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 1545-0047

_					enter social sec							-1 -0	pen to Pul	olic
			the Treasury	► Go to	www.irs.gov/Fo	orm990 fo	r instructions a	in as it iii ind the la	atest	information.	R()	\mathcal{H}^{G}	inspection	
- C			e 2017 calen	dar year, or tax ye			L, 2017			nding JUL 3	1 2	018	mopeono	
				Name of organization		1100 01	2017						n number	
m	Ad	dress	applicable C change	Doing business as	11111						•			
Ü	_			Number and street (or	r P O box if mail is i	not delivered	to street address)	Room/su	ııte	74-23	9604	9		
عا	J Na	ame ch	ange 2	05 SOUTH BRO	ADWAY					E Teler				
₹[Init	tial retu		City or town			State	ZIP code	,					
69	_ 	al cature	R.	IVERTON WY 8	2501					307-8	<u> 56-9</u>	214		
(CO)	_∵։։	ai return	/terminated	Foreign country name	e Foreig	n province/s	tate/county	Foreign p	postal	code				
	An	nended	i return				· · · · · · · · · · · · · · · · · · ·			G Gros	s receipt	ts \$	37925	1
2		plicatio	on pending F	Name and address of	principal officer: CI	LIFFORD	ALAN MOOF	RE P	ļ	H(a) Is this a group re	eturn for s	subordinate:	s? Yes	X No
6			' "	os south brd			82501		٠, ا	H(b) Are all subore			Yes	No.
-			·l			-	$\overline{}$		41	If "No," attac				
_	тах	c-exem	pt status	501(c)(3) X 50	01(c) (4)	✓ (insert no) 4947(a)(1)	or	24	" 110, 21120	11 4 1151 1	See made	Clionsy	
2	J We	ebsite	<u>: •</u>							H(c) Group exemp	tion nur	nber 🕨		
1	K For	m of o	rganization	X Corporation	Trust Assoc	ciation	Other ►	11	L Yea	r of formation 15	85	M State o	of legal domicile	WY
1	Pa	rt I	Sumi	mary										
		1		cribe the organiza	ation's mission	or most si	onificant activit	ies: I	ISTN	G WYOMING	BIIS	INESS	COUNCIL	
	g	•	-	UNDS TO CONS			_				.200.		COOMOID.	
	a		GRANII.I	DINDE TO COME	JIKOCI ECON	OHIO D				KOCTORE		·		
	Activities & Governance	_												
	8	2		box ▶ if the	_				osec	of more than	i	ı	assets.	
	9	3		f voting members							_	3		9
	S	4		independent voti	•	_						4		9
	ŧ l	5		ber of individuals								5		
	∌	6		ber of volunteers	•	• •						6		20
	ا ک	7a		lated business rev							_	'a		
_		<u> </u>	Net unrela	ted business taxa	able income from	n Form 99	90-T, line 34 .	<u> </u>		<u> </u>		b		9047.
									- 1	Prior Ye	ar		Current Year	
	9	8		ons and grants (Pa										
	E	9		ervice revenue (F										
	Revenue	10		t income (Part VII					.		116	1.		1228.
	"	11	Other reve	nue (Part VIII, col	lumn (A), lines (5, 6d, 8c,	9c, 10c, and 11	le).	. [4	3131	6.	4.4	<u> 4880.</u>
_	_	12	Total reven	ue—add lines 8 thro	ough 11 (must ed	ual Part V	III, column (A), li	ne 12).	.	4	3247	7.	4 (6108.
	ļ	13	Grants and	d sımilar amounts	paid (Part IX, c	olumn (A)	, lines 1–3) .							
		14	Benefits pa	aid to or for memb	pers (Part IX, co	lumn (A),	line 4)		Ĺ					
	တ္က	15	Salaries, ot	her compensation,	employee benefit	ts (Part IX,	column (A), line	s 5–10)	L					
	penses	16a	Profession	al fundraising fee	s (Part IX, colui	mn (A), lin	ne 11e) . . .							
	g	b	Total fund	raising expenses	(Part IX, column	n (D), line	25) ▶							
	<u>ш</u>	17		enses (Part IX, co							8349	7.	109	9551.
	-	18		nses. Add lines 1				ne 25)	Γ		8349	7.		9551.
	- 1	19	Revenue le	ess expenses. Su	ıbtract line 18 fr	omiline 1	2	70	. Г	3	4898	0.		3443.
_								8	\neg	Beginning of Cu			End of Year	
	Assets or Balances	20	Total asse	ts (Part X, line 16)	₿. FE	B. 1 5 2019		Γ		2417		6476	6671.
	A Ba	21		ities (Part X, line 2				8	. [3166			7602.
	I	22	Net assets	or fund balances	Subtract line 2	1 from	PERM IN		.		9251			9069.
	Part			ture Block										

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

Form:	990 (2017) IDEA INC	74-2396049	Page 2
<u>P</u> a	Statement of Program Service Accomplishments		
	' Check if Schedule O contains a response or note to any line in this Part III	_ 	<u>L_</u>
1	Briefly describe the organization's mission:		
	COMMUNITY AND ECONOMIC DEVELOPMENT		
	,		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service.	oo oo maaayrad l	211
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a		
	the total expenses, and revenue, if any, for each program service reported.	modernone to othe	,
4a	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
		· • • • • • • • • • • • • • • • • • • •	
		· 	·
		· 	
		· 	
4b	(Code: \/Evenese\$ 48000 including greats of \$\\/\text{Povenue}		
41,	(Code:) (Expenses \$ 48000. including grants of \$) (Revenue SUPPORT COMMUNITY EFFORT TO ATTRACT A VIABLE AIR PASSENGER SERVICE	, φ	/
•			
		·	
4c	(Code:) (Expenses \$ 61551. including grants of \$) (Revenue	\$)
	MANAGEMENT OF ECONOMIC DEVELOPMENT EFFORT UTILIZING WYOMING BUSINESS		
	COUNCIL GRANTS AND ASSISTANCE TO EXPAND INFRASTRUCTURE IN OUR		
	COMMUNITY.		
4	Other pregram conjuger (Deparity in Schoolule O.)		
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 109551.		

74-2396049



	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	•		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	`	
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		х
8	complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			.,
10	negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ı za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	122		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	\dashv	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,]]	ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
		Earm !	000	2017\

Form	990	(2017)	
------	-----	--------	--

IDEA INC

74-2396049

Page 4

Part IV	Checklist	of Require	d Schedules	(continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retuin	rn?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II...

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Rad IX column (A) line 22 If "Vee " complete Schedule I. Parts Land III

Х
Х

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	rson	n both the both Highest compensated en control employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) C A MOORE PRESIDENT	8	x		x				0	0	0
(2) LEE HEERMAN	3		\vdash	Ê	H			<u> </u>		
SEC/TREAS		x		x	;			0	0	0
(3) JON GUNNISON	1									
DIRECTOR		х						0	0	0
(4) TONY TOLSTEDT	2	İ		i		ĺ				
DIRECTOR		Х		L	_			0	0	0
(5) LYNN MCAULIFF	2							_	_	
DIRECTOR	1.0	Х			\vdash			0	0	0
(6) KEVIN KERSHISN VICE PRESIDENT	16	x		x		1		o	0	0
(7) ITM CONDAD	2	Ĥ		_		\neg	ㅓ			
DIRECTOR		х						o	0	0
(8) GARTH YATES	2									,
DIRECTOR		х				[0	0	0
(9) GEOGE PIPLICA	2								-,	
DIRECTOR		Х					_	0	0	0
(10)										
(11)										
(12)										
(13)									***************************************	
(14)										_

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			•
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			<i>d</i> 1
	gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			•
	Statements, filed for the calendar year ending with or within the year covered by this return			*
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Ĭ .
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ĺ	1
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			"
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
c (If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6 <u>a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			۱
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			┿
g h	If the organization received a contribution of qualified intellectual property, did the organization rife in office as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		IA IA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	_~	/ A.
0	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	8	A /	IA
9	Sponsoring organizations maintaining donor advised funds.	Ů		7/4
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		100
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	IA
10	Section 501(c)(7) organizations. Enter:			7 (3
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 112			
L	<u> </u>			
1				

Form 990 (2017) IDEA INC Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person?. Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body?......... 8a Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 X 13 Did the organization have a written document retention and destruction policy?. 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | x | Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20

CLIFFORD MOORE 307-856-9214

205 S BRDWY RIVERTON WY 82501

Form 990 (2017	IDEA INC	74-2396049	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
,	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	· .	Ш_
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		<u>_</u>
1a Complete organization	e this table for all persons required to be listed. Report compensation for the calendar year ending will stax year.	th or within the	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regarition. Enter -0- in columns (D), (E), and (F) if no compensation was paid	ardless of amount	
List alList th	of the organization's current key employees, if any. See instructions for definition of "key employees e organization's five current highest compensated employees (other than an officer, director, trusted d reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100	e, or key employee)	
	and any related organizations. of the organization's former officers, key employees, and highest compensated employees who rec	ceived more than	
\$100,000 of	reportable compensation from the organization and any related organizations		
	of the organization's former directors or trustees that received, in the capacity as a former director, more than \$10,000 of reportable compensation from the organization and any related organizations.		
,			
_			
···•.			
T T			
, ≜ ∮ <u>L</u>			
···			
•			
7			
<u> </u>			
(-			
<u> </u>	1-		
A			
<u>*</u>	• •		
_			
·	PT 1	<i>1</i>	
	-		
ù <u>≥</u>			
 			
A T			

		IDEA INC	ore Trustone Koy E	nnlovees and Highest	Compensated	74-239	
Name and site: Claim	- air Au	Section A. Unicers, Direct	ors, Trustees, Key El		compensated	⊏mpioyees (co	nunuea)
Name and title (b) (c) (c) (d) (d) (d) (d) (d) (d				Position		}	
help do par week do par week do par year was a development of the part of the		(A)	(B)	(do not check more than one	(D)	(E)	(F)
whether any particular and particula		Name and title		officer and a director/trustee)	compensation	Reportable compensation	
				3 5 5 6 5 6 5 7	from	from related	other -
			hours for related	ghe, application of the state o		organizations (W-2/1099-MISC)	
			**********		AREAMANA REICAL	(11 2 1000 1007	
	- , , , , , , , , , , , , , , , , , , ,	<u> </u>					
		<u> </u>					
		<u> </u>					
	t :-						
	-						
					_		
	177						
	P						
	•	•					
(- 1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							

Form	990 (20	17) IDEA INC					74-239	6049 Page 9
Par	t VIII	Statement of Revenue				<u>. </u>		
		Check if Schedule O contain	s a response or	note to any line	e in this Part VIII.			. 🔲
	का का ग				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
· · · ·	1a	Federated campaigns	1a		***	12.0	1	
Grants	b	Membership dues						,
2 6	С	Fundraising events	1c					
Gifts, ilar An	d	Related organizations	1d					
š, E	e	Government grants (contribution	ıs) 1e					
er S	f	All other contributions, gifts, grain		1	1.			1
Contributions, Gifts, Grants and Other Similar Amounts	ļ	similar amounts not included ab					1	
Conj	g	Noncash contributions included in li	•					:
	h	Total. Add lines 1a-1f	<u></u> <u></u> .		PAGE 1997 T. COMPANIES WAS	<u></u>		
ē				Business Code	(4)			^-
Service Revenue	2a							
e Ž	b				 			
	C							
	a							
Program	e •	All other program service revenu			 			
Š.	ď	Total. Add lines 2a–2f						
	3	Investment income (including div			 		<u> </u>	<u> </u>
	-	other similar amounts)			1228.	1228.	:	
	4	Income from investment of tax-e						
	5	Royalties						
		•	(ı) Real	(II) Personal				,
	6a	Gross rents	378023.					Į.
	b	Less: rental expenses	333143.					
	С	Rental income or (loss)	44880.				<u> </u>	
	ď	Net rental income or (loss)	<u> </u>	<u> </u>	44880.			
	7a	Gross amount from sales of	(ı) Secunties	(II) Other			!	
		assets other than inventory.						
	b	Less: cost or other basis						
		and sales expenses				ji L		
		Gain or (loss)	<u> </u>					
	d	Net gain or (loss)		<u>. </u>		1	· •	
a	82	Gross income from fundraising]		
2	Oa	events (not including \$				j .		
eVe		of contributions reported on line	1c)					•
S.		See Part IV, line 18						
Other Revenue	ь	Less: direct expenses						
Ö		Net income or (loss) from fundra		🕨		ا اسان دارد معمد دارد در در در می مید		
		Gross income from gaming activ						
		See Part IV, line 19	a			1		
	b	Less: direct expenses	b					
	С	Not income or (loss) from gaming	g activities					
	10a	Gross sales of inventory, less						
			a					
		Less: cost of goods sold						
	Ç	Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code				
	11a							
	Ь							
	c d	All other revenue						
	e	Total. Add lines 11a–11d		•	-			
	12	Total revenue. See instructions.			46108.	1228.		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note	to any line in this	Part IX	· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			The second second second	
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			, ,	The state of the s
-	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			Mr. San	
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				•
	F				
4	· • • • • • • • • • • • • • • • • • • •			<u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	<u> </u>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	!			
_	persons described in section 4958(c)(3)(B).				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	4315.		4315.	
d	Lobbying		والمستحداث ومعوضات	· · ·	
е	Professional fundraising services See Part IV, line 17		<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	7100.	7100.		
13	Office expenses	1023.	1023.		
14	Information technology				
15	Royalties				·
16	Occupancy				
17	Travel		<u>-</u>		-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				 -
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2864.	2864.	pi	· · · ·
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			1	
_	(A) amount, list line 24e expenses on Schedule O.)	1404	7404		
a	MEMBERSHIP & DUES	1404. 25.	1404.	25	
b	STATE CORP FEE	44820.		25.	
G	MNFG WORKS CONTRACT %	4820.	48000.	44820.	
d	COMMUNITY AIRPORT All other expenses	48000.1	48000.		
	Total functional expenses. Add lines 1 through 24e.	109551.	60391.	49160.	
<u>25</u> 26	Joint costs. Complete this line only if the	103331.	60391.	43100.	
	organization reported in column (B) joint costs	J	j		
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
	TOTOWING SOF 30-2 (AGO 300-120)				Form 990 (2017)

32

33

Form 990 (2017) IDEA INC 74-2396049 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 406430. Cash—non-interest-bearing . . . 169622. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . . . 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets 6 Notes and loans receivable, net 7 Inventories for sale or use . . . 8 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 2930844 6517744. 10c 6307049. 11 Investments—publicly traded securities. 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related. See Part IV. line 11. 13 14 14 Intangible assets 15 Other assets See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 6924174. 16 6476671. 17 690. 17 18 18 Deferred revenue 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 I cans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties . . . 530972. 23 147602. 24 24 Unsecured notes and loans payable to unrelated third parties 200000. 200000. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 Total liabilities. Add lines 17 through 25 731662 26 347602 Organizations that follow SFAS 117 (ASC 958), check here ▶ | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . 28 28 Temporarily restricted net assets ► X and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds . . .

Total liabilities and net assets/fund balances.

6129069.

6129069.

6476671.

6192512.

6192512.

6924174.

32

33

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)		46108.
2	Total expenses (must equal Part IX, column (A), line 25)		109551.
3	Revenue less expenses. Subtract line 2 from line 1		-63443.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		6192512.
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		· · · · · · · · · · · · · · · · · · ·
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	<u> </u>	6129069.
Part			
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·
			Yes No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both.		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:		3, 1,2
	Separate basis Consolidated basis Both consolidated and separate basis		
c ·	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	
	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
vu	the Single Audit Act and OMB Circular A-133?		3a x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1~1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b /
	and an arrange of the second s		Form 990 (2017)
			1

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
IDI	EA INC .		74-2396049
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		•
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ber	nefit?	. Yes No
Par	II Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held to	· · · · ·	
	Preservation of land for public use (e.g.,	recreation or education) 🔛 Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax ye	•	Held at the End of the Tax Year
а	Total number of conservation easements.'.		2a
b	Total acreage restricted by conservation eas		
С	Number of conservation easements on a cert		
d	Number of conservation easements included		
	historic structure listed in the National Regist		
3	Number of conservation easements modified	, transferred, released, extinguished, or te	erminated by the organization during
4	the tax year ▶ Number of states where property subject to co	annonyation agreement is located	
4 5	Does the organization have a written policy re		on handling of
5	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitoring, in		
•		opposing, namaling of trousione, and omeromig	construction casements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	ervation easements during the year
	▶ \$		
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenu	ue and expense statement, and
	balance sheet, and include, if applicable, the	text of the footnote to the organization's fir	nancial statements that describes
	the organization's accounting for conservation	n easements.	
Par	Organizations Maintaining Collect		Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other simi		
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted unde		
	works of art, historical treasures, or other simi	•	ation, or research in turnerance
	of public service, provide the following amount	-	▶ €
	(i) Revenue included on Form 990, Part VIII, (ii) Assets included in Form 990, Part X.		
2	If the organization received or held works of a		
2	following amounts required to be reported une		
2	Revenue included on Form 990, Part VIII, line		_
a h	Assets included in Form 990, Part X		> \$

Par	Organizations Maintaining C	Collections of A	rt, Historic	al Tre	asures, or	Other	Similar Asse	ts (conti	nued)	
3	Using the organization's acquisition, a	ccession, and oth	er records, c	heck a	ny of the foll	owing th	at are a signific	ant use o	of its	
	collection items (check all that apply).								•	
а	Public exhibition		d 🔲	Loan	or exchange	e prograi	ms ,			
b	Scholarly research		e	Other					- -	
С	Preservation for future generation	ons								
4	Provide a description of the organizate XIII.	ion's collections ar	nd explain ho	w they	further the	organıza	ition's exempt p	urpose ir	ı Part	
5	During the year, did the organization s assets to be sold to raise funds rather								es 🗌] No
Par	IV Escrow and Custodial Arran	gements.								
	Complete if the organization a 990, Part X, line 21.							t on For	m 	
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							Y	es 🔲] No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follow	ing tab	le:					
]	<u> </u>	Amount		
C .	Beginning balance					10				
d	Additions during the year									
e f	Distributions during the year Ending balance					. <u>1e</u>	·			
_	•					·				
2a	Did the organization include an amount						-	[es X] No
b	If "Yes," explain the arrangement in Pa	art XIII. Check ner	e if the expla	nation	nas been pr	ovided	on Part XIII .	<u>.</u>		<u> </u>
Part			- Farm 000) Dom	IV line 40					
	Complete if the organization a	(a) Current year	(b) Pnor		(c) Two year		(d) Three years bac	k (0) 5	our years	
1a	Beginning of year balance	(a) Culterit year	(b) Filor	car	(c) Iwo year	3 Dack	(u) Tillee years bac	* (e) r	ur years	Dack
b	Contributions							+		
c	Net investment earnings, gains,							···		
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		d b =1==== (f:		(a)) l					
4	Provide the estimated percentage of the Board designated or quasi-endowment		d balance (II 00%	ne 1g, c	column (a)) i	neid as:				
a b	Permanent endowment	0.00%	00/6							
c		▶ 0.00%								
_	The percentages on lines 2a, 2b, and		•							
3a	Are there endowment funds not in the	•		that a	re held and	administ	tered for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related o					• • •		3b	1	
9	Describe in Part XIII the intended uses		on's endown	ent tun	as.					
Part	Land, Buildings, and Equipm Complete if the organization ar		n Form 990	Part	IV line 11s	See F	orm 990 Part	Y line	10	
	Description of property	(a) Cost or o			st or other		Accumulated		ook value	
	besaiption of property	(a) Cost or o	1		s (other)		epreciation	(u) b	-UN VAIUE	-
	Land	495,	067.				DEPENDENCE OF	499	5,06	7.
b	Buildings	. 8,742,	826.			2,9	30,844.	5,81	L,98	2.
С	Leasehold improvements									
d	Equipment	·				L				
<u>e</u>	Other	<u></u>			(5) (1)		<u>-</u>	6 305		<u></u>
Total	. Add lines 1a through 1e (Column (d)	must equal Form	990, Part X,	column	າ (<i>ʁ), line</i> 10	(C.)	<u></u> ▶	6,30	<u>, , U4</u>	ع. _′

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

IDEA INC	74-2396049
PART VI Q 11B	
THE ORGANIZATIONS BOARD OF DIRECTORS REVIEW FORM 990	AND
990T BEFORE FILING	
PART VI Q 12C	
THE BOARD OF DIRECTORS ARE FAMILIAR WITH THE OTHER BO	ARD
MEMBERS ACTIVITIES	
PART VI Q 15A	
ALL BOARD MEMBERS SERVE WITHOUT COMPEMSATION FROM IDE	A INC.
PART VI Q 19	
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE UPON R	EQUEST
AT ITS' OFFICE ADDRESS	•••••
	·

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization INC IDEA

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public

OMB No 1545-0047

Employer identification number (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 74-2396049 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income Go to www.irs.gov/Form990 for instructions and the latest information. (c)
Legal domicile (state
or foreign country) ▶ Attach to Form 990. (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity

one or more related tax-exempt organizations during the tax year.	uring the tax year.	ס					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) led ?
						Yes	N _o
(1) RIVERTON DEPOT 83-0291755 FOUNDATION RIVERTON WY 82501	PARK	WY	50103	PUBLIC CHAR	2		×
(2)							
(3)							
[4]							
(5)							
(9)							
<u>(7)</u>							

Part II

3

(2)

£

<u>છ</u>

€

(9)

Schedule R (Form 990) 2017

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

74-2396049 Page 2

IDEA INC

Schedule R (Form 990) 2017

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

00.0 00.0 0.00 00.0 00.0 00.0 0.00 (i) Section 512(b)(13) controlled Schedule R (Form 990) 2017 Percentage ŝ ownership Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part (J) General or managing partner? ž 0.00 (h) Percentage ownership 00.0 00.0 0.00 00.0 00.0 00.0 Yes of Schedule K-1 (Form 1065) amount in box 20 Code V—UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ٩ (f) Share of total Yes Income IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total псоте (d) Direct controlling (e) -Predominant income (related, sections 512-514) excluded from unrelated, tax under (c)
Legal domicile
(state or foreign country) (d) Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV (2) 9 **2** 3 2 **4** 9 2 <u>(E)</u> <u>4</u> 9 3

Ö.
or 36.
Ö
4, 35b,
34
ne 34
=
2
Рап
990, 1
တိ
Ē
Щ
Б Б
1 "Yes" on Form 990
<u>~</u>
eq
ē
Š
ā
<u>.</u>
zat
anizati
ğ
0
₽
: <u>=</u>
<u>ĕ</u>
E
Ö
s.
Ö
aţį
nization
ä
Ö
ğ
ate
Rel
با
₹
2
<u>0</u>
달
Sa
ran
F

100	in the first of the second section of the second se			>	Voc
Note: Co	Note: Complete line i il any entity is listed in Parts II, ili, or IV or tills schedule.	potali adolteridente	Dorte IIIV.2		- 5
	Duling the lax year, during the organization engage in any of the following transactions with one of more related	organizations issued		7.0	<u> </u>
	Receipt of (I) interest, (III) annuities, (III) foyalties, or (IV) rent from a controlled entity			20 1	<u>د</u> ا:
b Gift	Gift, grant, or capital contribution to related organization(s)			1	×
c Gift	Gift, grant, or capital contribution from related organization(s)			10	×
	Loans or loan guarantees to or for related organization(s)			7 N	
					>
e Loa	Loans or loan guarantees by related organization(s)			Je W	√
					>
ב ב	Dividends from related organization(s)			=	<u>: </u> :
g Sal	Sale of assets to related organization(s)			1g	×
	Durchase of assets from related organization(s)			1h	X
	chase of assets non-related of gamication(s).				>
i Exc	Exchange of assets with related organization(s)			=	<
i Lea	Lease of facilities, equipment, or other assets to related organization(s)			Ę	×
•					200
	on a femiliary continuous or ashore consiste from relative desired			7.	×
P CG	Lease of identifies, equipment, of other assets from related organization(s).			4 ;	:
l Per	Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Per	Performance of services or membership or fundraising solicitations by related organization(s)			13	×
	Charing of facilities equipment mailing lists or other assets with related organization(s)			-	×
	aniig of admices, equipment, maniig iste, of ones assets with related organization(s)				; > -
o Sha	Sharing of paid employees with related organization(s).			10	V
				企	
	Reimbursement paid to related organization(s) for expenses			1p	×
G .	Reimbursement paid by related organization(s) for expenses			10	×
		•	•	2 XX	
		•		4.5	>
.	Other transfer of cash or property to related organization(s)			=	< :
s Oth	Other transfer of cash or property from related organization(s)	-		18	×
2 If th	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	including covered r	elationships and tran	saction thres	sholds.
	(3)	(p)	(9)	(P)	ا
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	etermining avolved
(1) RIVERTON	RTON DEPOT FOUNDATION		200,000.	BANK LC	LOAN
(2)					
ŝ					
(5)					
(4)					
(5)					
(9)					
p.			Sche	Schedule R (Form 990) 201	990) 201