efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319050689 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization IDAHO ORGANIZATION OF RESOURCE COUNCILS INC ☐ Address change 46-5310102 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 910 Maın Street 316 (208) 991-4451 ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Boise, ID 83702 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www iorcinfo org J Tax-exempt status (check only one) -  $\bigcirc$  501(c)(3)  $\bigcirc$   $\bigcirc$  501(c)(  $\bigcirc$  √ (insert no )  $\bigcirc$  4947(a)(1) or  $\bigcirc$  527 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I  $\checkmark$ 1 Contributions, gifts, grants, and similar amounts received . . . . . . . . 161,396 2 2 6,498 Program service revenue including government fees and contracts . . 3 3 0 Membership dues and assessments . . . . . . 0 4 Investment income . . . . . . 4 5a Gross amount from sale of assets other than inventory . b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 50 C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 750 60 0 Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 750 7a Gross sales of inventory, less returns and allowances . . h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe in Schedule O) 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 168,644 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 0 Benefits paid to or for members 12 12 132,024 Salaries, other compensation, and employee benefits . 13 13 11,423 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 8.676 15 15 748 Printing, publications, postage, and shipping 16 16 24,075 Other expenses (describe in Schedule O) 17 17 **Total expenses.** Add lines 10 through 16 176,946 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -8.302 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 52,604 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 44,302 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

<b>Balance Sheets</b> (see the Check if the organization use	d Schedule O to respond to any	question in this Part II		<u></u>	🗵
		(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments			62,556		62,360
23 Land and buildings			0 1,468	23	0 85
25 Total assets			64,024		62,445
26 Total liabilities (describe in Schedule			11,420		18,143
27 Net assets or fund balances (line 27	7 of column (B) <b>must</b> agree with	line 21)	52,604	27	44,302
		question in this Part III		(3) a	Expenses uired for section 501(c and 501(c)(4) nizations, optional for
economic well-being of their communities, agriculture, developing small businesses a and natural resources Describe the organization's program service	preserving family farms and rar nd clean energy, and being resp	nches, supporting local, sonsible stewards of Idaho	ustaınable o's water, land, aır,	othe	rs )
measured by expenses In a clear and con benefited, and other relevant information ( 28	cise manner, describe the servic				
See Additional Data Table					
(Grants \$ ) If	this amount includes foreign gra	nts, check here	. ▶ □	28a	
29 See Additional Data Table				29a	
(Grants \$ ) If	this amount includes foreign gra	nts, check here	. ▶ □		
<b>30</b> See Additional Data Table				30a	
(Grants \$ ) If	this amount includes foreign gra	nts, check here	. ▶ □		
<b>31</b> Other program services (describe in Sc				++	
· -	this amount includes foreign gra		. ▶ □	31a	
32 Total program service expenses (ac			•	32	165,00
	Trustees, and Key Employees of Schedule O to respond to any				
Check if the organization use	a schedule o to respond to any	question in this rait IV.		• •	🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health bene contributions to en benefit plans, a deferred compens	nployee and	(e) Estimated amoun of other compensation
Christina Stucker-Gassi	2	0		0	C
Chair					
Tim Norton	2	0		0	C
Vice Chair					
Lında Leeuwrık	2	0		0	C
Secretary					
Julia Page	2	0		0	0
Treasurer					
Elaine Kazakoff	1	0		0	0
At-Large					
Stephanie Rael	1	0		0	O
At-Large					
Liana Litzsinger	1	0		0	0
Chapter Representative					
Brian Brent	1	0		0	0
Chapter Representative					
Jim Felton	1	0		0	0
Chapter Representative					
enapter representative					
		1	I .		1

Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		<u> </u>	
			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		No
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)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	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		110
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			-
39				
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	<u> </u>			
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		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization $\bullet$			
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
42a	Elst the states with which a copy of this return is filed.			
	organization's books are in care of Paula Jones WORC Telephone no	(406)	252-967	2
	Located at ▶ 220 S 27th St Billings , MT ZIP + 4 ▶	59101		
		ı		
_		$\overline{}$	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
<b>43</b> S	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			
44-	Did the assessment on the second design of second design of the second TE "Vee " Faure 000 mouth to assess the design of the second of the sec	$\vdash$	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44ь		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
1E-	explanation in Schedule O	44a 45a		NI.
		45a		No
4 <b>9</b> D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

							- 1		
	ne organization engage, directly or indired dates for public office? If "Yes," complete						4.5		NI -
art VI	Section 501(c)(3) organization	·					46		No
arc vi	All section 501(c)(3) organizations	=	ons 47- 49b and 52	e, and o	omplete t	he table	s for li	nes 50	and
	51. Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI					1	
	<u>-</u>							Yes	No
	ne organization engage in lobbying activit s," complete Schedule C, Part II 🕏	ies or have a section 50	D1(h) election in effect	during	the tax yea	r?	47	Yes	
<b>3</b> Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E			48		No
a Did th	ne organization make any transfers to an	exempt non-charitable	related organization?				49a		No
	s," was the related organization a section	•					49b		
	lete this table for the organization's five	-	mplovees (other than	officers.	directors, t	trustees a	ınd kev	emplov	ees)
who e	each received more than \$100,000 of con	pensation from the org	janization If there is r	ione, en	ter "None "	,			
(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	contri	) Health bei outions to e enefit plans, rred compe	employee , and		timated er compi	
NE									
. Comp	al number of other employees paid over \$ lete this table for the organization's five ensation from the organization If there i	highest compensated in		who ea	· · ·	►d more th	an \$10	0,000 o	-
. Comp comp	lete this table for the organization's five	highest compensated in s none, enter "None "	·		ech received			0,000 o	
. Comp comp	lete this table for the organization's five ensation from the organization. If there i	highest compensated in s none, enter "None "	·						
. Comp comp	lete this table for the organization's five ensation from the organization. If there i	highest compensated in s none, enter "None "	·						
L Comp	lete this table for the organization's five ensation from the organization. If there i	highest compensated in s none, enter "None "	·						
. Comp comp	lete this table for the organization's five ensation from the organization. If there i	highest compensated in s none, enter "None "	·						
NE	lete this table for the organization's five ensation from the organization. If there i	highest compensated in s none, enter "None " each independent contr	actor						
. Composition Comp	elete this table for the organization's five ensation from the organization. If there i (a) Name and business address of e	rs each receiving over:	\$100,000	(b) Ty	pe of servic	ce (c)	Compe	ensation	
ME  d Tota Did con	al number of other independent contractor the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:	\$100,000	(b) Ty	pe of service	ents, and	Compe	s	do my
ME  d Tota Did con	al number of other independent contractor the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:	\$100,000	(b) Ty	pe of service  n a  and statem d on all info	ents, and	Compe	s	do my
Composition Compos	al number of other independent contractor the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:	\$100,000	(b) Ty	pe of service	ents, and	Compe	s	do my
d Total Did con der penal whedge a any kno	al number of other independent contractor the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:  NOTE. All section 501(a	\$100,000	st attac	pe of service  n a  and statem d on all info	e (c)	Compe	s	do my
d Total Conduction Con	al number of other independent contractor the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:  NOTE. All section 501(commined this return, include Declaration of preparer's signature	\$100,000	(b) Ty	pe of service  n a  and statem d on all info	ents, and ormation	Ye to the of which	s	do my
d Total Did con der penal wiedge a any kno	(a) Name and business address of each organization is five ensation from the organization. If there is the contract of the organization complete Schedule A? Inpleted Schedule A	rs each receiving over:  NOTE. All section 501(a	\$100,000	st attac	pe of service  h a   and statem d on all info  2019-11-15  Date  Check  self-employer Firm's EIN	PTIN P01544	Ye to the of which	s	do my
. Composition of Composition (Composition)  d Total Conder penal	al number of other independent contractor  the organization complete Schedule A? In Independent Schedule A	rs each receiving over:  NOTE. All section 501(a	\$100,000	st attac	pe of service  n a  and statem d on all info	PTIN P01544	Ye to the of which	s	do my

Form 990-EZ (2018)

Page **4** 

## Additional Data

**Software ID:** 18007995

**Software Version:** v1.00

**EIN:** 46-5310102

Name: IDAHO ORGANIZATION OF RESOURCE COUNCILS INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
equity issues, and nation worked with other organi organizations develop foo	educted members, supporters, and community members on local food initiatives, food al food programs for family farmers IORC held house parties, tabled at events, and zations to educate on family farm and local food programs IORC helped other of purchasing policies, encouraging consumers to buy more local foods, and educated the by by supporting efforts to exempt groceries from the state's sales tax	28a	8,231	
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 450

Form 990EZ, Part III - Statement of Program Service Accomplishments

29		29a	452	4 I
Oil & Gas IORC educted members, sup	porters, community members, and elected officials on the efforts at the			- 1
state level and national level to reduce			- 1	
worked in the cities of Fruitland and Ea	gle to educate the public on the importance of having strong local oil and			- 1
gas ordinances At the national level, IC			- 1	
methane emission policies				- 1
(Grants \$ 0)	If this amount includes foreign grants, check here $ ightharpoonup$			
(Grants \$ 0)	If this amount includes foreign grants, check here			- 1
				- 1

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

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

Form 990EZ, Part III - Statement of Program Service Accomplishments

1 30	Jua	130,322
General support IORC provided support to our local chapters and their campaigns IORC provided training	and	·
leadership development opportunities for members of the chapters IORC's chapters worked on a variety of		
projects, including managing a farmers market, managing a local recycling center, educating local communi	ity	
members on the importance of having clean and abundant water, and educating community members on cl	ean	
energy projects		
(Grants \$ 0) If this amount includes foreign grants, check here ▶		
(Grants \$ 0)	—	

efile GRAPHIC print - DO NOT			nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -				
SCHEDULE A			Public (	harity Statu	s and Dul	alic Supp	ort	OMB No 1545-0047
			Complete if the or	Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.				
•		the Treasury	► Go to	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
Name	of th	ne organiza	tion RESOURCE COUNCILS INC				Employer identific	ation number
							46-5310102	
Pa Thoma			for Public Charity Statu a private foundation because				See instructions.	
1			onvention of churches, or as	•	•	•	(A)(i)	
2		·	escribed in section 170(b)(:					
3			or a cooperative hospital serv		,	,,		
4			esearch organization operate	-			-	ntor the beenital's
-	Ш	name, city,		a in conjunction with	a nospital descri	bed in <b>section</b> .	170(D)(1)(A)(III). E	nter the nospital's
5			ation operated for the benefit (iv). (Complete Part II )	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7			ation that normally receives a <b>('0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization de rant college of agriculture Se					ege or university or a
10	<b>✓</b>	from activit	ation that normally receives ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	taın exceptions, a	and (2) no more	than 331/3% of its si	upport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations d i through 12d that describes	escribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization supents of the supporting organizations A applete Part IV, Sections A applete	tion vested in the sar				
c			unctionally integrated. A s					ited with, its
d		Type III n	organization(s) (see instruction on-functionally integrated integrated. The organization	I. A supporting organi generally must satis	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgai	
e		Check this	<ul> <li>You must complete Par box if the organization receiv or Type III non-functionally</li> </ul>	ed a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations	egracea supporting	o. gamzacion			
g	Provid	de the follow	ing information about the su	pported organization(	s)			
	(i) Name of supported organization		1 , ,	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Total		unuli Di I	tion Act Notice, see the In	_b f	Cat No 11285		 Cabadula A / F	 90 or 990-EZ) 2018

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fai	ls to qualify un	der the tests lis	ted below, pleas	se complete Pari	t III.)	,
S	ection A. Public Support	. ,		,,	•	,	
	Calendar year	(-) 2014	(h) 2015	(-) 2016	(4) 2017	(-) 2010	(6) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
_	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						-
	Total. Add lines 1 through 3						
	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	<b>Public support.</b> Subtract line 5 from						
	line 4			<u>l</u>			
3	ection B. Total Support			1	1	1	1
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ▶						1
	Amounts from line 4						+
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources Net income from unrelated business						
9							
	activities, whether or not the business is regularly carried on						
10	- ·						+
TO	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	-			•	, , , ,	<u>-                                      </u>
	check this box and ${\bf stop\ here}$					🕨	
S	ection C. Computation of Public	<b>Support Perc</b>	entage				
14	Public support percentage for 2018 (line	e 6, column (f) di	vided by line 11,	column (f))		14	
	Public support percentage for 2017 Sch		•			15	
	33 1/3% support test—2018. If the			on line 13 and lin	e 14 is 33 1/3% o		hov
TOA					C 1+ 13 33 1/3 /0 0	more, check this	<b>.</b> □
	and <b>stop here.</b> The organization qualifi					0/	▶ ⊔
b	<b>33</b> 1/3% support test— <b>2017.</b> If the	organization did	not check a box o	on line 13 or 16a, a	and line 15 is 33 1	/3% or more, che	ck this
	box and <b>stop here.</b> The organization of						▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-circ	cumstances" test	The organization	qualifies as a publi	icly supported	
	organization						►□
L	10%-facts-and-circumstances test	-2017. If the o	ganization did no	t check a hox on li	ne 13, 16a 16b 4	or 17a, and line	, –
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			<b> 9</b>			▶ □
	Supported Organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

20

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

	(Complete only if you c					to qual	ıfy under	Part II. If
	the organization fails to	quality under t	ne tests listed b	elow, please col	mpiete Part II.)			
	ction A. Public Support  Calendar year		Т					
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2	018	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not		152,168	143,014	174,502		161,396	631,080
	include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services		3,957	1,494	2,091		6,498	14,040
	performed, or facilities furnished in any activity that is related to the		3,937	1,494	2,091		0,490	14,040
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
•	are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge	0	156 125	144 500	176 502		167.004	C4E 120
6	Total. Add lines 1 through 5	U	156,125	144,508	176,593		167,894	645,120
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1,680	2,098	1,665		2,104	7,547
<b>L</b>	Amounts included on lines 2 and 3			+			-	
U	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year							
С	Add lines 7a and 7b	0	1,680	2,098	1,665		2,104	7,547
8	Public support. (Subtract line 7c							637,573
	from line 6 )							037,373
Se	ction B. Total Support							
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2	018	(f) Total
	(or fiscal year beginning in) ▶					(-/-		
9	Amounts from line 6	0	156,125	144,508	176,593		167,894	645,120
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
ь	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975							
С	Add lines 10a and 10b							
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							
13	assets (Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,				+			
13	11, and 12)	0	156,125	144,508	176,593		167,894	645,120
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sec	tion 501	(c)(3) ora	anızatıon,
	check this box and <b>stop here</b>	2	,	,	•		,,,,,	▶ □
Se	ction C. Computation of Public	Support Perce	ntage					<del></del> _
15	Public support percentage for 2018 (lir			column (f))		15		98 830 %
16	Public support percentage from 2017 S	Schedule A, Part I	II, line 15			16		100 %
Se	ction D. Computation of Invest							
17	Investment income percentage for 20:	<b>L8</b> (line 10c, colui	mn (f) divided by l	ine 13, column (f)	)	17		0 %

18

Schedule A (Form 990 or 990-EZ) 2018

98 830	%
100	0/0

ightharpoons

ightharpoons

0 %

ction D. Computa	ation of threstillent theolife Percentage
Investment income	percentage for <b>2018</b> (line 10c, column (f) divided b
Investment income	percentage from <b>2017</b> Schedule A, Part III, line 17

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, 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

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
	cuppersing enganisations (commission)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?			
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
	ection b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
_	-			
5	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	NO
•	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	÷		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
S	ection E. Type III Functionally-Integrated Supporting Organizations	-		l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below			
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<b>2</b> a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26		

m •	
/I) <b>S</b> ee	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

**1**b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . .

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

## **Additional Data**

**Software ID:** 18007995 **Software Version:** v1.00

**EIN:** 46-5310102

Name: IDAHO ORGANIZATION OF RESOURCE COUNCILS INC.

Page 8

Part VI

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

	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)			
Facts And Circumstances Test				

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

Open to Public

OMB No 1545-0047

DLN: 93492319050689

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶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

Inspection

f the	Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iin ection 501(h)) Conder section 501(h	ie <b>47 (Lobbying Activitie</b> mplete Part II-A Do not c )) Complete Part II-B Do	omplete Part II-B not complete Part II-A				
Nar	me of the organization HO ORGANIZATION OF RESOURCE COUN	•		<b>Employer ide</b> 46-5310102	ntification number				
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 527 organ	ization.				
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	npaign activities in	Part IV (see instructions	for definition of				
2	Political campaign activity expend	litures (see instructions)		•	\$				
3	Volunteer hours for political camp	aign activities (see instructions)							
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).						
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	<b>&gt;</b>	\$				
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	<b>•</b>	\$				
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	this year?		🗌 Yes 🔲 No				
4a	Was a correction made?				☐ Yes ☐ No				
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the orga	nization is exempt under section	n 501(c), exce	ept section 501(c)(3	).				
1	· ·	ed by the filing organization for section	•		\$				
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$				
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$				
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-				
1									
2									
3									
4									
5									
6									
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C	(Form 990 or 990-EZ) 2018				

(a) 2015

27,788

156

6,947

**(b)** 2016

27,469

6,867

(c) 2017

29,667

2,798

7,417

(d) 2018

35,389

189

8,847

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

120,313

180,470

3,143

30,078

45,117

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Media advertisements?

expenditure next year?

Return Reference

Schedule C, Part II-A, Line 1c

Part IV

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

**Supplemental Information** 

Mailings to members, legislators, or the public?
Publications, or published or broadcast statements?
Grants to other organizations for lobbying purposes?

1

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

(b)

Amount

(a)

No

Yes

g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	<b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	(5), o	r sect	ion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				•	)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	<b>2</b> c			, and the second	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					

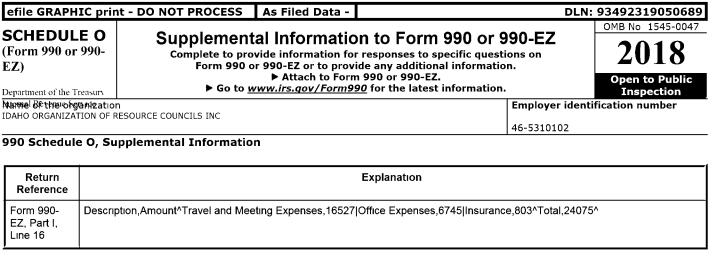
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

protections in the face of new oil and gas development

Explanation

We lobbied elected officials on issues ranging from oil and gas regulations, state sales tax, and water protection. We hosted a lobby day at the state capital for our members to talk directly to legislators about the need to exempt groceries from the state's sales tax and the need for stronger property owner.

4



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Part II,
Line 24

Description, EOY Amount^Prepaid Expenses, 85^Total, 85^

Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990-Description.EOY Amount^Accounts Payable and Accrued Expenses.18143^Total.18143^

EZ, Part II, Line 26