990-EZ

Department of the Treasury

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)

OMB No. 1545-1150

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		2245			2017			
				nuary 1	, 2017, and ending		ember 31	, 20 17
В	Check If a	•	C Name of organization			D Empl	oyer identification	on number
H	Address o	-	daho Organization of Resource Councils				46-531010	02
H	Name cha	_	Number and street (or P.O. box, If mail is not delivere	d to street address)	Room/suite	E Telep	hone number	
H	initial retu	m m/terminated	910 Main Street		244		(208) 991-4	451
Ħ	Amended		City or town, state or province, country, and ZIP or for	oreign postal code	00	F Grou	p Exemption	
			Boise, ID 83702		ひろ	Num	nber 🕨	
G	Accoun	ting Method:	☐ Cash		Н	Check 1	► ☐ if the org	anization is not
	Website		orcinfo.org				to attach Sche	
JI	ax-exer	npt status (che	ck only one) - 🗸 501(c)(3) 🔲 501(c) ()	(insert no.) 4947	7(a)(1) or 527		90, 990-EZ, or s	
_					Other			·
			b to line 9 to determine gross receipts. If gros	receipts are \$200,	000 or more, or if tota	assets		
			are \$500,000 or more, file Form 990 Instead of				▶ \$	176,593
_	art I		, Expenses, and Changes in Net As				tions for Pa	
			he organization used Schedule O to re-					
	1 1		ns, gifts, grants, and similar amounts rece				1	
	2		rvice revenue including government fees			• •	2	174,502
	3		dues and assessments			}	3	1,141
	4	investment			· · · · · ·		4	
	1 _					}	CANAL CONTRACTOR	
	5a		int from sale of assets other than inventor	•	5a			
	b		or other basis and sales expenses		5b			
	6		s) from sale of assets other than inventory I fundraising events	(Subtract line 5b	from line 5a)		_5c	
	a	Gross inco	me from gaming (attach Schedule G	if greater than		Ī		
Se	ļ	\$15,000) .			6a			
Revenue	b	Gross inco	ne from fundraising events (not including	\$	360 of contribution	าร		
ě			Ising events reported on line 1) (attach 5					
146.	ł	sum of suc	gross income and contributions exceed	\$15,000)	6b	950		
	C	Less: direct	expenses from gaming and fundraising e	vents	6c	0		
	d		or (loss) from gaming and fundraising e		6a and 6b and su	btract		
		line 6c) .				[6d	950
	7a	Gross sales	of inventory, less returns and allowances		7a	Ī	對陰	
	b		of goods sold	. , , , ,	7b			
	C		or (loss) from sales of inventory (Subtrac	line 7h from line	7a)		7c	
	8	-	ue (describe in Schedule O)	RECE		` `	8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	I THE			9	176,593
	10		similar amounts paid (list in Schedule O)	B MAY 2			10	170,333
	11		d to or for members	MAY Z		_ `	11	
w	12	•	ner compensation, and employee benefits	<u> </u>	SS	`	12	103,183
ses	13		l fees and other payments to independen		M, UT I .	· · }	13	
Je I	14		rent, utilities, and maintenance			· · · }	14	12,300
Expens	15		olications, postage, and shipping			ŀ	15	8,300
بد	1		uses (describe in Schedule O)			<u></u>	16	4,959
	16							19,594
	17	Tuesse sii'	ises. Add lines 10 through 16	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	· •	17	148,336
ă	18		leficit) for the year (Subtract line 17 from I				18	28,257
SSE	19		or fund balances at beginning of year (fi figure reported on prior year's return)					
Ę		-				L	19	24,347
Net Assets	20		es in net assets or fund balances (explair				20	
	21		or fund balances at end of year. Combine	lines 18 through :		. ▶	21	52,604
Ear	Danan	warte Dadmati	in Act Notice see the congrete instructions		Cat No. 108431		Earm U	90-F7 (2017)

Pai	t II	Balance Sheets (see the instructions					· · · · · · · · · · · · · · · · · · ·
		Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> 🛛</u>
					(A) Beginning of year		(B) End of year
22		n, savings, and investments			32,966	22	62,556
23		d and buildings				23	
24		er assets (describe in Schedule O)			1,463		1,468
25		il assets			34,429		64,024
26		Il liabilities (describe in Schedule O)		the state of the s	10,082		11,420
27		assets or fund balances (line 27 of column			24,347	27	52,604
Par		Statement of Program Service Accom					Expenses
VA (In sec		Check if the organization used Schedule		ny question in this	Part III 🗸	(Red	quired for section
		organization's primary exempt purpose?	See Schedule O		 _	501	(c)(3) and 501(c)(4)
		e organization's program service accompli				orga	anizations; optional for
		ed by expenses. In a clear and concise materials and other relevant information for ear		e services provided	, the number of	Ollic	30.)
							T
20	Local I	Foods: See Schedule O					
	(Grant	s\$) If this amount	Includes foreign are	inte chack hara		28a	C4.044
29						200	61,044
25	UII & C	as: See Schedule O					
	(Grant	s\$) If this amount	includes foreign ara	ints check here	I	29a	46,799
30							40,755
•	2000	See Schedule O			1		
							}
	(Grant	s \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	7,040
31		program services (describe in Schedule O)					15.25
	(Grant:	s \$) If this amount	includes foreign gra	ints, check here .	▶ □	31a	1
32	Total _I	program service expenses (add lines 28a				32	1117000
32 Pari		List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not comp	ensated-see the in		1117000
			Employees (list eacl	one even if not comp ny question in this I	pensated—see the insert IV		1117000
		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	r Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this I (c) Reportable	pensated—see the ins Part IV	stru	ctions for Part IV)
		List of Officers, Directors, Trustees, and Key	O to respond to as (b) Average hours per week	one even if not comp by question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV	stru	ctions for Part IV)
		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	r Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this i (c) Reportable compensation	pensated—see the ins Part IV	stru	ctions for Part IV)
Pari	Leeuw	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	one even if not comp by question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV	stru	ctions for Part IV)
Part Linda Chair	Leeuw of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	one even if not comp by question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the insert IV	stru	ctions for Part IV)
Part Linda Chair Chad	Leeuw of the I Brock	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the insert IV	stru	ctions for Part IV)
Pari Linda Chair Chad Vice (Leeuw of the I Brock Chair	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to as (b) Average hours per week devoted to position	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the insert IV	strue e (e)	ctions for Part IV)
Pari Linda Chair Chad Vice (Leeuw of the I Brock Chair Page	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	(Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in: Part IV	strue e (e)	ctions for Part IV) Estimated amount of other compensation 0
Linda Chair Chad Vice (Julia Treas	Leeuw of the I Brock Chair Page urer	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board	/ Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the insert IV	strue e (e)	ctions for Part IV)
Linda Chair Chad Vice (Julia Treas Chris	Leeuw of the I Brock Chair Page urer ina Stu	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	r Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in: Part IV	stru(e) (e)	ctions for Part IV)
Linda Chair Chad Vice (Julia Treas Chris	Leeuw of the I Brock Chair Page urer lina Stu	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	(Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in: Part IV	stru(e) (e)	ctions for Part IV) Estimated amount of other compensation 0
Linda Chair Chad Vice (Julia Treas Chris Secre	Leeuw of the I Brock Chair Page urer tina Stutary	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	y Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in: Part IV	stru(e)	ctions for Part IV)
Parr Linda Chair Chad Vice (Julia Treas Chris Secre Eileer	Leeuw of the I Brock Chair Page urer tina Stutary	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	r Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in: Part IV	stru(e)	ctions for Part IV)
Linda Chair Chad Vice (Julia Treas Chris Secre Eileer Direct	Leeuw of the I Brock Chair Page urer Lina Stutary In Stach	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	y Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in: Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	stru() (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ctions for Part IV)
Pari Linda Chair Chad Vice (Julia Treas Chris Secre Elleer Direct	Leeuw of the I Brock Chair Page urer tina Stu tary I Stach or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	y Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	stru() (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ctions for Part IV)
Linda Chair Chad Vice (Julia Treas Chris Secre Eileer Direct Elaine Direct	Leeuw of the I Brock Chair Page urer tina Stu tary I Stach or Kazak or Brent	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to as (b) Average hours per week devoted to position 3 2 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	stru(())))))))))))))))))))))	ctions for Part IV)
Linda Chair Chad Vice (Julia Treas Chris Secre Elleer Eller Elaine Direct Brian	Leeuw of the I Brock Chair Page urer tina Stu tary I Stach or Kazak or Brent	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	y Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in: Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	stru(())))))))))))))))))))))	ctions for Part IV)
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to as (b) Average hours per week devoted to position 3 2 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV)
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction
Linda Chair Chad Vice (Julia Treas Chris Secre Elleer Eller Elaine Direct Brian	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction
Part Linda Chair Chad Vice (Julia Freas Christ Secre Eller Eller Direct Brian Direct	Leeuw of the I Brock Chair Page urer tina Stu- tary Stach or Kazak or Brent or	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rik Board ucker-Gassi	/ Employees (list each O to respond to an (b) Average hours per week devoted to position 3 2 1 1 1 1 1	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated—see the in: Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (a)	ctions for Part IV) Ctions for Part IV Ction

DA

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
33	Did the executant or any classic control of the state of		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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)	1		,
35a	Change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	ļ	✓
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1002		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓.
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			38
Ь	Did the organization file Form 1120-POL for this year?	37b	D. Martin and Sales	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	er de	V Sando Sa
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		./
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	975	ALC:	Tries.
	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			
е	40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e	1	
41	List the states with which a copy of this return is filed ▶ None	[100]		
42a	The organization's books are in care of ▶ John Smillie Telephone no. ▶ (106) 25	2-967	2
	Located at ► 220 S 27th Street, Ste B, Billings, MT ZIP + 4 ►	591	01	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	\$439£\$P\$	ু ভূ-মারু দার্চী
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	· 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O	36		
AE-	explanation in Schedule O	44d	\dashv	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	25.66 E	√
ט	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)	45h		

Form 990	O-EZ (2017)		-			Page 4
	Did the organization engage, directly or lite candidates for public office? If "Yes," o	complete Schedule C	ampaign activities o	n behalf of or	in oppositi	Yes No
Part \	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que			mplete the	tables for lines
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activitles or have a s	section 501(h) electi	on in effect o	during the t	Yes No
49a b 50	Is the organization a school as described in Did the organization make any transfers the state of the organization as second the stable for the organization is employees) who each received more than	o an exempt non-cha ection 527 organization ifive highest compens	ritable related organion?	ization? her than offic	ers, director	49a / 49b / rs, trustees, and key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions (benefit plans, a compen	to employee and deferred	(e) Estimated amount of other compensation
None						
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ	's five highest compe anization. If there is no	ensated independent			received more than
None						
					,	
52	Total number of other independent contraction of the organization complete Scheducompleted Schedule A		ction=501(c)(3)=orga			
	naities of perjury, I declare that I have examined this ect, and complete. Deelaration of preparer (other than					wledge and bellef, it is
Sign Here	Signature of officer Type or print name and title	r ige		Date	5 [14	18
Paid Prepa	(·	Preparer's signature	D	ate	Check Self-employe	
Use C	Only Firm's name ► Firm's address ► a IRS discuss this return with the preparer	r shown above? See i	nstructions		's EIN ▶ ne no.	Yes No

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number								
	Organization of Resource Council						310102	
Pai							ons.	
1118	organization is not a private found A church, convention of chur						DC0	
2	A school described in section							
3	☐ A hospital or a cooperative he						· ,	
4	A medical research organizate hospital's name, city, and sta	ion operated in c					(III). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a	college or university	owned o	or operate	ed by a government	tal unit described in	
6 7	=							
8	☐ A community trust described	· · · · · · · · · · · · · · · · · · ·	·	Part II.)				
9								
10	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 3312% 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 an	d operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).		
12	An organization organized and							
	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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	Type I. A supporting orga the supported organizatio supporting organization. \(\)	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				
С	Type III functionally integrated organization	grated. A suppor	ting organization oper	rated in c			ally integrated with,	
d	Type III non-functionally that is not functionally interrequirement (see instructional see instruction	integrated. A su grated. The orga	pporting organization nization generally mu	operated st satisfy	d in conn a distribu	ection with its suppo ution requirement an		
е	Check this box if the orga functionally integrated, or	nization received Type III non-func	a written determination	on from to oporting	he IRS th	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported							
g	Provide the following information			,		· · · · · · · · · · · · · · · · · · ·	····	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)			************					
(E)								
Total		707 Y						

Schedule A (Form 990 or 990-EZ) 2017

	,						0
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and]			
	membership fees received. (Do not			!			
	include any "unusual grants.")						
2	Tax revenues levied for the		j]			J
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		\	1			
	furnished by a governmental unit to the						
	organization without charge	ļ					
4	Total. Add lines 1 through 3	Superior and see A superior and an	DOS. STATE OF THE	DESCRIPTION OF STREET	o ne sa sidada Stato Na	Cathard There are the second on the	
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		44.5	A best of the			
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
•		APPENDING TO SERVICE STATE OF THE SERVICE STATE OF	Maria San az				<u> </u>
Secti	Public support. Subtract line 5 from line 4 on B. Total Support	A PART OF THE PART OF THE	香味料 2.5 元素	Commence of the Commence of th		2000年7月2日	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	157 25 15	127 23 7		()	(4)	
8	Gross income from interest, dividends,			<u> </u>			
	payments received on securities loans,						
	rents, royalties, and income from			j	\ \ \ \ \ \	_	
	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.)			A Design in the last of the second	4000 0000 at 1000 at 1000 at 1000		L <u>. </u>
11	Total support. Add lines 7 through 10	Mare viet	10 104				ľ
12	Gross receipts from related activities, etc					12	504(1/0)
13	First five years. If the Form 990 is for the						
C1:	organization, check this box and stop he on C. Computation of Public Support	t Dava antara		<u> </u>	 	 	· · - L
14	Public support percentage for 2017 (line			1 column (f)		14	%
15	Public support percentage from 2016 Sci					15	/4
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organi						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2	017. If the ora	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumst	ances" test, ch	eck this box a	ind stop here.	. Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	as a publicly	supported
	organization						▶ 🛚
b	10%-facts-and-circumstances test-2	016. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstances'	' test, check '	this box and s	stop here.
	Explain in Part VI how the organization r	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization di						
	instructions						

Cabadu	ule A (Form 990 ar 990-EZ) 2017						D 5
Part		ations Descr	thed in Sect	ion 509(a)(2)			Page
	(Complete only if you checked t				nization failed	to qualify un	der Part II.
	If the organization fails to qualify						
Secti	ion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			152,168	143,014	174,502	469,684
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			3,957	1,494	2,091	7,542
3	Gross receipts from activities that are not an unrelated trade or business under section 513						······································
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			156,125	144,508	176,593	477,226
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	Public support. (Subtract line 7c from line 6.)						477,226
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			156,125	144,508	176,593	477,226
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	L					-
11	Net income from unrelated business activities not included in 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	Total support. (Add lines 9, 10c, 11, and 12.)			156,125	144,508	176.593	477,226
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line					15	%
16	Public support percentage from 2016 Sci	hedule A, Part	III, line 15 .		<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) ____17 17 % 18 19a 331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331,8%, check this box and stop here. The organization qualifies as a publicly supported organization . 331/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Por Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Open to Public Inspection

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

	ootion oo i (o)(o) organizations	mathatorio mod romi oros (slosti	017 011001 00001011 00	iniji. Complete i art ii bi be	not complete t at it is			
	organization answered "Ye see separate instructions), t	s," on Form 990, Pert IV, line 5 (Prox then	y Tax) (see separat	e Instructions) or Form 99	0-E Z, Part V, line 35c (Proxy			
	•	anizations: Complete Part III.						
	of organization			Employer ide	ntification number			
Idaho	Organization of Resource O	Council			46-5310102			
Part		e organization is exempt und	ler section 501(c) or is a section 527				
1	definition of "political car	f the organization's direct and Ir mpaign activities")	•	, -	•			
2	Political campaign activi	ty expenditures (see instructions)			\$			
3	Volunteer hours for politi	ical campaign activities (see Instru	ctions)					
Part	Complete if th	e organization is exempt und	ler section 501 <i>(</i>	c)(3).				
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶	\$ 0			
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 . , 🕨	\$ 0			
3								
4a					🗌 Yes 🔲 No			
b	If "Yes," describe in Part							
Part	I-C Complete if th	e organization is exempt und	ler section 501(c), except section 50°	1(c)(3).			
1	Enter the amount direct activities	tly expended by the filing organic	zation for section	527 exempt function	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3	Total exempt function	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,				
4								
5	Did the filing organization file Form 1120-POL for this year?							
	(a) Name	(b) Address	(c) EIN	(d) Amount pald from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

	ule C (Form 990 or 990-EZ) 2017				<u> </u>	Page
Par	t II-A Complete if the organize section 501(h)).	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A C	heck ► ☐ if the filing organization b				illated group memb	er's name,
	address, EIN, expenses,					
B C	heck ► ☐ if the filing organization c			rovisions apply.	,	
		obbying Expend		•	(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures				Organization s totals	group totals
18	Jung					
b	· - · · · · · · · · · · · · · · · · · ·		• •		2,798	
d C	Total lobbying expenditures (add line				2,798	 ,
d	Other exempt purpose expenditures				145,538	
9	Total exempt purpose expenditures				148,336	
f	Lobbying nontaxable amount. En columns.	ter the amount	from the following	table in both	29,667	
	ff the amount on line 1e, column (a) or (b) is: The lobbying	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	is 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,00	0 \$225,000 plu	is 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (ente	•			7,417	
h	Subtract line 1g from line 1a. If zero	•			0	·
i	Subtract line 1f from line 1c. If zero c	•			<u> </u>	
j	If there is an amount other than z reporting section 4911 tax for this ye	_	h or line 1i, did	~		Yes No
	(Some organizations that made a	section 501(h) e	Period Under sec lection do not have tructions for lines	e to complete all	of the five column	s below.
				-		
	Lobby	ing Expenditure:	s During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
28	Lobbying nontaxable amount		27,788	27,469	29,667	84,92
b	Lobbying celling amount (150% of line 2a, column (e))					127,38
С	Total lobbying expenditures		156	0	2,798	2,95
d	Grassroots nontaxable amount		6,947	6,867	7,417	21,23
e	Grassroots celling amount (150% of line 2d, column (e))					31,840

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

	anah "	(election under section 501(h)).	(4	a)		(b)	
		Yes," response on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity.	Yes	Ī	A	moun	t
1	legisla	g the year, dld the filing organization attempt to influence foreign, national, state or local attempt to influence public opinion on a legislative matter or indum, through the use of:					
а		teers?					
b		taff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>			
C		advertisements?		<u> </u>			
d	Mailin	gs to members, legislators, or the public?					
е		ations, or published or broadcast statements?					
f		s to other organizations for lobbying purposes?		L			
g		contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>			
h		s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i		activities?	- De Terre	F-30 B			
j				32	STORY MARKET	Pin 10 heats	and a treet
2a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?	1200 Ser	8554°23168°			
b		s," enter the amount of any tax incurred under section 4912		100			
C		s," enter the amount of any tax incurred by organization managers under section 4912 .		E SE	ern gare	**************************************	er co
		iling organization incurred a section 4912 tax, did it file Form 4720 for this year?	<i>(E)</i>		基础		
L al t	III-A	501(c)(6).	(3), (טו אפ	CHON		
						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1	ļ	
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļ	<u> </u>
3		e organization agree to carry over lobbying and political campaign activity expenditures from the			3	L	
r circ	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol answered "Yes."	(a), (b)	Parl	III-A,	line	3, is
1		assessments and similar amounts from members		1			
2	politic	on 162(e) nondeductible lobbying and political expenditures (do not include amounts cal expenses for which the section 527(f) tax was paid).	of				
а		nt year	-	2a			
b	Carry	over from last year	•	2b			
C	Total		•	2c			
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3 //			
4	exces	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of s does the organization agree to carryover to the reasonable estimate of nondeductible lobby olltical expenditure next year?	ing	4			
5		le amount of lobbying and political expenditures (see instructions)		5			
Pari		Supplemental Information	·				
Provid	e the d	escriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groutions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp lis	t); Pai	t II-A, I	ines 1	and
		ected officials on issues ranging from oil and gas regulations, state sales tax, and water protection	. We	hoste	d a lob	by day	y .
at the	state ca	pital for our members to talk directly to legislators about the need to exempt groceries from the st	ite's	sales	ax and	the	
need f	or stron	ger property owner protections in the face of new oil and gas development.					
							<u>-</u>
				~~			

Schedule C. /Form 990 or 990-EZ) 2017					
	Sahadi da	C /Corm	agn or	990-F7	12017

f_Grassroots_lobbying_expenditures_

Sche	dule C (Form 990 or 990-EZ) 2017					Page 2			
Pa	t II-A Complete if the organization section 501(h)).	ı is exempt ı	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under 🕝			
A	Check if the filing organization belong address, ElN, expenses, and s	s to an affiliate	ed group (and list s lobbying expend	in Part IV each affi litures).	llated group memb	oer's name,			
В	Check > If the filing organization check	ed box A and '	"limited control" pr	rovisions apply.					
	Limits on Lobb (The term "expenditures" me)	(a) Filing organization's totals	(b) Affillated group totals			
1	Total lobbying expenditures to influence	public opinion	(grass roots lobby	/ing)					
	 Total lobbying expenditures to influence: 	a legislative bo	ody (direct lobbying	g)	2,798				
	 Total lobbying expenditures (add lines 1a 	2,798							
	d Other exempt purpose expenditures	145,538							
	Total exempt purpose expenditures (add		148,336						
	Lobbying nontaxable amount. Enter t columns.	29,667							
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:					
	Not over \$500,000	20% of the an	nount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	ver \$1,500,000.		THE THEFT					
	Over \$17,000,000	\$1,000,000.							
	Grassroots nontaxable amount (enter 259		7,417						
	 Subtract line 1g from line 1a. If zero or les 	ss, enter -0-			0				
	Subtract line 1f from line 1c. If zero or les	s, enter -0-			0				
	If there is an amount other than zero reporting section 4911 tax for this year?		1h or line 1i, did	_		Yes No			
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	Lobbying	Expenditures	During 4-Year Av	veraging Period					
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2	Lobbying nontaxable amount		27,788	27,469	29,667	84,924			
	Lobbying ceiling amount (150% of line 2a, column (e))					127,386			
	Total lobbying expenditures	·····	156	0	2,798	2,954			
	Grassroots nontaxable amount		6,947	6,867	7,417	21,231			
	Grassroots celling amount (150% of line 2d, column (e))					31,846			

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Name of	the organization	Employer identification number
Idaho O	rganization of Resource Councils	46-5310102
Part		
	Complete if the organization answered "Yes" on F	
		a) Donor advised funds (b) Funds and other accounts
	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year) .	
	Aggregate value at end of year	writing that the assets held in donor advised
	funds are the organization's property, subject to the organizat	9
6 1	Did the organization inform all grantees, donors, and donor a conly for charitable purposes and not for the benefit of the doconferring impermissible private benefit?	advisors in writing that grant funds can be used onor or donor advisor, or for any other purpose
Part	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990. Part IV. line 7.
1 1	Purpose(s) of conservation easements held by the organization	
	Preservation of land for public use (e.g., recreation or educ	• • • • • • • • • • • • • • • • • • • •
[Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a conservation Will Held at the End of the Tax Year
	easement on the last day of the tax year.	Welde
	Total number of conservation easements	
	Number of conservation easements on a certified historic stru	
	Number of conservation easements included in (c) acquire	
		2d
		eased, extinguished, or terminated by the organization during the
	tax year ►	
	Number of states where property subject to conservation ease	
•	Does the organization have a written policy regarding the violations, and enforcement of the conservation easements it	holds?
6 5	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservation easements during the year
7 /	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation easements during the year
	> \$	
	Does each conservation easement reported on line 2(d) above	
	and section 170(h)(4)(B)(ii)?	
	In Part XIII, describe how the organization reports conservation	
		ote to the organization's financial statements that describes the
Part I	organization's accounting for conservation easements. Organizations Maintaining Collections of Art, H	listorical Transulas or Other Similar Assats
гагсі	Complete if the organization answered "Yes" on F	
1a 1		C 958), not to report in its revenue statement and balance sheet
		ld for public exhibition, education, or research in furtherance of
ţ	public service, provide, in Part XIII, the text of the footnote to i	its financial statements that describes these items.
٧ ا	works of art, historical treasures, or other similar assets hel public service, provide the following amounts relating to these	
((i) Revenue included on Form 990, Part VIII, line 1	
((ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2 I	If the organization received or held works of art, historical of allowing amounts required to be reported under SFAS 116 (A	treasures, or other similar assets for financial gain, provide the SC 958) relating to these items:
a f	Revenue included on Form 990, Part VIII, line 1	
b A	Assets included in Form 990, Part X	. t

Schedu	ule D (Form 990) 2017							Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasures.	or O	ther Similar Ass	
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther reco	rds, ched	ck any of the	follo	wing that are a si	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	ırams	
b	☐ Scholarly research		е	☐ Othe				
C	☐ Preservation for future generation	S						
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	hey further th	e or	ganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive r than to be maint	donation	ns of art, part of th	historical trea e organizatior	asure n's ce	s, or other simila	, ☐ Yes ☐ No
1a	Complete if the organization 990, Part X, line 21. Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	ner interr	nedlary fo	or contribution	ns o	r other assets no	
b	If "Yes," explain the arrangement in P					-		☐ 163 ☐ I 10
							An	nount
C	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amou							
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been pr	ovid	ed on Part XIII .	🔲
Par	t V Endowment Funds.							
	Complete if the organization						·······	
		(a) Current year	(b) Pri	or year	(c) Two years b	ack	(d) Three years back	(e) Four years back
1a	Beginning of year balance			ļ	Ì			

f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	ne current year	end balance (line 1g	, column (a)) h	eld as:					
а	Board designated or quasi-endowmen									
b	Permanent endowment >									
C	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of	the organization th	at are held and	d admini	stered	for the			
	organization by:								Yes	No
	(i) unrelated organizations						. <i>.</i>	3a(i)		<u> </u>
	(ii) related organizations							3a(ii)		
b	-If "Yes"-on-line-3a(ii), are the related or									
4	Describe in Part XIII the intended uses									·
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Ye	s" on Form 990. I	Part IV. line 1	1a. See	Form	990. F	art X.	line 1	10.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 990-EZ.

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

OMB No. 1545-0047

2017

Schedule O (Form 990 or 990-EZ) (2017)

Cat. No. 51056K

Employer identification number

Open to Public Inspection

Idaho Organization of Resource Councils	46-5310102				
Part I, Line 16: Other expenses includes Travel, Supplies, Insurance, Phone & Internet, Meetings & Training, Advertising, Depreciation,					
and Public Outreach Events.					
Part II, Line 24: Other Assets includes prepaid expenses and office equipment.					
Part II, Line 26: Liabilities include Accounts Payable and Accrued Compensated Absences.					

Part III, Primary Exempt Purpose: We are a grassroots organization working to protect Idaho's unique	way of life by empowering citizens				
to improve the economic well-being of their communities, preserving family farms and ranches, support	rting local, sustainable agriculture,				
developing small businesses and clean energy, and being responsible stewards of Idaho's water, land	, air, and natural resources.				
***************************************	**************************************				
Part III, Line 28: We worked to educate members and supporters on the importance of local food and s	supported programs and initiatives				
to increase local food production and consumption in the state of Idaho. Our members tabled at farme	ers markets and events, sharing				
information and encouraging households to purchase more local foods. We worked with other organization	zations to increase their local food				
purchasing, and encouraged local municipalities to purchase more local food. We also worked to make	e local foods more affordable				
by supporting efforts to exempt groceries from the state's sales tax.					
Part III, Line 29. We worked to educate residents and elected officials on the impacts of oil and gas de	velopment on the environment,				
communities, and economies. Our members supported strong health, safety, and environmental prote	ections that include setbacks of				
oil and gas infrastructure from occupied buildings, consistent and accountable reporting of production	n from oil and gas companies,				
and the ability for local entities to regulate oil and gas safety. Our members worked with city council n	nembers in Fruitland and Eagle to				
develop city ordinances that protect residents. We also worked with legislators to provide consistent	policies across the state.				
Part III, Line 30: We provided staff support to local chapters on their programs which ranged from mar	naging a farmers market and recycling				
center to educating Idaho Water Board members on the dangers of building a new dam on the Weiser	River, educating Bannock County				
commissioners on the dangers of nitrates in groundwater, and providing information to the city of Poc	atello on clean energy initiatives.				

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