

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/> 46	<input type="checkbox"/> No

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	*****	2020-05-16
	Signature of officer	Date
	DEBORAH J KATZ EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CORDELL R CHIGBROW	Preparer's signature	Date 2020-05-16	Check <input type="checkbox"/> if self-employed	PTIN P00284155
	Firm's name ► CHIGBROW RYAN MURATA CHTD			Firm's EIN ► 82-0396920	
	Firm's address ► 250 S FIFTH ST STE 150 BOISE, ID 83702			Phone no (208) 384-1040	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 73-1664306

Name: IDAHO ASSOCIATION OF DEFENSE
COUNSEL 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.)
28 IDAHO ASSOCIATION OF DEFENSE COUNSEL ANNUAL MEETING (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2019**Open to Public
Inspection**

Name of the organization

IDAHO ASSOCIATION OF DEFENSE
COUNSEL INC**Employer identification number**

73-1664306

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 2,743 3,060 INSURANCE 2,622 DONATIONS 4,434 ANNUAL MEETING EXPENSE 32,870 MEMBERSHIP RECRUITING 102 TOTAL 45,831

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 17,437 0 TOTAL 17,437 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE MISSION OF THE IDAHO ASSOCIATION OF DEFENSE COUNSEL (IADC) IS TO PROMOTE THE HIGHEST PROFESSIONAL AND ETHICAL STANDARDS FOR THE STATE'S CIVIL DEFENSE AND BUSINESS ATTORNEYS AND TO SERVE MEMBERS THROUGH EDUCATION, RECOGNITION, COLLEGIALITY, AND PROFESSIONAL DEVELOPMENT