	on			
1a	Land											
b		ings										
С	Lease	ehold improvements										
d	Equip	oment										
е	Othe	r										

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	Schedule D	(Form 990)	2022	SPUR	COMMUNITY	FOU	NDATION	TNC
Part VII Investments - Other Securities.								
		0 1 - 1 - 1	26 41				Dock By Back Ad	0

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990. Part X. line 15.	
(a) D	escription		(b) Book value
(a) D	Description	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
	Description	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the part X of	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		5.

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SPUR COMM	81-2375057						
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti	
criteria used to award the grants or assis	No						
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to				, ,	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	· /	· ·	- '		(f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR SURVIVORS OF							
DOMESTIC VIOLENCE INC PO BOX							
3216 - HAILEY, ID 83333	94-3162848	501(C)(3)	71,500.	0.			GENERAL SUPPORT
AMERICAN LEGION							
PO BOX 625							
KETCHUM, ID 83340-0610	82-0350403	501(C)(3)	10,650.	0.			GENERAL SUPPORT
ARGYROS PERFORMING ARTS CENTER							
PO BOX 4921							
KETCHUM, ID 83340	82-0531282	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BALLET SUN VALLEY							
PO BOX 555							
SUN VALLEY, ID 83353	81-3872831	501(C)(3)	5,345.	0.			GENERAL SUPPORT
BLAINE COUNTY CHARITABLE FUND							
PO BOX 265							
HAILEY, ID 83333	84-5158057	501(C)(3)	98,000.	0.			GENERAL SUPPORT
DIATNE GOUNDY EDUCATION BOTTON							
BLAINE COUNTY EDUCATION FOUNDATION							
PO BOX 253	94-3166817	E01/G)/3)	00.075				GENERAL GURDORE
HAILEY, ID 83333			90,975.	0.			GENERAL SUPPORT 44.
2 Enter total number of section 501(c)(3) a	na government org	ganizations listed in th	ie iinė 1 tabie				44.

3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rug
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLAINE COUNTY HUNGER COALITION							
110 HONEYSUCKLE STREET							
BELLEVUE, ID 83313	72-1582755	501(C)(3)	24,500.	0.			GENERAL SUPPORT
•			, -	-			
BLAINE COUNTY RECREATION DISTRICT							
1050 FOX ACRES ROAD #107							
HAILEY, ID 83333	82-0336498	501(C)(3)	11,500.	0.			GENERAL SUPPORT
CITY OF KETCHUM							
PO BOX 2315							
KETCHUM, ID 83340	82-6001390	501(C)(3)	9,016,202.	0.			GENERAL SUPPORT
ENVIRONMENTAL RESOURCE CENTER							
PO BOX 819							
KETCHUM, ID 83340	82-0456383	501 (C) (3)	28,503.	0.			GENERAL SUPPORT
RHICHOM, ID 00040	02 0430303	301(0)(3)	20,303.	· ·			DENERNE BOTTORT
FLOURISH FOUNDATION INC.							
PO BOX 2429							
KETCHUM, ID 83340	27-4446378	501(C)(3)	40,000.	0.			GENERAL SUPPORT
			,				
FRIENDS OF THE SAWTOOTH AVALANCHE							
CENTER - PO BOX 2669 - KETCHUM, ID							
83340	45-3620186	501(C)(3)	36,500.	0.			GENERAL SUPPORT
HOSPICE & PALLIATIVE CARE OF THE							
WOOD RIVER VALLEY, INC PO BOX							
4320 - KETCHUM, ID 83340	82-0397698	501(C)(3)	27,000.	0.			GENERAL SUPPORT
I HAVE A DREAM FOUNDATION							
PO BOX 4282	46 0505051	E01/G)/2)	100 000	_			
HAILEY, ID 83333	46-0587871	DUT(C)(3)	106,200.	0.			GENERAL SUPPORT
IDAHO BASECAMP INC							
PO BOX 183							
KETCHUM, ID 83340	27-3427884	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO FOUNDATION FOR PARKS AND							
LANDS - 5657 WARM SPRINGS AVE -							
BOISE, ID 83716	23-7255461	501(C)(3)	10,000.	0.			GENERAL SUPPORT
IDAHO WOMENS ATHLETIC FOUNDATION							
INC - PO BOX 370 - KETCHUM, ID							
83340	83-1866890	501(C)(3)	69,872.	0.			GENERAL SUPPORT
J STREET EDUCATION FUND							
PO BOX 66073							
WASHINGTON, DC 20035	20-2777557	501(C)(3)	16,000.	0.			GENERAL SUPPORT
·			,				
LEE PESKY LEARNING CENTER							
3324 ELDER STREET							
BOISE, ID 83705	13-3878574	501(C)(3)	22,500.	0.			GENERAL SUPPORT
VEN'S SESSION SWINSE - THENS							
MEN'S SECOND CHANCE LIVING PO BOX 2398							
HAILEY, ID 83333	82-4647969	501(C)(3)	200,000.	0.			GENERAL SUPPORT
	02 4047303	501(0/(3/	200,000.	· ·			GENERAL SULLORI
MOUNTAIN HUMANE							
PO BOX 1496							
HAILEY, ID 83333	82-0351171	501(C)(3)	7,500.	0.			GENERAL SUPPORT
OPEN COLLECTIVE FOUNDATION							
340 S LEMON AVE # 3717							
WALNUT, CA 91789	81-4004928	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ROTARUN SKI CLUB							
25 RODEO DRIVE PO BOX 2083							
HAILEY, ID 83333	82-0295709	501(C)(3)	20,000.	0.			GENERAL SUPPORT
	32 3233703		20,300.	-			
SAWTOOTH SOCIETY							
PO BOX 820							
HAILEY, ID 83333	84-1421909	501(C)(3)	26,200.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ruge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LUKE'S WOOD RIVER FOUNDATION							
PO BOX 7005							
KETCHUM, ID 83340	23-7288535	501(C)(3)	38,500.	0.			GENERAL SUPPORT
SUN VALLEY COMMUNITY SCHOOL							
PO BOX 2118							
SUN VALLEY, ID 83353	82-0307094	501(C)(3)	1,097,000.	0.			GENERAL SUPPORT
SUN VALLEY INSTITUTE FOR							
RESILIENCE - PO BOX 3537 - HAILEY,							
ID 83333	47-3151484	501(C)(3)	50,500.	0.			GENERAL SUPPORT
SUN VALLEY MUSIC FESTIVAL							
PO BOX 1914							
SUN VALLEY, ID 83353	82-0397940	501(C)(3)	31,500.	0.			GENERAL SUPPORT
GWIERGURE DANGU MURDADHUMIG							
SWIFTSURE RANCH THERAPEUTIC EQUESTRIAN CENTER - 114 CALYPSO							
LANE - BELLEVUE, ID 83313	82-0461587	501(C)(3)	81,345.	0.			GENERAL SUPPORT
<u> </u>	02 0101307	301(0)(3)	01,313.	•			DINIMI BOTTONT
THE ALLIANCE OF IDAHO							
121 HONEYSUCKLE STREET							
BELLEVUE, ID 83313	85-2965458	501(C)(3)	66,850.	0.			GENERAL SUPPORT
THE BLAINE COUNTY HOUSING							
FOUNDATION - PO BOX 4045 191 SUN	02 1100617	E01/G\/2\	12 400	_			GUNDAL GUDDODE
VALLEY RD S - KETCHUM, ID 83340	83-1190617	501(C)(3)	13,490.	0.			GENERAL SUPPORT
THE COMMUNITY LIBRARY							
PO BOX 2168							
KETCHUM, ID 83340	82-0290944	501(C)(3)	20,500.	0.			GENERAL SUPPORT
THE CRISIS HOTLINE IDAHO							
PO BOX 939	02 0407240	E01/G\/3\	22 425	_			CHMED AL GUDDODE
KETCHUM, ID 83340	82-0407349	DOT(C)(3)	22,425.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INSTITUTE FOR ETHNOMEDICINE							
PO BOX 3463							
JACKSON, WY 83001	20-1829529	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY (IDAHO CHAPTER) - 116 N 1ST AVE - HAILEY,							
ID 83333	53-0242652	501(C)(3)	92,500.	0.			GENERAL SUPPORT
THE SAGE SCHOOL PO BOX 30	27 0272042	E01/G)/2)	22 500	0.			GENTEDAL GUIDDODE
HAILEY, ID 83333	27-0273042	501(C)(3)	32,500.	0.			GENERAL SUPPORT
THE SENIOR CONNECTION PO BOX 28							
HAILEY, ID 83333	82-0315917	501(C)(3)	51,000.	0.			GENERAL SUPPORT
THE SPACE PO BOX 2777							
HAILEY, ID 83333-2777	84-3348548	501(C)(3)	40,000.	0.			GENERAL SUPPORT
TRAILING OF THE SHEEP CULTURAL HERITAGE CENTER, INC PO BOX 3692 - HAILEY, ID 83333	71-0912585	501(C)(3)	7,500.	0.			GENERAL SUPPORT
U.S. SKI & SNOWBOARD FOUNDATION PO BOX 100							
PARK CITY, UT 84060-0100	84-6030639	501(C)(3)	26,000.	0.			GENERAL SUPPORT
WOOD RIVER COMMUNITY HOUSING TRUST PO BOX 7840							
KETCHUM, ID 83340	87-3625195	501(C)(3)	48,000.	0.			GENERAL SUPPORT
WOOD RIVER COMMUNITY YMCA PO BOX 6801							
KETCHUM, ID 83340	82-0481436	501(C)(3)	83,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Oth	ner Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	eaule i (Form 990), Pa I	π II.) Τ	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OOD RIVER LAND TRUST							
19 E. BULLION STREET							
HAILEY, ID 83333	82-0474191	501(C)(3)	29,238.	0.			GENERAL SUPPORT
			,				
WOOD RIVER TRAILS COALITION							
PO BOX 756							
HAILEY, ID 83333	01-0975346	501(C)(3)	46,003.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	lditional information.	
PART I, LINE 2:					
SPUR SENDS COVER LETTERS WITH ALL	ITS GRANT	DISTRIBUT	CIONS THAT	SET	
EXPECTATIONS FOR REPORTING AND REC	OGNITION.	FOR GRANT	S THAT ARE	RESTRICTED	
TO A SPECIFIC PURPOSE, THE LETTERS	STATE TH	E GOALS AN	ID TERMS OF	THE GRANT.	
THESE SPECIFICS ARE TRACKED IN A D	ATABASE.	IF A RECIP	PIENT FAILS	TO SUBMIT	
REPORTS AS SCHEDULED, SPUR STAFF W	ILL REACH	OUT TO TH	E RECIPIEN	T	
ORGANIZATIONS TO CHECK ON THE STAT	US OF THE	GRANT AND	THEIR REP	ORT. BECAUSE	
WE MAINTAIN FREQUENT COMMUNICATION	WITH THE	BULK OF C	OUR GRANTEE	S AS PART OF	
OUR SERVICES TO NONPROFITS, WE ALSO	O ASK FOR	VERBAL UP	DATES WHIL	E GRANTS ARE	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SPUR COMMUNITY FOUNDATION INC

Employer identification number 81-2375057

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
		6a		X
b	, , ,	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	· · · · · · · · · · · · · · · · · · ·	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	1	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	compensation		reported as deferred on prior Form 990	
(1) SALLY GILLESPIE	(i)	160,000.	0.	0.	0.	1,929.	161,929.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i) (ii)								
	(i)								
	(ii)								
-	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

. Inspection Employer identification number

Nam	e of the organization					Employer iden			nber
	SPUR COMMUNI	TY FOU	NDATION II	NC		81-2	2375	057	
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of dononcash contribution	etermin		s
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								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	2,108	1,879,078					
10	Securities - Closely held stock		,	, ,					
11	Securities - Partnership, LLC, or								
• •	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
.0									
14	Historic structures 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 ()								
26	Other ()				-				
27	Other ()								
<u>28</u>	Other ()								
29	Number of Forms 8283 received by the organize								
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	-			-	that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	-	•	•			31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash	ı				
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	v for which column (a) is che	cked.				

describe in Part II.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPUR COMMUNITY FOUNDATION INC

Employer identification number 81-2375057

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
* EXPAND FUNDING TO THE NONPROFIT SECTOR
* FOSTER EXCELLENCE AND ACCOUNTABILITY AMONG LOCAL NONPROFITS
* ASSIST DONORS WITH THEIR GIVING
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
* ASSIST DONORS WITH THEIR GIVING
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD WILL REVIEW THE 990 AND VOTE TO APPROVE IT BEFORE APPROVING FOR
E-FILING BY TAX PREPARER.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS REVIEWED AT LEAST ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
THE DOCUMENTS ARE AVAILABLE UPON REQUEST.