

Volume 269, Issue 4

April-May 2023 Working With Others

"Our primary purpose is to stay sober and to help others achieve sobriety."

"Nuestro objetivo principal es mantenernos sobrios y ayudar a otros a lograr la sobriedad."

Slippery When Wet

Treasure Valley Intergroup Newsletter

From the Editor's Desk

Dear friends,

It's been a long hard Winter that doesn't seem to want to cede to Spring. I am so grateful that I have the daily support of my home group and the program of Alcoholics Anonymous to help me through the ups and downs. Each day and each meeting, I strive to find something brand new in life. With the fellowship and this spiritual program, I strive to build an unshakable foundation. So far, so good.

This month's theme is *Working With Others*, and the issue is full of inspiration, information, and opportunities for fellowship and service. Please check out the announcement on page 10 for an opportunity to help with the annual Founders Day picnic. We need grills, grill-masters, and games!

Also on page 10 is a new schedule for Spanish language meetings in Caldwell. In celebration of our Spanish-speaking fellows, I've translated our newsletter motto into Spanish (see the masthead above). Thank you to my sober sister Karina for checking to be sure I got it right.

Finally, I want to point out two wonderful contributions that touch on the monthly theme—*About the Term Sponsor* by George, and *Ebby's Pigeon Story*, by Bob S. I know you'll love these quick and yet meaningful reads.

Consider sending in a contribution for the May/June theme of *Willingness*, or any other topic related to Alcoholism.

Into the light!

Ellie D.

editor.slipperywhenwet@gmail.com



Notes from the Office

April has arrived and the forsythia is in bloom. I love the big yellow bushes announcing Spring, early spring, late winter, April fool, and SPRING.

Here at Central Office we are so very encouraged by the fellowship's response to our budget shortfall last year and are gradually being able to address that thanks to you.

Our faithful Volunteers donated 97 hours of in Office service during March. What a pleasure to see so many working together for the Fellowship. We are still taking applications for part-time employment. Be sure to ask for one at the Office, fill it out, and turn it in.

We are getting ready to take Central Office to the Idaho Area 18 Spring Assembly/Convention. We hope to see you there. Year after year, Spring and Fall, the full body gathers to do the business of AA and meet and greet.

Plans are in the works for the Summer and there are many announcements of events. Even into the Fall.

Sincerely,

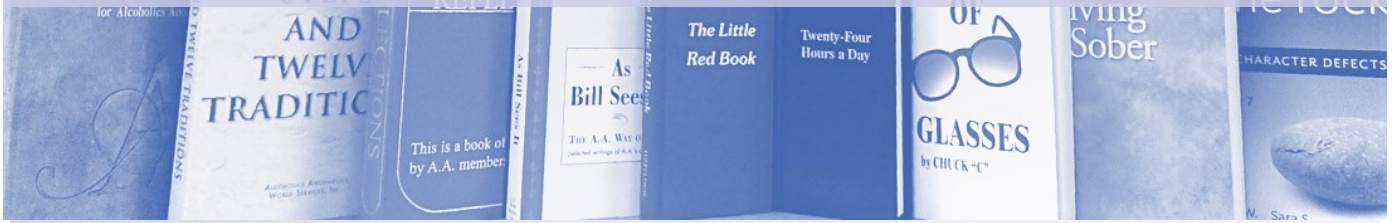
Your TVICO Sales Associates: Janet, Patty, Marti.

Table of Contents

Content	Pages
Central Office Information & Resources	3
Monthly Intergroup Meeting Minutes	4-5
Intergroup Chair Report	5
Intergroup Vice-Chair Report	6
Central Office Report	6
Intergroup Treasurer's Report	7
About the Term "Sponsor"	7
Central Office Cash Flow Report	8
Group Donations Report	9
Announcements	10
Bridging the Gap Project	11-12
Business Meeting Information	13
Ebby's Pigeon Story	14
Happenings, News, & Updates	15-25
Carry the Message Project	26
Treasure Valley Intergroup Office AA, Inc. 2022 Tax Filing	27-49

Treasure Valley Intergroup Central Office

“Serving the Greater Treasure Valley Area AA Groups and Fellowship!”



1111 South Orchard Street
Boise, Idaho 83705
(208) 344-6611
tvco@tvico.net

TVICO website: tvico.net

Idaho Area 18 website:
www.idahoarea18aa.org

Regular Office Hours

Monday-Friday 10am to 5pm
Saturday 10am to 3pm

AA Hotline

(208) 344-6611

treasurevalleyhotline@gmail.com (hotline chair)

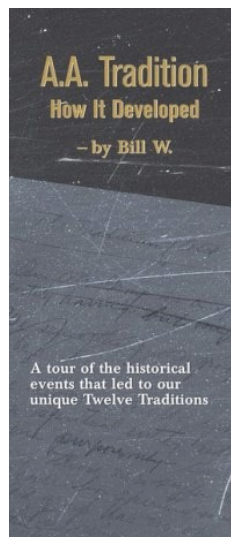
If your group has a meeting change,
please complete this form so that Cen-
tral Office can update the schedules.

<https://tvico.net/aameetingnews>

We'd love to hear from you!

I'd really love to hear from you, and so would your AA fellowship. Your suggestions, letters, visual or written works are welcome. Find a wonderful AA event or resource? Want to suggest a topic? You know where to find me!

editor.slipperywhenwet@gmail.com




important!



Umbrella image courtesy of the AAGrapevine: aagrapevine.org

Treasure Valley Intergroup Meeting Minutes, March 9, 2023 6:00 pm | Zoom

1. Meeting opened at 6pm. Moment of Silence...Serenity Prayer
2. Twelve Traditions... Sherepta
3. Declaration of Unity... Bitty C.
This we owe to A.A.'S future to place our common welfare first; to keep our fellowship united. For on A.A. Unity depends on our lives and the lives of those to come.
4. Intergroup Statement of Purpose ... Kimmie P.
 - a. Fostering and encouraging AA unity and cooperation among Idaho Area 18 AA Groups to raise funds to provide for the viability of a Central Office.
 - b. Guiding the operation of TVICO through its subcommittee known as the TVICO Steering Committee.
 - c. Furthering the AA program in accordance with the Twelve Traditions of Alcoholics Anonymous.
 - d. Providing a 24-hour hotline Answering Service.
 - e. Publishing a monthly Newsletter.
 - f. Maintaining a list to volunteers to accept 12-Step calls.
5. Birthdays...n/a
6. Roll Call ... Sherepta M. Co-Chair/Entertainment Coordinator of Intergroup, Friday Night Newcomer Mtg, Stan N. Chair, Brandi G. IGR w/ Rule 62, Bitty C. IGR On the Rocks, Capella I. Steering Com. Chair/IGR Dist. 9, Lonnie B. IGR There is a Solution, Scott T. IGR DPMG/Intergroup Sec., Randy C. Intergroup Treasurer/IGR Dist. 4, Carlie D. IGR Happy Hour, Kimmie P. IGR TAC, Carrie C. observing, Brian T. IGR Primary Purpose Group, DJ H. Dist. 4 Sec., Melissa P. IGR Lunch Bunch, Cary N. Midtown Meeting IGR, Dave L. IGR How it Works, Lisa C. Mountain Home Group, Claudia T, observing. Ellie D. Newsletter Editor/IGR 7am Zoomers, Avalon K. Area 18 Archive, Carly D. IGR for Happy Hour. Brenda M. and DJ H. observing
7. Secretary ... Scott T. Sec Report Brandi G. motions to approve Randy C. 2nd. Report was approved.
8. Treasurer Report ...Randy C. (see report). Kimmie P. motions to approve, Capella I. 2nd and report was approved.
9. Elections for Intergroup and/or Steering Committee ... voting for Jen L for Dist. 5 to be approved on Steering committee was unanimous Thank You for your service.
10. Intergroup Chair / Entertainment Chair...(see report) Stan N. noted that they will be taking applications for part time employment at the TVICO store, and also looking for volunteers to help with store operations. Sherepta M. needs all the flyers from groups for distribution to everyone. Also there are some bylaw amendments that are sent for groups to review and make suggestions for approval. Sherepta M. has nothing new but is interested in co-hosting workshops through Intergroup in the future for the Area.
11. Newsletter Editor...Ellie D. slipperywhenwet@gmail.com looking for submissions always. If you need a newsletter, my email address is ellie.dworak@gmail.com
12. Hotline Answering Service... Dave F. always looking for volunteers so service opportunity
13. TAC Representative... Kimmie P. Planning committee for TAC picnic to be held March 11 @ the Alano Club in Boise with a volunteer meeting to directly follow to take meeting into institutions. Balance of treasury \$5553.19
14. CPC/PI Representative...n/a still in need of service position.
15. Central Office Financial Report... Randy C. (see report) Please keep the group donations coming to stay in the black.
16. Steering Committee Chair...(see report) capellaikola@outlook.com for questions.
17. Web master for TVICO Dave H. dev.tvico.net is the website address and will be taking survey suggestions for any changes. david112218@outlook.com. 208-250-3359
18. Group Representatives... Capella I. in McCall is the Back to Basics group meets @ 506 Pine St. Sun-Thurs at 5:15 and Fri-Sat at 7pm, and the Sunrise Group meets at St. Andrews Episcopal Church meets 7 day a week at 7am. Brenda M. w/ Seekers Immanuel Lutheran Church 706 W Fort Street Boise M-F @ noon. Bitty, On the Rocks, meets 6 nights a week @ Church of Christ in Caldwell and on the 1st Saturday of the month hosts a dinner. Lonnie B. There is a Solution looking new location @ Eagle Hills Church and meets Mon-Fri. from 12-1pm. Brian T. Primary Purpose in Caldwell and meet Tue & Thur. 8pm. Melissa P. IGR Lunch Bunch meets @ 1st Presbyterian Church on 9th and State St. Mon-Fri @12pm Sherepta M. IGR Friday Night Newcomers meeting at Salvation Army in

Nampa @ 7pm. Randy C. IGR for Dist. 4 w/ Business Mtg 2nd Saturday of the month 619 S. 12th Ave, Lisa w/ Mountain Home Group meets Mon thru Sat. @ St. James Episcopal Church. Scott T. DPMG meets every Sun at 7pm @ The Alano Club - 3820 Cassia St. Boise. Brandi with Rule 62 meets in Middleton @ Canyon Springs Church on Monday and New Creations Church on Mon, Tues & Thurs @ 7:30. Ellie D. 7am Zoomers online 7am, Zoomers meeting link: <https://bit.ly/3DcoX3u>

19. Cary N. IGR Midtown Meeting Join us at Midtown Group Sundays at 7pm. Big Book Meeting at 5:30pm. Jen L. Dist. 5 IGR has a workshop happening at the church in Eagle. Dave L. How it Works located @ 55 S. Midland Blvd. in Nampa meets Mon-Sat @ noon and Mens meeting on Wed @ 6:30 Carly D. with Happy Hour meeting 7 days a week
20. Unfinished Business...Annual review of bylaws, prudent reserves, and policies & procedures. Sherepta is making some amendments to the bylaws for groups to review (see amendments for review) Any other bylaws that you think should be changed please send it to tvinter-groupsec@gmail.com
21. New Business... Postponed amendment for by-laws changes so please bring to groups and make sure to have group input for decisions in upcoming vote.

Motion to adjourn, meeting adjourned.

4-11-23 Intergroup chair report

1. Attended the TVICO steering committee meeting Tuesday.
2. Repeat--Looking for someone who has experience with lease agreements to put something together. Area is budgeting for the rent increase we have requested. The archive rent has been \$267.30 for several years. We have requested it be \$330.00 and increased 3% yearly as the store rent does. However any money matters must be approved by the area committee.
3. We will be voting on by-law changes tonight.
4. Encourage our people to volunteer at the store and if interested possible employment.
5. Do we have a Dist. 5 representative?
6. I have renewed our zoom account and been reimbursed \$149.90. We need another person to be able to run a zoom meeting so if I am unable this meeting will go on.

Stan N.
Intergroup Chair
stanian@msn.com
208-869-5937

TV Intergroup Vice Chair

I attended the required meetings and have nothing to report

TV Intergroup Entertainment /Activity Coordinator Report for April

April 1 sees us participating with the Dist 4 ADCM for a workshop and activity. The workshop was on cultivating the fellowship, i.e. having fun. The workshop was on planting seeds and growing plants.

I have secured the small shelter at Tully Park for the Founder's Day picnic on June 17th. I submitted the information to be discussed at our last meeting but due to time constraints it was not discussed. Stan had warned me about securing a spot at Vet's Park so we weren't shut out of a place. I feared the same would happen at Tully. Having heard nothing about it from anyone, I proceeded to save the spot.

I also included an amplified sound permit so we can have a meeting at 7:30pm at the event. The rental and sound permit came to \$62.50. This is lower than the Vets Park site fee.

I have discussed the GSR workshop with Brenda, DCM for District 8. We will be hosting the workshop in September and inviting all GSRs and GSRs to be to join us. We will start with the information District 8 has and go from there. This will help to achieve my goal of hosting all workshops with the help of the DCMs or ADCMs.

I think having workshops with appropriate activities afterward is a good use of our resources and a good representation of Intergroup

Thank you for letting me be of service.

Sherepta

4.11.23 Central Office Report

- Article in newsletter placed by staff regarding store deficit has brought an increase in group and individual contributions
- Things seem to be going smoothly.
- Staff and Steering Committee members will be at the spring assembly in Nampa.

Marya B.

INTERGROUP TREASURER'S REPORT—MARCH 2023

BALANCE FORWARD 03/01/2022		\$506.99
INCOME		
DATE	DESCRIPTION	AMOUNT
None		
EXPENSE		
DATE	DESCRIPTION	AMOUNT
None		

About the Term “Sponsor”

The concept behind the term “Sponsor” goes back to “The Great Depression” in the United States during the 1930’s. Everyone wanted a job but there were few jobs available. The only men able to get work were Master Craftsman. For those individuals or companies so situated to be able to pay someone for their workmanship during the Great Depression, they would only hire the best at the skill needed, not those who were just in need. For someone to become a Master Craftsman they had to be recommended by someone in the community who was known to be a Master Craftsman at that skillset and would attest to the quality of their workmanship and professionalism.

The only way to become a Master Craftsman in a community was to work under a recognized Master Craftsman. The Master Craftsman would “Sponsor” a “Sponsee” or Apprentice, until they were qualified to provide the same level of workmanship as the Master Craftsman. The person or company paying the Master Craftsman for work never paid the “Sponsee” or Apprentice. The Master Craftsman or “Sponsor,” would share his income with his “Sponsee” or Apprentice, until the “Sponsee” or Apprentice was certified by the Master Craftsman as being self-sufficient and able to work as a Master Craftsman.

The term “Sponsor” and “Sponsee” was juxtaposed onto the relationship of someone who had worked the Twelve Steps to address their alcoholism or addiction, who had become self-sufficient, and was now going to impart their experience onto someone who was going to work the Twelve Steps to address their alcoholism or addiction.

It must be noted that the people who drank during Prohibition in the United States from 1920 to 1934, where likened to the addicts of today. Doing whatever they needed to do to get their illegal drug of choice! During Prohibition alcohol was by prescription only and dispensed at the County Drug Store. Of course, we know there was plenty of bootleggers and speak-easy’s which illegally sold alcohol too.

Much folklore has been developed over the years since the 1930’s as to how the term “Sponsor” and “Sponsee” came to be in the lexicon of Twelve Step programs. Yet the evidence shows that the action of “one alcoholic helping another” or “one addict helping another” is still alive in the spirit of a Sponsor helping a Sponsee today.

Respectively Submitted,
George from Idaho

Treasure Valley Intergroup Central Office
Cash Flow
MARCH 2023

INFLOWS

Archives	\$	801.90
TAC	\$	50.00

Gross Sales

GSO Sales	\$	6,500.85
Non-GSO Sales	\$	3,731.92
Meeting Schedules & NCP	\$	-
In House Merchandise	\$	-
Gift Certificates	\$	-
Refunds	\$	-

TOTAL Gross Sales	\$	10,232.77
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7th Traditions:

Home Groups	\$	5,774.92
Individuals	\$	560.00
District #5	\$	1,000.00
Others	\$	-
	\$	-
	\$	-

TOTAL 7th Traditions	\$	7,334.92
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Miscellaneous Revenue

Interest Income	\$	1.64
Shipping & Handling Income	\$	16.00
Printing Income	\$	168.52
	\$	-

TOTAL Misc. Revenue	\$	186.16
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TOTAL INFLOWS	\$	18,605.75
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Cash on Hand	\$	26,451.56
Less Liabilities Owing	\$	(11,752.01) ²
Cash Available for Operations	\$	14,699.55
Cash Drawer	\$	150.00

Prudent Reserves:

Operations Prudent Reserve	\$	20,108.48
Literature Prudent Reserve	\$	11,000.00
Inventory on Hand	\$	28,798.33
Amounts due from Customers	\$	880.14

OUTFLOWS

Cost of Goods Sold	\$	7,390.39
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Office Expenses

Assembly Expense	\$	-
Bank & Merchant Serv Fees	\$	144.66
Building Maint-Painting/Carpet	\$	-
Computer/Website Maint.	\$	280.00
Copy Machine Lease	\$	247.61
Coffee, Candy, Water, Etc	\$	43.26
Donations from TVICO	\$	50.00
Insurance: Liability	\$	589.00
Office Supplies	\$	-
Open House Expenses	\$	-
Over-Under	\$	59.90
Phone/Internet Service	\$	150.40
Postage & Delivery	\$	18.39
Printing & Reproduction	\$	88.34
Professional Fees	\$	454.92 ¹
Rent	\$	1,298.00
Store Supplies	\$	-

TOTAL Office Expense	\$	3,424.48
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Payroll Expense

Includes Employer Taxes	\$	3,865.51
Work Comp Insurance	\$	-

TOTAL Payroll Expense	\$	3,865.51
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TOTAL OUTFLOWS	\$	14,680.38
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NET CASH +/-	\$	3,925.37
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NOTES:

¹Prof. Fees for include reconciling previous month bank statements, preparing payroll & making payroll tax deposits and/or reports, reporting & paying sales tax review customer & vendor accounts, W2s, 1099s, annual reports, preparation &

E-Filing Annual 990-EX Tax Return, & Enhanced Payroll & LogMeIn Subscripti

²Liabilities Owing Includes: Vendor invoices, payroll liabilities, credit card balance Idaho Sales Tax, and Gift Certificates

Thank you for supporting Central Office, we couldn't do it without you!

**T.V.I.C.O.
GROUP 7th TRADITIONS
MARCH 2023**

Date	Group Name	Amount
03/01/2023	How It Works - Nampa	224.99
03/03/2023	New Beginnings	500.00
03/07/2023	Sobriety Seekers	350.00
03/08/2023	Garden Valley God's Country	374.00
03/09/2023	Rule 62	106.07
03/10/2023	Ontario Wednesday Nooners	375.00
03/11/2023	Mens Lit Crosstalk Group	350.00
03/13/2023	R U Willing Group	500.00
03/13/2023	Faith Forward	239.61
03/14/2023	Seekers	261.00
03/15/2023	Meridian Men's Night Group	200.00
03/17/2023	10 am Spiritual Meeting	275.00
03/18/2023	Lunch Bunch	177.14
03/22/2023	Our Common Welfare	19.00
03/23/2023	Lifesavers Group Ontario	125.00
03/24/2023	As Bill Sees It	111.00
03/28/2023	Dog Pile Men's Group	200.00
03/30/2023	Just Do It	20.00
03/31/2023	Bucks No Bull	1,367.11
Total Group Donations		\$ 5,774.92

**Central Office would like to thank all the Groups, Individuals, and
Districts for their 7th Traditions last month.
We appreciate it so much !!!**

Thank you for supporting Central Office, we couldn't do it without you!

ANNOUNCEMENTS

WE ARE NOT A GLUM LOT

Sherepta, Intergroup Entertainment Chair

I NEED HELP. The Founders Day Picnic is coming up on June 17. I need grills and grill masters to help with cooking the burgers and dogs. If you are willing to bring your grill, let me know at TVICOactivities@gmail.com I am also asking people to bring their corn hole games or any other games for picnic attendees to play.

Workshops are being planned on **Sponsorship** and **Serving as a GSR**, more information will be upcoming. Also, I would like to know what other areas you would like to have a workshop on. Maybe Acronyms and/or the Upside Down Triangle of the AA Service Structure, Questions from Newcomers...

Since I am late getting this turned in, I will report on the Cultivating the Fellowship workshop held by District 4: the turnout was small but a good time was had by all. Everyone planted at least one seed to raise and everyone received a rooted start from a Bill W ivy. I have always wanted one and now I have it. Many thanks to Melanie for setting up the venue and a HUGE thanks to Amy the Horticulturist. Everyone walked away with valuable information on how to raise our plants.

Don't forget to check the TVICO website and the AA Area 18 website. We are getting more flyers posted so you can see what's happening.

Thank you for letting me be of service.

ALCOHOLICOS ANONIMOS GRUPO: UN CAMINO MEJOR

21985 Dixie Road, Caldwell ID 83607

Para mas informacion: (986) 200-9909 o (208) 571-7414

Juntas:

Lunas, Juevas, Viernes, y Sabado 7pm-8:30pm

¿¿Tienes problemas con tu forma de ver alcohol??

AA es una comunidad de hombres y mujeres que comparten su mutual experiencia, fortaleza, y esperanza para ayudar a otros con el problema de alcoholismo.

—www.aa.org

HAY UNA SOLUCION SI TU LO DECIDES . . .

ANUNCIOS

BTG VOLUNTEER'S RESPONSIBILITIES

1. Contact the Inside AA Member by letter within two weeks of your notification by the Bridge The Gap Coordinator. Remain in written communication until date of release.
2. Take the newly released Inside AA Member to an AA meeting within 48 hours of their return to the community.
3. It is suggested that the first meeting with the released AA member be viewed as a 12 Step Call and that you take another AA member with you. Use the same guidelines as you would when meeting a newcomer, although you are meeting a member that may have considerable long term sobriety.
4. Review the BTG Program with the newly released AA member so there are no misunderstandings as to what this Program does and does not offer. Use this pamphlet as your reference.
5. Remind the newly released AA member that you are but a temporary "Bridge" to the local AA community.
6. Remember that your job is usually limited to taking the newly released AA member to 3 to 6 meetings, or to end as soon as a sponsor (Not You) has been found. Do your best to encourage that relationship.
7. Make sure that they receive meeting schedules, phone numbers, AA literature, and their own Big Book.
8. Encourage them to attend AA meetings as often as possible, find a Home Group, and, most important, to get a Sponsor as soon as possible. Even a temporary Sponsor who has time for them NOW would be acceptable. Also encourage them to become involved with the AA fellowship.
9. Share your experience, strength, and hope as you would any other AA member new to your community.
10. Upon completion of these responsibilities, contact the BTG Volunteer Coordinator and provide information on how this contact has worked out.

SUGGESTED Guidelines for BTG Volunteers

- DO take the Member to an AA meeting within 48 hours.
- DO carry the AA message with your experience.
- DO take the Member to 3-6 AA meetings.
- DO provide AA meeting schedules and phone numbers.
- DO practice your recovery and solutions.
- DO discuss BTG questions and problems with a Sponsor.
- DON'T sponsor the Member, even temporarily. It is important that they build relationships on their own.
- DON'T loan money, housing, food, car, or be a taxi.
- DON'T be involved in reports to the Justice System. Tradition Twelve is VITAL!
- DON'T exceed the 6 meetings with the member.
- DON'T become emotionally or romantically involved.
- DON'T be responsible for the Member's actions or attitudes in or out of the meetings.

Bridge the Gap / Temporary Contact

PO Box 143 Meridian, ID 83680-0143 (208) 906-2745

VOLUNTEER' S APPLICATION

I would like to volunteer to be an AA Contact to provide a " Bridge" for someone who is to be released back into my

NAME: _____ YEAR OF BIRTH: _____ SEX: M / F

Email: _____ Sobriety Date: _____

HOME GROUP _____ PHONE NUMBER: (____) _____

Community where you will be able to bridge to meetings.

I understand that the Bridge the Gap / Temporary Contact Program is not AA Sponsorship, even temporarily.

SIGNATURE : _____

DATE: _____

THE AA TEMPORARY CONTACT PERSON PROGRAM

BRIDGING THE GAP



AN AA SERVICE OPPORTUNITY CONNECTING INSIDE AA MEMBERS TO THE AA COMMUNITY



Address: BRIDGE THE
GAP-TCP PO BOX 143
Meridian, ID 83680-0143
(208) 906-2745

TO THE OUTSIDE AA MEMBER:

The purpose of the AA Bridging The Gap Program is to connect the Inside Member with AA in their community upon their release. You are being asked to be that AA Bridging The Gap Volunteer. When a soon to be released Inside AA Member contacts us, we match them to an AA Bridge Volunteer in their community.

We will call, get the okay, and then send information along to you. Your job is simple. You contact the Inside AA member and arrange to take them to an AA meeting within 48 hours of their release. You are to take them to a minimum of 3 and a maximum of 6 meetings. You help them to get acquainted, get phone numbers and perhaps locate a Sponsor or Home Group. It is NOT intended that you become their Sponsor, even temporarily. It would be best if the word Sponsor is not used in any way to describe your service. Bridge The Gap Volunteers are "Bridges" to the local AA community. You introduce them to AA members so they have a broad, healthy base of members to call upon. Once this is done, you are then available to "Bridge" again. Lastly, we suggest Bridge Volunteers be active in AA and have a minimum of one year of continuous sobriety. If you are willing to be the hand of AA when an Inside Member reaches out for help, complete the application and mail it. Keep the rest of this pamphlet as reference.

TO THE INSIDE AA MEMBER:

Alcoholics Anonymous has a transition program in this area called Bridging The Gap. You may sign up to be matched with an AA volunteer in your home community upon release. The Bridging The Gap Volunteer has agreed to take you to some meetings, introduce you around, and help you get acquainted and comfortable among new friends in AA. During this time, you will learn about Home Groups, sponsors, working the steps, and service work. They won't follow you around or control your activities, nor will they provide jobs, money, housing, food, clothing, or any other such service. You will probably hear the five basic suggestions for sobriety the fellowship shares with all members! ... Don't Drink, Go to Meetings, Read the Big Book, Call Your Sponsor, and Work the Steps.

Past experience has shown that attending an AA meeting on the outside as soon after release as possible is one of the most effective tools in making a sober transition into the free world. Many of us have been where you are now and know what the program of Alcoholics Anonymous and its fellowship can do for you, by what it has done for us and countless others.

Please complete the attached "Bridge The Gap/Temporary Contact Form" and mail it to the address on the form. Keep the rest of this pamphlet for future reference. Try and have this application submitted as soon as possible prior to your release date. You should be contacted by mail by the Outside Volunteer.

That person will contact you through the mail with information on how to contact him/her once you are released. If you don't hear from a volunteer, please write to the Bridge The Gap Coordinator. Provide the Bridge Coordinator with information on your release date, address and telephone number where you will be living and how the Volunteer can reach you to arrange to go to AA meetings.

Our hope is that you will find this service helpful in your continued recovery.

BRIDGE PROCEDURE:

1. Inside AA Members are eligible for this program if they have less than six months to serve and have been attending Inside AA meetings on a regular basis.
2. Inside AA Member fills out and mails the application to the BTW/TCP Committee, which is responsible for coordinating all "Bridges."
3. The Bridge Coordinator matches the Inside Member with a Bridge Volunteer.
4. Bridge Volunteer writes the Inside AA Member within two weeks to confirm contact and willingness to "Bridge." If a Bridge Volunteer does not wish to use their mailing address, they may use the BTW/TCP address. If a Bridge Volunteer has not contacted the Inside AA Member within two weeks, notify the Bridge Coordinator.
5. Inside AA Member will then inform the Bridge Volunteer of all pertinent information as to the date of release, local address, and telephone number.
6. Bridge Volunteer will meet the released Inside AA Member at the time, date and place agreed upon, and attend his/her first few local AA meetings.
7. After six (6) meetings, the Volunteer is asked to "Let Go and Let God," so they can act as a "Bridge" for the next Inside AA Member.

SUGGESTED READING:

Where Do I Go From Here?
Alcoholics Anonymous
Twelve Steps and Twelve Traditions
AA Intreatment Facilities
Problems Other Than Alcohol
Questions and Answers on Sponsorship
Getting Started in AA

Bridge the Gap / Temporary Contact

PO Box 143 Meridian, ID 83680-0143 (208) 906-2745

NEW MEMBER APPLICATION

I am within six months of my release date. I am requesting an AA Contact who will provide a " Bridge" for me to the AA Community through transportation to meetings and introductions to other AA members in my area.

NAME: _____ YEAR OF BIRTH: _____ SEX: M / F
FACILITY: _____ INMATE NUMBER: _____
FACILITY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
ADDRESS AFTER RELEASE: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: () Release Date _____

I would like to make a commitment to attend an AA meeting within 48 hours of my release.

I understand that the AA Contact is not an AA Sponsor, even temporarily.

SIGNATURE : _____ DATE: _____

Area Committee Business Meetings

- **TAC** (Treatment—Accessibility and Corrections) West Monthly Business Meeting (for district and group reps) – 3rd Saturday of the month – 10:00 am – Zoom Meeting ID 836-4495-5858
- **CPC/PI** West Monthly Business Meeting – 3rd Tuesday of the month – 6:30 pm – Zoom Meeting ID 913-045-768
- **IFYPAA** Business Meeting – 2nd Sunday of the month – 2:00 pm – 344 Park Ave. (The Villa), Idaho Falls, ID
- **EMMYPAA** Business Meeting – Sundays – 8:00 pm – Gem County Community Recovery Center, 199 S. McKinley Ave. Emmett, ID
- **BACYPAA** – 1st, 3rd and 5th (when applicable)- Sunday of each month – 5:30 pm – SNL, 5383 W. Franklin Street, Boise, ID
- **SCTI TAC** Business Meeting – 4th Sunday of every month – 2:00 pm Shoshone Senior Center, 218 North Rail, Shoshone, Idaho

District Business Meetings

- **District 1** – 2nd Sunday of the month – 1:00 pm – Friendship Club of Pocatello, 1st & Lovejoy, Pocatello, ID
- **District 2** – 1st Sunday of the month – 10:00 am – Hybrid, Alternating Locations, Zoom ID: 634 518 5576 Passcode: 135791; Magic Valley Fellowship Hall in Twin Falls & Sun Club South In Hailey), ID
- **District 3** – 1st Tuesday of the month – 7:00 pm – Collister United Methodist Church, 4444 Taft, Boise, ID
- **District 4** – 2nd Saturday of the month – 4:00 pm – First Christian Church, 619 12th Av. S., Nampa, ID
- **District 5** – 1st Sunday of the month – 3:00 pm – 324 S Meridian Rd, Room 25 Meridian, ID
- **District 6** – 1st Tuesday of each month – 7:00 pm – Serenity Hall (downstairs), 600 S. Blvd., Idaho Falls, ID
- **District 7** – (6 times a year) January, February, March, May, August and October – 3rd Sunday of the month if there is not an Area meeting. If it lands on the same day it would be the following weekend which the 4th Sunday of the month, Rexburg, ID
- **District 8** – 4th Thursday of the month – 7:00 pm – First Presbyterian Church, 950 West State Street, Boise, ID Currently meeting online: Zoom ID: 828 3715 2976 Passcode: 887820
- **District 9** – 3rd Saturday of the month (Quarterly Feb, May, Aug, Nov.) – 1:00 pm – Rotating location
- **District 10** – 1st Sunday of the month – 1:00 pm (Potluck at Noon)- Jerome Library, Jerome, ID
- **District 12** – Rotating meeting times and locations. For more information please email district12@idahoarea18aa.org

Treasure Valley Intergroup Business Meetings

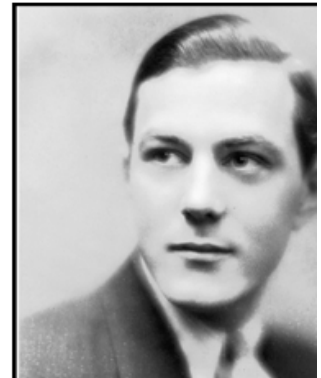
- **Intergroup** – 2nd Thursday of the month 6PM. 1111 S. Orchard Street, Suite 180, Boise ID (Central Office) Zoom ID: 833 3194 0106 Passcode: 164
- **TVICO** Steering Committee Tuesday prior to Intergroup meeting at 6pm. 1111 S. Orchard St, Suite 180, Boise, ID (Central Office)

Ebby's Pigeon Story

Bob S.

The Thacher residence became noticeably in need of paint, so Ebby took up the challenge. The ladder wasn't tall enough so he got permission from his brother to hire a local painter to help complete the job. Ebby, being busy, remained sober for this period. But he said, *"As soon as it was completed with nothing to do, I went right back to the bottle."* His friend, Cebra, helped locate and hire a proper painter.

Ebby's *pigeon story* extracted from one of his recordings: *"Another time after drinking heavily, I decided I wanted to rid the house of pigeons. It was dark outside, and believe me, it was pouring down rain, so I loaded the old double-barreled shotgun and I went out and I was backing up . . . to get a shot at them. [The lawn was wet from all the rain.] Down I went and landed on my back. So there I was lying on my back and I didn't see any reason to get up and shoot at them, so I was banging away from the ground. I guess my neighbors could see me and I imagine they complained to the law."*

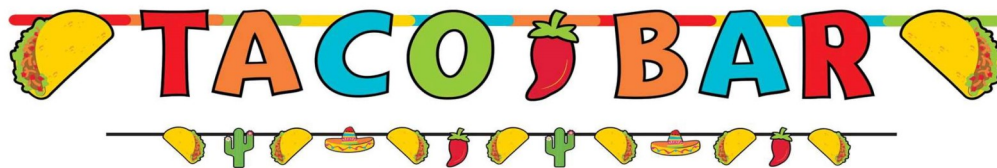


State Senator Cebra
Graves was also a
successful Broadway actor

He went on to say: *"In Vermont at that time there was a law that anyone arrested three times within a year would serve a mandatory six months in jail. I had been drunk in public, along with the other two incidents, so I had three strikes against me and the law was looking for me. I spent a lot of time in the house so I couldn't be arrested until I decided to go to town. Once I did, the local constable arrested me and took me to Bennington to see the judge. It was a Friday afternoon and the judge happened to be the father of Cebra, one of the two men who called on me a few weeks earlier. He told me to be back in court on Monday and to be sober. The constable dropped me off at home and reminded me what the judge had said about being sober on Monday."*



The top picture is the H. E. Hemenway Hardware Store as it was in the 1930s. Ebby was sitting on the steps when the Constable arrested him. Below is pictured the same building today.



Rule 62

Speaker & Potluck Meeting

Kristen P. (04-12-2003)

New Creations Church
3 W Concord St. Middleton, ID 83644

Thursday, April 27, 2023

Dinner @ 6:30pm *(New Time)*

Milestone Chips @ 7:00pm *(New Time)*

Speaker Meeting @ 7:30pm



It's fiesta time with a Taco Bar!



Feel free to bring a Mexican Dish *(not required)*

Come join us for fellowship & hear her "Taco" 'bout
her Experience Strength & Hope! Andale! Andale!

IDAHO AREA 18 SPRING ASSEMBLY REGISTRATION

MAY 12, 13, 14, 2023

Nampa Civic Center

311 3rd St. S., Nampa, ID 83651



Friday, May 12

1:00 pm– 9:00 pm Registration

1:00 pm - Alkathon begins

~~~~~**NEW EVENT**~~~~~

**4:00 pm—5:30 pm Sharing Session:**

“Literature and General Service Conference:  
God Conscience or Bad Decision” -Garren T.

7:00 pm - 8:30 pm Call Up Meeting

9:00 pm – 11:00 pm Roundtables

### Saturday, May 13

7:00 am – 6:00 pm Registration

9:00 am—11:30 am Area Business Meeting

9:00 am -11:30 am Workshop Panels

11:30am—1:00pm Lunch

1:00 pm – 5:00 pm Area Business Meeting

1:00 pm – 4:30 pm Workshop Panels

Banquet/Speaker Meeting

Al-Anon and Alateen Speaker

**Speaker: Polly P., Florida**

9:00 pm—12:00 am **PROM DANCE**

### Sunday, May 14

7:00 am – 9:00 am Registration

9:00 am – 11:30 am – Sunday Spiritual Breakfast

**Speaker: Steve T., California**

**Spanish Translation available for all Events!**

Registration Information Contact:  
Christine S. (208)629-6029

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Badge: \_\_\_\_\_ Home Group: \_\_\_\_\_

AA GSR \_\_\_ DCM \_\_\_ Delegate \_\_\_ Past Delegate \_\_\_ Area Committee \_\_\_ Assembly Committee \_\_\_ Alanon \_\_\_

Phone/Email: \_\_\_\_\_ I would like to Volunteer \_\_\_\_\_

ASL/Sign Language Needed \_\_\_\_\_

|                     | Early   | Late    |
|---------------------|---------|---------|
| Registration        | \$25.00 | \$30.00 |
| Banquet Dinner      | \$36.00 | \$41.00 |
| Vegetarian _____    |         |         |
| Spiritual Breakfast | \$25.00 | \$30.00 |
| Coffee Mug          |         | \$7.00  |
| Prom                |         | \$5.00  |

Total \_\_\_\_\_

#### Mail Registration to:

Spring Assembly

P.O. Box 1408

Caldwell, Idaho 83605

Or

Register Online at:

<https://idahoarea18aa.org/>

Hotel Res. Deadline: 4/12/23

Early Reg. Deadline: 4/15/23

Hotel Reservations: [https://www.bestwestern.com/en\\_US/book/hotel-rooms.13061.html?groupId=8T9WN8G1](https://www.bestwestern.com/en_US/book/hotel-rooms.13061.html?groupId=8T9WN8G1)



# **Idaho Area 18 Spring Assembly**

## **May 12, 13, and 14**

**Nampa Civic Center  
311 3rd St. S.  
Nampa, Idaho 83651**

### **List of Lodging Nearby**

**Best Western Peppertree Nampa  
205 3rd St S, Nampa, ID 83651  
Must book through the link \$139.99**

[https://www.bestwestern.com/en\\_US/book/hotel-rooms.13061.html?groupId=8T9WN8G1](https://www.bestwestern.com/en_US/book/hotel-rooms.13061.html?groupId=8T9WN8G1)

**Holiday Inn Express and Suites Nampa  
4104 East Flamingo Ave, Nampa, ID  
(877) 963 6469**

**Super 8 by Windham  
624 Northside Blvd, Nampa, ID 83687  
(208) 936-2005**

**Shilo Inn and Suites Nampa  
1401 Shilo Dr., Nampa, ID 83687  
(208) 465-3250**



IDAHO AREA 18 AA  
2023 SPRING ASSEMBLY/CONVENTION

Presents

# SATURDAY NIGHT PROM DANCE!



**May 13, 2023**

**9 PM to Midnight**

Nampa Civic Center  
311 3rd S. S., Nampa, Idaho 83651

\$5 At the Door (Convention Registration Not Required)  
Photo Booth Area Provided  
Formal Attire Suggested (Let's Dress-Up!)

Have a Favorite Song from Your Senior Year you want to Dance to?  
Send your requests for the Dance DJ to: [donnastraubdesign@gmail.com](mailto:donnastraubdesign@gmail.com)

**Join us for A Night of Fun and Fellowship!**

# TV TAC ANNUAL FUNDRAISER

## Summer Picnic and Cookoff Contest

**Saturday June 3rd 11:00-1:00pm**

Veterans Park Under the Pavilion: 930 Veterans Memorial Pkwy Boise



### **GROUP EVENT- COOKOFF**

Do you make the best hamburger on the planet?

Is your secret potato recipe something delicious?

Are your desserts divine?

Then get together with your group and join the Cookoff Contest!

*One 1<sup>st</sup> prize winner for each category  
AND a People's Choice Award!*

**\$5 = general admission for hamburger/hotdogs and potluck**  
**Cookoff Sampler \$2 = 4 tickets** (first come, first served- sold at event)

- Potluck also- bring your favorite dish or beverage
- Under Pavilion- no rain on this party!
- 50/50 Raffle drawing and Basket Auction
- Kids games this year and playground for young fun
- Corn Hole for adults plus great social time
- Largest fundraiser for books and other supplies for Treatment, Accessibility & Corrections

*See reverse side for Group Cookoff and Auction Basket Information*  
*Contact Michelle 208-391-3512 [michelle@michelle-bain.com](mailto:michelle@michelle-bain.com) with questions*

## GROUP INFORMATION FOR COOKOFF

This is a new fun idea for 2023 and we really hope a lot of groups participate! It gives group members a chance to bond while showing off cooking/grilling skills!

### HOW IT WORKS:

- Each group signs up with Michelle or Andrew and states what category participating in.
- Group meets ahead of time to prep their submission and comes ready with final food.
- Group member participants can be 1+ people but the more who share in the fun, the better!
- Decorated tables and/or costumes get bonus points
- Picnic attendees drop a ticket into group can and then get a sampler. \$2= 4 sampler tickets
- One food judge for all three categories
- Tickets will be counted at the end also for "People's Choice" Award so make sure group members and friends come to the picnic to support you!
- Plates, forks, spoons, napkins, small "sampler" dishes trash bags will be provided by TAC
- When your submission food is gone, people will just have to move on! First come, first served

### CATEGORIES:

- 1<sup>ST</sup> place for **BEST BURGER**: tasty ingredients in the burger? Vegan? Special sauce or toppings?
  - Hamburgers are cut into 4 quarters and 1 ticket= 1 quarter
  - Plan about 15 hamburgers as of now 60 pcs- will update as general admission tickets sell
- 1<sup>st</sup> place for **BEST POTATO**: French fries with dip? Potato salad? Baked? Au Gratin?
  - There will be small sampler serving 1 ticket = 1 sampling
  - Plan for about 60 small sample servings- will update as general admission tickets sell
- 1<sup>st</sup> place for **BEST DESSERT**: pudding? Cake? Cookies? Bakes?
  - There will be small sampler serving 1 ticket = 1 sampling
  - Plan for about 60 small sample servings- will update as general admission tickets sell
- Peoples Choice Award- highest number of tickets in their can wins at the end!

### THINGS TO KNOW:

- Pick a lead person for your group so communication can happen with Picnic Committee
- Let Michelle or Andrew know category and main contact
- NOTE- Food tables are limited so if you can bring a table, let Andrew and Michell know also!!!!
- Food for submission is 100% sponsored by the group
- There is only 1 big grill which will be busy with generic hamburger/hotdogs (vs Group Specialty Submissions) and there is no electricity so groups should plan accordingly. Prep ahead, cook ahead, maybe even grill ahead or bring portable.
- Once your group signs up- we will shoot you over a one-sheet with some checklist ideas

**Contact Michelle 208-391-3512 [michelle@michelle-bain.com](mailto:michelle@michelle-bain.com)**  
**or Andrew 208-807-8011 [apojeda88@gmail.com](mailto:apojeda88@gmail.com) to register or ask questions!**

## GROUP INFORMATION FOR AUCTION BASKET

We will be auctioning off Group Donated Baskets this year too! Ready baskets can be delivered to TVICO up until **June 1** or can be brought directly to picnic.

TVICO: 111 S Orchard St #180 Boise, ID 83705



# Mark Your Calendars and Make Plans to Attend the 2025 A.A. International Convention

Vancouver, British Columbia, Canada



**July 3-6, 2025**



Vancouver will welcome A.A. members from around the world for the 2025 International Convention. This will mark the 90th anniversary of the beginning of our Fellowship's founding.



Please check the convention webpage at [www.aa.org/international-convention](http://www.aa.org/international-convention) for more information, the latest news, and FAQs. As the Convention approaches, the page will be updated with registration information.

Taking place once every five years, the A.A. International Convention marks the anniversary of Bill W.'s first meeting with Dr Bob and the birth of Alcoholics Anonymous in 1935. At the Convention, members and their families and friends from around the world attend meetings, workshops, dances, and events. A highlight is the traditional flag ceremony to celebrate sobriety worldwide.



**Let's celebrate sobriety together in  
Vancouver in 2025!**

# **MACKS CREEK CAMPOUT**

Boise, Idaho

**SAVE THE DATE**

Hosted by: Midtown Group

JUNE 8th - 11th 2023

This is the 10th annual for Macks Creek Campout.

Midtown has been hosting now for 4 years.

**Come be with us.**

**Bring the family!!!!**

**More detailed flyer to follow**

**Contact**

**Mike B. (208) 713-9370**

**Rose (208)577-0303**

# **FOUNDERS DAY POTLUCK BBQ**

**2023**

**Sunday, June 18  
4pm – 9pm**

## **Tully Park**

**2500 N Linder Rd, Meridian  
NEW VENUE**

**Hamburgers and Hot Dogs with  
the fixings will be provided.**

**You bring the sides, desserts,  
or drinks.**

**Donations will be accepted.**

### **FAMILY EVENT**

**THERE IS ROOM  
TO BRING YOUR  
CORNHOLE OR  
OTHER GAMES**

**LOCATED NEXT  
TO THE  
PLAYGROUND  
AND EXERCISE  
AREA**

**OFF STREET  
PARKING**

**SKATE PARK**

**SPEAKER  
MEETING AT  
8PM**

**BRING YOUR  
CHAIR**

# GEM STATE ROUNDUP

## "LIMITLESS EXPANSION"

### SEPTEMBER 1-3 2023

### THE GROVE HOTEL BOISE IDAHO

Al Anon Luncheon  
Speaker:  
Doug K.  
May 10, 1994  
"Thank God it's Al-Anon"  
Tempe, Arizona

Saturday Night Banquet  
Speaker:  
Dodie M.  
February 14, 1986  
"Seal Beach Speaker Meeting"  
Seal Beach, California

A.A. Spiritual Breakfast  
Speaker  
Jim C.  
November 4, 1984  
"Encouragement Alumni Group"  
Brooklyn, New York

GOLF TOURNAMENT

SOUND BATH

HISTORICAL TROLLEY TOUR

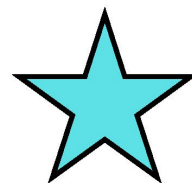
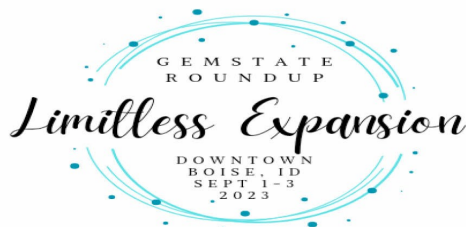
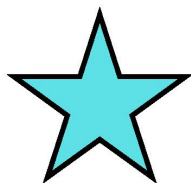
POKER FUN RUN

TALENT SHOW

BOISE RIVER RAFT TRIP

GO TO OUR WEBSITE [WWW.GEMSTATEROUNDUP.ORG](http://WWW.GEMSTATEROUNDUP.ORG)

TO REGISTER OR FOR MORE INFORMATION





# .....★★★..... **GEM STATE**

*Roundup 2023*

## **Golf Tournament**

.....★★★.....  
**September 1st**

**\$80**

**Includes 18  
Holes, Cart &  
Lunch**

## **Prizes**

**1st & 2nd  
Place Teams!**

**Longest Drive and Closest  
to the Pin Contest!**

**4-Man  
Scramble**

## **Raffle Tickets**

**sold throughout the  
tournament!**

**Location: Lakeview Golf Club  
8 AM Shot Gun Start**

Come early to get your Mulligans, Hand Grenades & String  
**REGISTER @gemstateroundup.org**

**For questions or additional information contact  
Stephanie W 208.573.5816**



# Carry The Message Project

Want to Help Another Alcoholic?

*Grapevine* and *La Vina* are Great Twelfth Step Tools!

Look at these 3 Easy Ways!

**1. If you know the full name and the mailing address of the recipient:** Give a Gift Subscription to a friend, a sponsee, doctor's offices, or for giveaways at anniversaries or events at your homegroup, district, or area level.

## Follow these steps:

- ◆ Go to [store.aagrapevine.org](http://store.aagrapevine.org).
- ◆ Click on the Gift Subscriptions box.
- ◆ Click on the Red Gift Bag icon for the type of gift subscription you want to give.
- ◆ Click on "Go to the products page."
- ◆ Click on the number of Gift subscriptions you want to purchase (*1 gift or 2*).
- ◆ Enter your information, the recipient's information, and your payment information.
- ◆ Click on the Process Order button. You're done!
- ◆ **Note:** First renewal notices will be sent to you and if there is no response, the last ones will be sent to the recipient.

**2. If you do not know the full name and the mailing address of the recipient and want Grapevine to select an alcoholic in need from the requests we have received:** Give a Carry the Message Gift Certificate to someone you do not know (*such as an alcoholic in prison.*)

## Follow these steps:

- ◆ Go to [store.aagrapevine.org](http://store.aagrapevine.org).
- ◆ Click on the Gift Certificate box.
- ◆ Click the Buy button of the appropriate Carry the Message Gift Certificate option and you will be taken to a page showing our quantity discounts (*at the bottom*).
- ◆ Enter the number of gift certificates that you want and click the Buy button. (*For multiple gift certificates, the discount will automatically be applied*).
- ◆ Click Checkout and enter your order and payment information.
- ◆ When you click the Confirm button, you will get an order confirmation email and the gift certificate will be sent to you as an individual email. Forward the gift certificate to [Sonia Dominguez](mailto:sdominguez@aagrapevine.org) at [sdominguez@aagrapevine.org](mailto:sdominguez@aagrapevine.org) and we will redeem it for someone who has requested a subscription but can't afford one. (*If you have purchased multiple gift certificates, select all of them and use the Forward as Attachment option, so you only have to send us one email*).
- ◆ **Note:** Your information will not be connected to the subscription record and all renewal notices will be sent directly to the recipient.

**3. If you do not know the full name and the mailing address of the recipient and would like to give them a gift certificate for them to redeem themselves for a subscription (example: A newcomer in your group.):** Give a Carry the Message Gift Certificate to a newcomer or someone in your group.

## Follow these steps:

- ◆ Go to [store.aagrapevine.org](http://store.aagrapevine.org).
- ◆ Click on the Gift Certificate box.
- ◆ Click the Buy button of the appropriate Carry the Message Gift Certificate option and you will be taken to a page showing our quantity discounts (*at the bottom*).
- ◆ Enter the number of gift certificates that you want and click the Buy button. (*For multiple gift certificates, the discount will automatically be applied*).
- ◆ Click Checkout and enter your order and payment information.
- ◆ When you click the Confirm button, you will get an order confirmation email and the gift certificate will be sent to you as an individual email. Print and hand the Gift Certificate or email the Gift Certificate to the individual(s) you wish to donate a subscription to and they will be able to redeem the gift certificate code and enter their information themselves on the store: [store.aagrapevine.org/to-redeem-your-gift-certificate](http://store.aagrapevine.org/to-redeem-your-gift-certificate).

**FOR TAX YEAR 2022**

TREASURE VALLEY INTERGROUP OFFICE AA INC

Artisan Accounting LLC

8399 Highway 44

Middleton, ID 83644

(208) 941-5361

# Artisan Accounting LLC

8399 Highway 44  
Middleton, ID 83644  
teri@artisanaccountingllc.com  
Phone: (208)941-5361 | Fax:

April 10, 2023

Treasure Valley Intergroup Office Aa Inc  
1111 S Orchard, Ste 180  
Boise, ID 83705

Subject: Preparation of 2022 Tax Returns

Treasure Valley Intergroup Office Aa Inc:

Thank you for choosing Artisan Accounting LLC to assist with the 2022 taxes for Treasure Valley Intergroup Office Aa Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Treasure Valley Intergroup Office Aa Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Treasure Valley Intergroup Office Aa Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at



(208)941-5361.

Sincerely,



Teri Kiser  
Artisan Accounting LLC

Accepted By:

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Date

## Artisan Accounting LLC

8399 Highway 44  
Middleton, ID 83644  
teri@artisanaccountingllc.com  
Phone: (208)941-5361 | Fax:

April 10, 2023

Treasure Valley Intergroup Office Aa Inc  
1111 S Orchard, Ste 180  
Boise, ID 83705

Treasure Valley Intergroup Office Aa Inc:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Treasure Valley Intergroup Office Aa Inc from the information provided. The return was e-filed with the IRS and was accepted on April 10, 2023.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (208)941-5361.

Sincerely,



Teri Kiser  
Artisan Accounting LLC

# Artisan Accounting LLC

8399 Highway 44  
Middleton, ID 83644  
teri@artisanaccountingllc.com  
Phone: (208)941-5361 | Fax:

April 10, 2023

Treasure Valley Intergroup Office Aa Inc  
1111 S Orchard, Ste 180  
Boise, ID 83705

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (208)941-5361.

Sincerely,



Teri Kiser  
Artisan Accounting LLC

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2022**

Name(s) as shown on return

**TREASURE VALLEY INTERGROUP OFFICE AA INC**

Employer Identification Number

**\*\*-\*\*\*1738**

Entity address

**1111 S ORCHARD**

**BOISE, ID 83705**

**Thank you for participating in IRS e-file.**

1. ☒ 2022 **990EZ** income tax return for **Federal** was filed electronically.  
The electronic filing services were provided by **Artisan Accounting LLC**.
2. ☒ **990EZ** income tax return was accepted on **04-10-2023** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is **822742202310011rzmt1**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2022 calendar year, or tax year beginning , 2022, and ending , 20                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>TREASURE VALLEY INTERGROUP OFFICE AA INC</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1111 S ORCHARD 180</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>BOISE, ID 83705</b> | <b>D</b> Employer identification number<br><b>82-0351738</b><br><b>E</b> Telephone number<br><b>(208) 344-6611</b><br><b>F</b> Group Exemption Number |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                              | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).                               |
| <b>I</b> Website: <b>HTTPS://TVICO.NET</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
| <b>J</b> Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____                                                                                                                    |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
| <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ                                                                                     |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              | <b>\$ 136,222</b>                                                                                                                                     |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

|                                                                                                                                                                                                                     |                                                                                                                                                            |               |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|
| <b>Revenue</b>                                                                                                                                                                                                      | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                        | <b>1</b>      | <b>46,895</b>   |
|                                                                                                                                                                                                                     | <b>2</b> Program service revenue including government fees and contracts                                                                                   | <b>2</b>      |                 |
|                                                                                                                                                                                                                     | <b>3</b> Membership dues and assessments                                                                                                                   | <b>3</b>      |                 |
|                                                                                                                                                                                                                     | <b>4</b> Investment income                                                                                                                                 | <b>4</b>      |                 |
|                                                                                                                                                                                                                     | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b>     |                 |
|                                                                                                                                                                                                                     | <b>b</b> Less: cost or other basis and sales expenses                                                                                                      | <b>5b</b>     |                 |
|                                                                                                                                                                                                                     | <b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)                                                           | <b>5c</b>     |                 |
|                                                                                                                                                                                                                     | <b>6</b> Gaming and fundraising events:                                                                                                                    |               |                 |
|                                                                                                                                                                                                                     | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                             | <b>6a</b>     |                 |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>                                                                                                                                                  |               |                 |
| <b>c</b> Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b>                                                                                                                                                  |               |                 |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b>                                                                                                                                                  |               |                 |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                                                                                                                                     | <b>7a</b>                                                                                                                                                  | <b>87,959</b> |                 |
| <b>b</b> Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b>                                                                                                                                                  | <b>57,582</b> |                 |
| <b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)                                                                                                                             | <b>7c</b>                                                                                                                                                  | <b>30,377</b> |                 |
| <b>8</b> Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>                                                                                                                                                   | <b>1,368</b>  |                 |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | <b>9</b>                                                                                                                                                   | <b>78,640</b> |                 |
| <b>Expenses</b>                                                                                                                                                                                                     | <b>10</b> Grants and similar amounts paid (list in Schedule O)                                                                                             | <b>10</b>     |                 |
|                                                                                                                                                                                                                     | <b>11</b> Benefits paid to or for members                                                                                                                  | <b>11</b>     |                 |
|                                                                                                                                                                                                                     | <b>12</b> Salaries, other compensation, and employee benefits                                                                                              | <b>12</b>     | <b>47,308</b>   |
|                                                                                                                                                                                                                     | <b>13</b> Professional fees and other payments to independent contractors                                                                                  | <b>13</b>     | <b>8,148</b>    |
|                                                                                                                                                                                                                     | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b>     | <b>15,196</b>   |
|                                                                                                                                                                                                                     | <b>15</b> Printing, publications, postage, and shipping                                                                                                    | <b>15</b>     | <b>4,130</b>    |
|                                                                                                                                                                                                                     | <b>16</b> Other expenses (describe in Schedule O)                                                                                                          | <b>16</b>     | <b>19,056</b>   |
| <b>17</b> <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                            | <b>17</b>                                                                                                                                                  | <b>93,838</b> |                 |
| <b>Net Assets</b>                                                                                                                                                                                                   | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)                                                                                  | <b>18</b>     | <b>(15,198)</b> |
|                                                                                                                                                                                                                     | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b>     | <b>89,796</b>   |
|                                                                                                                                                                                                                     | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                             | <b>20</b>     |                 |
|                                                                                                                                                                                                                     | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | <b>21</b>     | <b>74,598</b>   |

For Paperwork Reduction Act Notice, see the separate instructions.  
EEA

Form 990-EZ (2022)

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

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments                                              | 74,451                | 22 | 50,268          |
| 23 Land and buildings                                                          | 0                     | 23 | 0               |
| 24 Other assets (describe in Schedule O)                                       | 27,987                | 24 | 29,385          |
| 25 Total assets                                                                | 102,438               | 25 | 79,653          |
| 26 Total liabilities (describe in Schedule O)                                  | 12,642                | 26 | 5,055           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 89,796                | 27 | 74,598          |

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

|                                                                                          |     |   |
|------------------------------------------------------------------------------------------|-----|---|
| 28 <b>EDUCATION &amp; SUPPORT OF BOISE AREA AA MEMBERS</b>                               |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 0 |
| 29                                                                                       |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |   |
| 30                                                                                       |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |   |
| 31 Other program services (describe in Schedule O)                                       |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |   |
| 32 Total program service expenses (add lines 28a through 31a)                            | 32  | 0 |

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

| (a) Name and title            | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| CAPELLA IKOLA<br>PRESIDENT    | 5.00                                           | 0                                                                                   | 0                                                                                       | 0                                          |
| MARYA BURNS<br>VICE-PRESIDENT | 5.00                                           | 0                                                                                   | 0                                                                                       | 0                                          |
| RANDY COBURN<br>TREASURER     | 5.00                                           | 0                                                                                   | 0                                                                                       | 0                                          |
| CHUCK CRIST<br>SECRETARY      | 5.00                                           | 0                                                                                   | 0                                                                                       | 0                                          |
| STAN NORLAND<br>DIRECTOR      | 5.00                                           | 0                                                                                   | 0                                                                                       | 0                                          |
| JASON ZIMMERMAN<br>DIRECTOR   | 0.00                                           | 0                                                                                   | 0                                                                                       | 0                                          |
|                               |                                                |                                                                                     |                                                                                         |                                            |
|                               |                                                |                                                                                     |                                                                                         |                                            |
|                               |                                                |                                                                                     |                                                                                         |                                            |
|                               |                                                |                                                                                     |                                                                                         |                                            |
|                               |                                                |                                                                                     |                                                                                         |                                            |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                                 | Yes | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                |     | <b>X</b> |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .                                                                          |     | <b>X</b> |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                             |     | <b>X</b> |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                          |     |          |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                    |     | <b>X</b> |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                  |     | <b>X</b> |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . 37a                                                                                                                                                                                                                                 |     |          |
| b Did the organization file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                              |     | <b>X</b> |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                    |     | <b>X</b> |
| b If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . 38b                                                                                                                                                                                                                                                     |     |          |
| 39 Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                      |     |          |
| a Initiation fees and capital contributions included on line 9 . . . . . 39a                                                                                                                                                                                                                                                                    |     |          |
| b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b                                                                                                                                                                                                                                                           |     |          |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: . . . . . ; section 4912: . . . . . ; section 4955: . . . . .                                                                                                                                                        |     |          |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . |     | <b>X</b> |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .                                                                                                                                        |     |          |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .                                                                                                                                                                                                          |     |          |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                            |     | <b>X</b> |
| 41 List the states with which a copy of this return is filed: . . . . .                                                                                                                                                                                                                                                                         |     |          |
| 42 a The organization's books are in care of: <b>TERI KISER, ACCOUNTANT</b> Telephone no. <b>208-941-5361</b><br>Located at: <b>8399 HIGHWAY 44, MIDDLETON, ID</b> ZIP + 4 <b>83644</b>                                                                                                                                                         |     |          |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                                                                            |     | <b>X</b> |
| If "Yes," enter the name of the foreign country: . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                            |     |          |
| c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .                                                                                                                                                                                                                            |     | <b>X</b> |
| If "Yes," enter the name of the foreign country: . . . . .                                                                                                                                                                                                                                                                                      |     |          |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 43                                                                                                     |     |          |
| 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                               |     | <b>X</b> |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                           |     | <b>X</b> |
| c Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                              |     | <b>X</b> |
| d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                |     |          |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                          |     | <b>X</b> |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .                                                                                   |     | <b>X</b> |



- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

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

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

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

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

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

☒ Yes ☐ No

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

|                               |                                 |                      |                   |                                                      |
|-------------------------------|---------------------------------|----------------------|-------------------|------------------------------------------------------|
| <b>Sign Here</b>              | <b>CAPELLA IKOLA</b>            |                      |                   |                                                      |
|                               | Signature of officer            |                      | Date              |                                                      |
| <b>Paid Preparer Use Only</b> | <b>CAPELLA IKOLA, PRESIDENT</b> |                      |                   |                                                      |
|                               | Type or print name and title    |                      |                   |                                                      |
|                               | Print/Type preparer's name      | Preparer's signature | Date              | Check <input type="checkbox"/> if self-employed PTIN |
|                               | <b>Teri Kiser</b>               |                      | <b>04-10-2023</b> | <b>P01674128</b>                                     |
|                               | Firm's name                     | Firm's EIN           |                   |                                                      |
|                               | Firm's address                  | Phone no.            |                   |                                                      |
|                               | <b>Artisan Accounting LLC</b>   | <b>208-941-5361</b>  |                   |                                                      |
|                               | <b>8399 Highway 44</b>          |                      |                   |                                                      |
|                               | <b>Middleton ID 83644</b>       |                      |                   |                                                      |

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

☒ Yes ☐ No



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**TREASURE VALLEY INTERGROUP OFFICE AA INC**

**82-0351738**

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

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

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

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

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

Schedule A (Form 990) 2022

EEA

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                     | (a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                                                |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                                    |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                                 |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                                   |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                      |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                   |          |          |          |          | 12       |           |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                        | 14 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                               | 15 | % |
| 16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                       |    |   |
| b <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                    |    |   |
| 17a <b>10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |    |   |
| b <b>10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                             |    |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                          | (a) 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.")                                                                                 | 39,783   | 41,816   | 40,717   | 63,129   | 48,895   | 234,340   |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . | 96,212   | 98,785   | 66,249   | 84,270   | 88,789   | 434,305   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                       |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                      | 135,995  | 140,601  | 106,966  | 147,399  | 137,684  | 668,645   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .                                                                                                                                                      |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                   |          |          |          |          |          | 668,645   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .                                                                                                                                                                                                | 135,995  | 140,601  | 106,966  | 147,399  | 137,684  | 668,645   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                                  | 28       | 38       | 40       | 59       | 58       | 223       |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                            |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .                                                                                                                                                                                              | 28       | 38       | 40       | 59       | 58       | 223       |
| 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.) . . . . .                                                                                                                   |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             | 136,023  | 140,639  | 107,006  | 147,458  | 137,742  | 668,868   |
| 14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                      |    |         |
|------------------------------------------------------------------------------------------------------|----|---------|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . . | 15 | 99.97 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .                       | 16 | 99.97 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                           |    |        |
|-----------------------------------------------------------------------------------------------------------|----|--------|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . . . | 17 | 0.00 % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .                         | 18 | 0.00 % |

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                     |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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")? If "Yes," and if you checked 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                              |     |    |
| 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).                                                                                                                                                                                                          |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                                         |     |    |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                              |     |    |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                   |     |    |
| 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 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.)                                                                                                                                                                                                                                                                                                                                                               |     |    |



**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.                                          |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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).                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described in 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.                                                                                       |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Yes | No |
| <b>a</b> 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. |  |     |    |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>b</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.                                                                                                                  |  |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>b</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.                                                                                                                                                                                                                                                                                   |  |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |

**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.                                          |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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).                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described in 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.                                                                                       |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Yes | No |
| <b>a</b> 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. |  |     |    |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>b</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.                                                                                                                  |  |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |
| <b>b</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.                                                                                                                                                                                                                                                                                   |  |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |    |

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

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

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

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| Section C - Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |



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

| Section D - Distributions |                                                                                                                                                     | Current Year |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                           | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>                                                       | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6                                                                                                | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                              | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions                                                                                                                                                     | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       | Distributable amount for 2022 from Section C, line 6                                                                                                                            |                                        |                                           |
| 2                                                       | Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                                        |                                           |
| 3                                                       | Excess distributions carryover, if any, to 2022                                                                                                                                 |                                        |                                           |
| a                                                       | From 2017 . . . . .                                                                                                                                                             |                                        |                                           |
| b                                                       | From 2018 . . . . .                                                                                                                                                             |                                        |                                           |
| c                                                       | From 2019 . . . . .                                                                                                                                                             |                                        |                                           |
| d                                                       | From 2020 . . . . .                                                                                                                                                             |                                        |                                           |
| e                                                       | From 2021 . . . . .                                                                                                                                                             |                                        |                                           |
| f                                                       | <b>Total</b> 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: \$                                                                                                                               |                                        |                                           |
| a                                                       | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| b                                                       | Applied to 2022 distributable amount                                                                                                                                            |                                        |                                           |
| c                                                       | 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, <i>explain in Part VI</i> . See instructions. |                                        |                                           |
| 6                                                       | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                        |                                           |
| 7                                                       | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.                                                                                                             |                                        |                                           |
| 8                                                       | Breakdown of line 7:                                                                                                                                                            |                                        |                                           |
| a                                                       | Excess from 2018 . . . . .                                                                                                                                                      |                                        |                                           |
| b                                                       | Excess from 2019 . . . . .                                                                                                                                                      |                                        |                                           |
| c                                                       | Excess from 2020 . . . . .                                                                                                                                                      |                                        |                                           |
| d                                                       | Excess from 2021 . . . . .                                                                                                                                                      |                                        |                                           |
| e                                                       | Excess from 2022 . . . . .                                                                                                                                                      |                                        |                                           |



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

**TREASURE VALLEY INTERGROUP OFFICE AA INC**

Employer identification number

**82-0351738****01. Description of other revenue (Part I, line 8)**

| DESCRIPTION         | AMOUNT |
|---------------------|--------|
| SHIPPING & HANDLING | 454    |
| PRINTING INCOME     | 829    |
| PA INCOME           | 25     |
| INTEREST INCOME     | 58     |
| ROUNDING            | 2      |

**02. Description of other expenses (Part I, line 16)**

| DESCRIPTION                        | AMOUNT |
|------------------------------------|--------|
| BUILDING REPAIRS                   | 673    |
| CONFERENCE, CONVENTIONS, & MEETING | 611    |
| DONATIONS FROM TVICO               | 1,509  |
| FEES & BANK SERVICE CHARGES        | 1,627  |
| INSURANCE                          | 2,916  |
| MILEAGE REIMBURSEMENT              | 8      |
| OFFICE EXPENSES                    | 6,041  |
| OVER/UNDER                         | (19)   |
| COMPUTER/WEBSITE MAINTENANCE       | 3,881  |
| TELEPHONE/INTERNET                 | 1,809  |

**03. Description of other assets (Part II, line 24)**

| CATEGORY             | BEGINNING OF YEAR | END OF YEAR |
|----------------------|-------------------|-------------|
| INVENTORY            | 24,943            | 27,418      |
| ACCOUNTS RECEIVABLES | 2,365             | 1,967       |

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

Schedule O (Form 990) 2022

EEA

Name of the organization

Employer identification number

**TREASURE VALLEY INTERGROUP OFFICE AA INC****82-0351738**

|                     |     |   |
|---------------------|-----|---|
| PRE-PAID INVENTORY  | 662 | 0 |
| ROUNDING DIFFERENCE | 2   | 0 |
| TO ACTUAL           | 15  | 0 |

**04. Description of total liabilities (Part II, line 26)**

| CATEGORY                      | BEGINNING OF YEAR | END OF YEAR |
|-------------------------------|-------------------|-------------|
| ACCOUNTS PAYABLE              | 0                 | 2,483       |
| CREDIT CARD                   | 10,790            | 111         |
| FEDERAL WITHHOLDING           | 670               | 956         |
| GIFT CERTIFICATES             | 78                | 0           |
| IDAHO STATE UNEMPLOYMENT      | 130               | 137         |
| IDAHO STATE WITHHOLDING       | 151               | 427         |
| IDAHO STATE SALES TAX PAYABLE | 293               | 322         |
| WORKMAN'S COMP INSURANCE      | 530               | 619         |

**05. Part III, response or note to any other line in Part III**

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE TAXPAYER'S MOST IMPORTANT FUNCTION - BY FAR - IS TO PROVIDE THE AA LISTING IN LOCAL DIRECTORIES, MAKE PROVISIONS FOR RECEIVING CALLS AND INQUIRIES, AND DISCREETLY REFERRING REQUESTS FOR HELP TO AA MEMBERS WHO HAVE AGREED TO TAKE 12-STEP CALLS. ALSO, PUBLISHES THE LOCAL AA MEETING SCHEDULE, AND COORDINATES ACTIVITIES AND INFORMATION BETWEEN LOCAL, NATIONAL, AND INTERNATIONAL AA GROUPS. THERE ARE AN ENORMOUS NUMBER OF PEOPLE WHO BENEFITED FROM THIS TAXPAYER'S ACTIVITIES, AND WILL CONTINUE TO IN THE FUTURE.

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

**2022**Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**TREASURE VALLEY INTERGROUP OFFICE AA INC****82-0351738**

Name and title of officer or person subject to tax

**CAPELLA IKOLA, PRESIDENT****Part I Type of Return and Return Information**

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

|                                       |                                     |                                                                                  |     |               |
|---------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|-----|---------------|
| 1a Form 990 check here . . . . .      | <input type="checkbox"/>            | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | 1b  |               |
| 2a Form 990-EZ check here . . . . .   | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | 2b  | <b>78,640</b> |
| 3a Form 1120-POL check here . . . . . | <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22) . . . . .                                   | 3b  |               |
| 4a Form 990-PF check here . . . . .   | <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | 4b  |               |
| 5a Form 8868 check here . . . . .     | <input type="checkbox"/>            | b Balance due (Form 8868, line 3c) . . . . .                                     | 5b  |               |
| 6a Form 990-T check here . . . . .    | <input type="checkbox"/>            | b Total tax (Form 990-T, Part III, line 4) . . . . .                             | 6b  |               |
| 7a Form 4720 check here . . . . .     | <input type="checkbox"/>            | b Total tax (Form 4720, Part III, line 1) . . . . .                              | 7b  |               |
| 8a Form 5227 check here . . . . .     | <input type="checkbox"/>            | b FMV of assets at end of tax year (Form 5227, Item D) . . . . .                 | 8b  |               |
| 9a Form 5330 check here . . . . .     | <input type="checkbox"/>            | b Tax due (Form 5330, Part II, line 19) . . . . .                                | 9b  |               |
| 10a Form 8038-CP check here . . . . . | <input type="checkbox"/>            | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | 10b |               |

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the

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 financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **Artisan Accounting LLC** to enter my PIN **36611** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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.

Signature of officer or person subject to tax

Date **04-02-2023****Part III Certification and Authentication**

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

**822742 71153**

Do not enter all zeros

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.

ERO's signature

Date **04-10-2023****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879-TE (2022)

EEA



990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

TREASURE VALLEY INTERGROUP OFFICE AA INC

FEIN

82-0351738

OFFICE EXPENSES

| Description     | Amount          |
|-----------------|-----------------|
| OFFICE EXPENSES | \$ 6,041        |
| Total:          | \$ <u>6,041</u> |

LINE 15 PRINTING, PUBLICATIONS, POSTAGE, AND SHIPPING

| Description             | Amount          |
|-------------------------|-----------------|
| COPY MACHINE LEASE      | \$ 2,754        |
| POSTAGE & DELIVERY      | 673             |
| PRINTING & REPRODUCTION | 703             |
| Total:                  | \$ <u>4,130</u> |