

Tax Return

Idaho Conservation League Inc Public Disclosure Copy Year Ended September 30, 2018



Helping you succeed, financially and beyond.

		** PUBLIC DISCLOSURE COPY	· **		
	OMB No. 1545-0047				
For	n Y	90 Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	ept private foundation	¹⁵⁾ 2017	
		Do not enter social security numbers on this form as it		Open to Public	
		enue Service Go to www.irs.gov/Form990 for instructions and the e 2017 calendar year, or tax year beginning OCT 1, 2017 and endir		EP 30, 2018	Inspection
			ig S	· · · · · · · · · · · · · · · · · · ·	ation much or
B C a	heck if pplicab	le:		D Employer identific	ation number
	_Addre	P I IDARO CONSERVATION LEAGUE INC			
	Name chang	Doing business as			042478
	Initial returr		n/suite		
	Final returr termi			(208)	
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,945,643
-	_lreturr]Appli	BOISE, ID 03/01		H(a) Is this a group re	
	⊥tiòn pendi	F Name and address of principal officer: ALCA DOTTINGON		for subordinates'	
<u> </u>		empt status: $X 501(c)(3) = 501(c) () \ (insert no.) = 4947(a)(1) or = 4947(a)(1) or = 100000000000000000000000000000000000$	527	H(b) Are all subordinates in	
		te: WWW.IDAHOCONSERVATION.ORG		H(c) Group exemption	list. (see instructions)
		•	Voor		State of legal domicile: I
		Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PROT	ECT	THE AIR YOU	J BREATHE.
Activities & Governance	.	THE WATER YOUR DRINK AND THE LANDS YOU LOVE			- /
rna	2	Check this box if the organization discontinued its operations or disposed o	f more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	2
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		2	
ŝ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			2
viti	6	Total number of volunteers (estimate if necessary)			23:
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0
				Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)	. 🖵	2,238,750.	1,597,527
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		181,802.	297,376
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74,539.	90,256
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,495,091.	1,985,159
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	0.	89,550
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·	-	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 169 , 212.	·	1,465,349.	<u>1,460,130</u> 0
en en	16a	Tetel for division encourses (Part IX, column (A), line 11e)	·	0.	0
Ä				505,035.	459,004
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,970,384.	2,008,684
	18 19	Revenue less expenses. Subtract line 18 from line 12		524,707.	-23,525
es		וופיפוועב ובש באטבוושבש. שעשנו מנו ווויב זט ווטווו ווווע וב		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,721,536.	5,856,402
Ass I Bal	21	Total liabilities (Part X, line 26)		48,486.	131,890
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20	·	5,673,050.	5,724,512
	art II	Signature Block	· 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, 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	Signature of officer RICK JOHNSON, EXECUTIVE DISECTOR	Date				
Paid		Date Check PTIN 05/02/19 self-employed P00266294				
Preparer	Firm's name 🕨 HARRIS & CO., PLLC	Firm's EIN 26-4022510				
Use Only	Firm's address 2289 S. BONITO WAY, STE. 100					
	MERIDIAN, ID 83642	Phone no. (208) 333-8965				
May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	73200111-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)					

Form	990 (2017) IDAHO CONSERVATION LEAGUE INC 82-6042478 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PRESERVE IDAHO'S CLEAN WATER, WILDERNESS AND QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 466,008. including grants of \$ 61,000.) (Revenue \$ PUBLIC LANDS: WORKED TO PROTECT WILDLIFE HABITAT, RECREATION OPPORTUNITIES, AND THE FULL RANGE OF VALUES FOUND ON THE DIVERSITY OF PUBLIC LANDS IN IDAHO. THIS INCLUDES PROACTIVE PROTECTION EFFORTS FOR THE SCOTCHMAN PEAKS, HIGH DIVIDE, CLEARWATER AND OTHER AREAS, AS WELL AS ADDRESSING EMERGING THREATS TO PUBLIC LANDS AND THE WILDLIFE THAT DEPENDS ON THAT HABITAT. THREATS INCLUDE, BUT ARE NOT LIMITED TO, MINING, UNSUSTAINABLE TIMBER PRACTICES, AND MORE.
4b	(Code:)(Expenses \$ 220,046. including grants of \$) (Revenue \$)(Revenue \$
4c	(Code:)(Expenses \$ 215,835. including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.) (Expenses \$ 665,226 • including grants of \$ 28,550 •) (Revenue \$)
4e	Total program service expenses ► 1,567,115.

Form	990	(2017)

 Form 990 (2017)
 IDAHO
 CONSERVATION
 LEAGUE
 INC

 Part IV
 Checklist of Required Schedules
 Inc
 Inc
 Inc

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		x
4	Section 501(c)(3) organizations. 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	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
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 negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted 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, VIII, 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	
b	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		X
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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
15	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
16	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
17	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	17		Х
18	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X

Form **990** (2017)

Form 990 (2017)				IDAHO	CONSERVATION
	Part IV	Che	ecklist of	Required S	chedules (continued)

IDAHO CONSERVATION LEAGUE INC

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4		x
L	Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
31	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	It "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017)

	1 990 (2017) IDAHO CONSERVATION LEAGUE INC 82-6042 rt V Statements Regarding Other IRS Filings and Tax Compliance	478	Р	age 5
Fa				
	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 1a 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		x
h	If "Yes," enter the name of the foreign country:			
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
F -		F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g b				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b				
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d		134		
	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Page 5

х taxable entity during the year? 16a b 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 the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ____ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - (208) 345-6933 710 N. 6TH STREET, BOISE, ID 83702

732006 11-28-17

Form 990 (CONSERVATION			82-6042478	Page 6
Part VI	Governance, Managen	nent, and Disclosure	For each "Yes	" response	to lines 2 through 7b below, and for a "No" res	ponse
	to line 8a, 8b, or 10b below, d					
	Check if Schedule O contains	a response or note to any	line in this Par	: VI		X

Sec	tion 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 1a 20)				
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	<u>'</u>				
2	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?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X		
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?					
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	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		
Sec	tion 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	X			
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	X			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	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?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	Х			
	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 with a					

response

C 0 4 0 4 17 0

Form 990	(2017)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title Average hours per week biological and a sensitivities week biological and a sensitivities week biological and a sensitivities biological and a sensitivities biological and a sensitivities organization (W2/1099-MISC) Estimated componsation granization (W2/1099-MISC) Estimated componsation organization (W2/1099-MISC) (1) STEVE MITCHELL 1.00 X X 0. 0. (1) STEVE MITCHELL 1.00 X X 0. 0. (1) STEVE MITCHELL 1.00 X X 0. 0. (2) LORI GIBSON BANDUCCI 1.00 X X 0. 0. (2) JULE MEPNER 1.00 X X 0. 0. 0. (2) JULE MEPNER 1.00 X X 0. 0. 0. (3) STRECTOR X X 0. 0. 0. 0. (4) JULE MEPNER 1.000 X X 0. 0. 0. (5) JUNE MARER/DIRECTOR X 0. 0. 0. 0.	(A)	(B)			(0	C)			(D)	(E)	(F)
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	(17) DAVID EICHBERG	1.00									_
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Part VII Section A. Officers, Directors,		ploy	vees,			ighe	st C	compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable		Es	stimate	ed
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	hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		rom the Janizat	
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	below	d ual t	utiona	_	nploy	st co	5					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form				Ū		
(18) REBECCA PATTON	1.00		_		-								
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(19) STEVE LOCKWOOD	1.00												
DIRECTOR		x						0.		0.			Ο.
(20) JIM NORTON	1.00												
DIRECTOR		x						0.		0.			Ο.
(21) RICHARD JOHNSON	40.00												
EXECUTIVE DIRECTOR				х				151,010.		0.	1	4,1	44.
(22) SUKI MOLINA	40.00											-/-	
DEPUTY DIRECTOR	10000			х				104,951.		0.	1	4,7	87.
(23) JUSTIN HAYES	40.00	<u> </u>						101,551.		<u> </u>		-,,	<u>.</u>
DIRECTOR				х				96,456.		ο.		8,5	59
DIRECTOR								50,450.		<u> </u>		0,5	55.
								352,417.		0.	2	7,4	00
1b Sub-total								0.			<u> </u>	/,4	<u>90.</u> 0.
c Total from continuation sheets to Pa								-		0.	2	7 4	-
d Total (add lines 1b and 1c)								352,417.		. .	<u> </u>	7,4	90.
2 Total number of individuals (including		lose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			2
compensation from the organization											,		2
										r		Yes	No
3 Did the organization list any former of								•					77
line 1a? If "Yes," complete Schedule J											3		X
4 For any individual listed on line 1a, is t	•		•					•	the organization				
and related organizations greater than	\$150,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receiv													
rendered to the organization? If "Yes,"	complete Schedul	e J f	or su	ıch	pers	son .				<u></u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highe	st compensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	from	
the organization. Report compensation	n for the calendar y	ear	endii	ng v	vith	or w	ithir	n the organization's tax y	/ear.				
(A								(B)		_	(C)	
Name and busi	ness address	N	ONE	C				Description of s	ervices	C	ompe	nsatio	n
							T						
							T						
2 Total number of independent contract	ors (including but n	ot li	mite	d to	tho	se lis	stec	above) who received m	ore than				
\$100,000 of compensation from the o	rganization 🕨				(0							

Form 990 (2017) IDAHO CONSERVATION LEAGUE INC							82-6042478 Page 9			
Ра	rt V	III	Statement of Rever	nue						
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
nts its	1	a	Federated campaigns	1a						
irar oun			Membership dues							
°°, G			Fundraising events							
ar /			Related organizations							
s, C	e Government grants (contributions) 1e									
r Si			All other contributions, gifts, gran							
but			similar amounts not included above		1,597,527.					
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines							
aCo			Total. Add lines 1a-1f			1,597,527.				
					Business Code					
e	2	а								
e ric		b								
Se		с								
am eve		d								
Program Service Revenue		е								
P		f	All other program service reve	nue						
		g	Total. Add lines 2a-2f		►					
	3		Investment income (including	dividends, intere	est, and					
			other similar amounts)		►	87,384.			87,384.	
	4				roceeds 🕨 🕨					
	5		Royalties	. <u></u>	►					
				(i) Real	(ii) Personal					
	6	а	Gross rents							
		b	Less: rental expenses							
		с	Rental income or (loss)							
		d	Net rental income or (loss)		🕨					
	7	а	Gross amount from sales of	(i) Securities	(ii) Other					
			assets other than inventory	1,155,805.						
		b	Less: cost or other basis							
			and sales expenses	945,813.						
		С	Gain or (loss)	209,992.						
		d	Net gain or (loss)		<u> </u>	209,992.			209,992.	
en	8	а	Gross income from fundraising							
Other Revenue			including \$							
Rev			contributions reported on line							
ler			Part IV, line 18		100,651.					
đ			Less: direct expenses		14,671.	05 000			05 000	
			Net income or (loss) from func		<u></u>	85,980.			85,980.	
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		>					
	10	а	Gross sales of inventory, less							
		L.	and allowances							
			Less: cost of goods sold							
		C	Net income or (loss) from sale		Business Code					
	44	_	Miscellaneous Revenu MISCELLANEOUS REVENUE	C	900099	4,276.			4,276.	
				<u> </u>		±,270.			=,270.	
		b								
		d All other revenue								
			Total. Add lines 11a-11d		•	4,276.				
	12	-	Total revenue. See instructions.			1,985,159.	0.	0.	387,632.	

Part IX Statement of Functional Expenses

IDAHO CONSERVATION LEAGUE INC

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 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 and domestic governments. See Part IV, line 21	87,250.	87,250.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,300.	2,300.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	301,019.	139,971.	80,524.	80,524
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	937,430.	793,200.	94,670.	49,560
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,726.	19,894.	5,530.	1,302
9	Other employee benefits	98,954.	79,455.	15,107.	1,302 4,392 9,252
10	Payroll taxes	96,001.	66,394.	20,355.	9,252
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,527.	27.	1,500.	
с	Accounting	12,829.	7,580.	4,134.	1,115
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,373.		28,373.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	58,890.	45,505.	385.	13,000
12	Advertising and promotion	20,340.	19,455.	885.	
13	Office expenses	141,466.	133,477.	4,434.	3,555
14	Information technology				
15	Royalties				
16	Occupancy	37,230.	28,127.	6,574.	2,529
17	Travel	59,904.	50,500.	6,075.	2,529 3,329
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	25,502.	25,502.		
23	Insurance	6,485.	6,485.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	A1 10F			FFA
а	OTHER EXPENSES	41,175.	38,060.	2,556.	559
b	DUES AND SUBSCRIPTIONS	25,283.	23,933.	1,255.	95
С					
d					
	All other expenses	2 000 004			1 6 0 0 1 0
25	Total functional expenses. Add lines 1 through 24e	2,008,684.	1,567,115.	272,357.	169,212
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

IDAHO	CONSERVATION	LEAGUE	INC

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rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	307,497.	2	723,969.
3	Pledges and grants receivable, net	574,293.	3	380,228.
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	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 organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	

As			tion 501(c)(9) v	oluntary			
		employees' beneficiary organizations (see instr).					
			Complete Pa				
			employees' beneficiary organizations (see instr). Complete Part II of Sch L				
	~	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
	9				3,755.	9	29,017.
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	831,674.			
	b	Less: accumulated depreciation		342,018.	509,016.	10c	489,656.
1	11	Investments - publicly traded securities			4,326,975.	11	4,233,532.
1	12	Investments - other securities. See Part IV, line 1				12	
1	13	Investments - program-related. See Part IV, line				13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			5,721,536.	16	5,856,402.
	17	Accounts payable and accrued expenses			48,486.		71,905.
	18	Grants payable				18	•
		Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
	22	Loans and other payables to current and former					
, itie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	•			22	
<u>ر</u> ا ت	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, pa				27	
1	20	parties, and other liabilities not included on lines					
			, 1		0.	25	59,985.
1	26	Schedule D Total liabilities. Add lines 17 through 25			48,486.	25	131,890.
	20	Organizations that follow SFAS 117 (ASC 958			40,4000	20	131,090.
		complete lines 27 through 29, and lines 33 an					
٥ ١	דר				3,863,034.	27	3,877,018.
		Unrestricted net assets			104,678.	21	94,000.
Ba		Temporarily restricted net assets			1,705,338.	20 29	1,753,494.
	29	Permanently restricted net assets			1,705,550.	29	1,755,454.
щ		Organizations that do not follow SFAS 117 (A	SC 958), chec				
° °	~	and complete lines 30 through 34.					
S I		Capital stock or trust principal, or current funds				30	
As 3	31	Paid-in or capital surplus, or land, building, or eq				31	
S Set	32	Retained earnings, endowment, accumulated in			5 672 050	32	5,724,512.
3		Total net assets or fund balances			5,673,050. 5,721,536.		5,856,402.
3	34	Total liabilities and net assets/fund balances			5,141,550.	34	5,856,402. Form 990 (2017)

Form 990 (2017) Part

732012	11-28-17		

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,6/		
5	Net unrealized gains (losses) on investments	5	7	4,9	87.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,72	4,5	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle 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 requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form	1990 (2017) IDAHO CONSERVATION LEAGUE INC	82-	-6042478 Page 12
Pa	rt 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)	1	1,985,159. 2,008,684.
2 3	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2 3	-23,525.
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	4 5	5,673,050. 74,987.
6 7	Donated services and use of facilities Investment expenses	6 7	
8 9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	8 9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,724,512.
Pa	rt XII Financial Statements and Reporting		V

Form **990** (2017)

SCHEDULE A	
------------	--

1	Form	990	or	990-EZ
1		550		

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

	rtment of the Treasury al Revenue Service			Attach to Form 990 or F v/Form990 for instruction			nformation		Open to Public Inspection
Nan	ne of the organiz		- do to www.ii3.go			ne latest i		Employer	identification number
. tean	ne er ine er guni		IO CONSERVA	TION LEAGUE	TNC				2-6042478
Pa	art I Reaso			All organizations must co		is nart) S	ee instructions		2 0012170
				(For lines 1 through 12, o					
1				on of churches describe			I)(A)(I).		
2				Attach Schedule E (Forn					
3	·	•		anization described in se			•	() F	41 I ¹ 4 - 1 ¹
4		-	zation operated in co	njunction with a hospita	I described	a in sectio	on 170(d)(1)(A)	III). Enter	the nospital's name,
_	city, and s								
5	-	-		ollege or university owned	d or opera	ted by a g	overnmental u	nit describ	bed in
~			Complete Part II.)	and a state of the state of the state of the			4.5		
6				mental unit described in					and the state of the station
7	0			antial part of its support f	from a gov	rnmenta	i unit or from tr	le general	public described in
•			Complete Part II.)		• 11 \				
8				(1)(A)(vi). (Complete Par		ad in aaniu	upotion with a l	and arout	
9				l in section 170(b)(1)(A)(
			grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state of	the colleg	eor
10	university:			e than 33 1/3% of its sup	nort from	oontributi	ana mambaral	hin face a	and areas respired from
10	-		• • • •		-			-	•
				ct to certain exceptions, e (less section 511 tax) fr					
		on 509(a)(2). (Co				sses acqu		janization	
11			•	ively to test for public sa	ofaty Saa	saction 5	10(2)(4)		
12		•	-	sively for the benefit of, to	•			rry out the	purposes of one or
12	-	-	-	ed in section 509(a)(1) o	-			•	
				of supporting organizatio					
а				supervised, or controlled					<i>u</i> aivina
				gularly appoint or elect a	•				
		-	complete Part IV, Se	• • • •	amajonty			50 01 110 0	apporting
b				d or controlled in connec	tion with it	ts sunnort	ed organizatio	o(s) by ha	ivina
~			-	anization vested in the s			-		-
		-	st complete Part IV,						portou
c	<u> </u>		•	g organization operated	in connec	tion with	and functional	v integrate	ed with
		-		s). You must complete I				y mograd	sa man,
d	··	0	()(porting organization oper		,		ted organi	ization(s)
-				zation generally must sa				Ŭ,	
				nplete Part IV, Sections					
е				written determination fro				II. Type III	
		•		onally integrated support			51 5 51	, ,,	
f	Enter the numb	• •		, , , , , , , , , , , , , , , , , , , ,					
ç	Provide the foll	owing informatio	n about the supporte						
	(i) Name of su	ipported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
	organiza	tion		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC Part II Support Schedule for Organizations Described in Sections 170(b)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1654770.	2307373.	2551861.	2238750.	1597527.	10350281.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		0000000	0551061	00000000	1 - 0 - 0 - 0 - 0	10050001
4	Total. Add lines 1 through 3	1654770.	2307373.	2551861.	2238750.	1597527.	10350281.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1000406
-	column (f)						1933406.
	Public support. Subtract line 5 from line 4.						8416875.
-		() 0010	(1) 004 (() 0015	(1) 0010	() 0017	(0 T))
	ndar year (or fiscal year beginning in)	(a)2013 1654770.	(b) 2014 2307373.	(c)2015 2551861.	(d) 2016 2238750.	(e) 2017	(f) Total 10350281.
	Amounts from line 4	1034770.	2307373.	2331001.	2230730.	1397527.	10330201.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	77,122.	64,851.	94,451.	81,274.	87,384.	405,082.
9	and income from similar sources Net income from unrelated business	,,,122.	04,0510	51,151.	01,2740	07,504.	405,0020
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10755363.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	470,382.
13	First five years. If the Form 990 is for	-					
	organization, check this box and stor	-	·····		-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2017 (line 6, column (f) d	vided by line 11, c	olumn (f))		14	78.26 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	75.47 %
16 a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□]
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a	and see instruction	<u>Is</u> ▶

Schedule A (Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,	·						
-	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
6								
	Total. Add lines 1 through 5							
/ 2	Amounts included on lines 1, 2, and							
L	3 received from disqualified persons	1						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b					_		
<u>_8</u>	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	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.)							
	First five years. If the Form 990 is for	the organization	l 's first second thi	I rd fourth or fifth t	L tay year as a sectiv	1 = 501(c)	(3) organiz	ration
17	-	-			•		(5) Organiz	
Se	check this box and stop here	ic Support Pe	rcentage					·····
						45		0/
	Public support percentage for 2017 (I					15		%
	Public support percentage from 2016					16		%
	ction D. Computation of Inves		•			1 1		
	Investment income percentage for 20			ne 13, column (f))		17		%
	Investment income percentage from 2					18		%
19a	33 1/3% support tests - 2017. If the	-					and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation		▶∟
k	33 1/3% support tests - 2016. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than (33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted org	anization	▶∐
20	Private foundation. If the organizatio	<u>n did not check a</u>	u box on line 14, 19	9a, or 19b, check t	this box and see in	struction	s	

Vee N-

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **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.*
- 5a 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 amendment to the organizing document).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, 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).*
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** 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.**
- **c** 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2			
2			
3a	1		
3a			
3a	2		
3b	_		
3c	3a		
3c			
3c			
4a	3b		
4a	20		
4b	3C		
4b	4a		
4c			
4c			
5a	4b		
5a			
5a			
5a	4c		
5b			
5c	5a		
5c	5h		
6			
7			
7			
7			
7	•		
8	6		
8			
9a	7		
9a			
9b 90 9c 10a	8		
9b 90 9c 10a			
9b 90 9c 10a	9a		
9c	Ju		
10a	9b		
10a			
	9c		
	10a		
10b			
	10b		

Schedule A (Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC Part IV Supporting Organizations (continued)

11	Has the organization accepted a gift or contribution from any of the following persons?			
	5 1 5 5			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
Sect	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion 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 each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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 Part VI the role the organization's	•		
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) The organization satisfied the Activities Test. Complete line 2 below.	-		
a h	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
	Activities Test. Answer (a) and (b) below.	liucion	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	

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

Schedule A (Form 990 or 990 EZ) 2017 IDAHO CONSERVATION LEAGUE INC

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	ſ	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A	(Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC 82-6042478 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 instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

8	2-	6	0	4	2	4	7	8	
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IDAHO	CONSERVATION	LEAGUE	INC	

organization type (check of	110).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Name of	organization
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inanio or org			
IDAHO	CONSERVATION LEAGUE INC		82-6042478
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u> 1 </u>		\$35,5	Person X Payroll Image: Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contributior
2		\$55,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contributior
3		\$100,0	00. (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributior	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$50,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$39,3	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
6			Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(Complete Part II for noncash contributions.)

Schedule B	(Form 99	90, 990-EZ	, or 990-PF)	(2017)
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Name of	organization
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Employer identification number

82-6042478

IDAHO CONSERVATION LEAGUE INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 X Person Payroll 80,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 Х Person Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

82-6042478

IDAHO CONSERVATION LEAGUE INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of orga	anization		Employer identification number
IDAHO	CONSERVATION LEAGUE IN	1C	82-6042478
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	columns (a) through (e) and the follo us, charitable, etc., contributions of \$1,000 o	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations or less for the year. (Enter this info. once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of git and ZIP + 4	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Trapoforosio nemo adducco	(e) Transfer of git	
	Transferee's name, address, a		Relationship of transferor to transferee

SCHEDULE C	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527						OMB No. 1545-0047		
(Form 990 or 990-EZ)							17		
Department of the Treasury Internal Revenue Service	► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.								
-		n Form 990, Part IV, line 3, or For		ne 46 (Political Campai	gn Activit	ies), then			
		nplete Parts I-A and B. Do not com			_				
		01(c)(3)) organizations: Complete F	Parts I-A and C below	. Do not complete Part I-	В.				
 Section 527 organization 		• Part I-A only. • Form 990, Part IV, line 4, or For	m 990-EZ Dort VI li	ino 47 (Lobbying Activit	ioc) thon				
		have filed Form 5768 (election unc							
		have NOT filed Form 5768 (electio			-		II-A.		
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 5 (Proxy	•			•			
Tax) (see separate instr • Section 501(c)(4) (5)		tions: Complete Part III.							
Name of organization	, or (0) organizat			En	nployer id	entificatio	on number		
		ONSERVATION LEAGU				-60424	478		
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section 527	organi	zation.			
		ation's direct and indirect political							
2 Political campaign a				▶	• \$ <u> </u>				
3 Volunteer hours for	political campai	gn activities							
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)	(3).					
		incurred by the organization unde			•\$				
		incurred by organization manager							
		n 4955 tax, did it file Form 4720 fo				Yes	No No		
					L	Yes	└── No		
b If "Yes," describe in	Part IV.	anization is exempt unde	r section 501(c)	except section 50	1(c)(3)				
		d by the filing organization for sect			• \$				
	•	ization's funds contributed to othe	-		+				
exempt function ac			-		•\$				
3 Total exempt functi		. Add lines 1 and 2. Enter here and							
line 17b				▶	• \$ <u> </u>				
		1120-POL for this year?				Yes	No No		
		nployer identification number (EIN)							
		tion listed, enter the amount paid							
		omptly and directly delivered to a s additional space is needed, provid			arate segr	egated fur	nd or a		
			1	1	(1)	Amount of	nalitical		
(a) Name	,	(b) Address	(c) EIN	(d) Amount paid from filing organization's		Amount of butions re	ceived and		
				funds. If none, enter -	D pro	mptly and			
						vered to a litical organ			
						f none, ent			

Par	t II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and f	iled Form 5768 (el	ection under		
	 Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ► if the filing organization checked box A and "limited control" provisions apply. 					
	Limits on Lob (The term "expenditures" r	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence pul	olic opinion (grass roots lobbying)	8,500. 59,387.			
b	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
с	Total lobbying expenditures (add lines 1a ar	67,887.				
е		es 1c and 1d)	2,008,684.			
		ount from the following table in both columns.	250,434.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720
	reporting section 4911 tax for this year?

\$100,000 plus 15% of the excess over \$500,000.

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000.

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

20% of the amount on line 1e.

\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount	252,084.	246,865.	248,519.	250,434.	997,902.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,496,853.				
c Total lobbying expenditures	72,800.	55,000.	60,000.	67,887.	255,687.				
d Grassroots nontaxable amount	63,021.	61,716.	62,130.	62,609.	249,476.				
e Grassroots ceiling amount (150% of line 2d, column (e))					374,214.				
f Grassroots lobbying expenditures	7,800.	5,000.	5,000.	8,500.	26,300.				

Schedule C (Form 990 or 990-EZ) 2017

62,609.

0.

0.

Yes

No

Not over \$500,000

Over \$17,000,000

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Schedule C (Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b))
of the	blobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		-		
2	expenses for which the section 527(f) tax was paid).	201			
			20		
	Current year				
	Carryover from last year				
-	Total				
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
_	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ist); Part II-A	A, lines 1 a	and 2 (see	

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

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



Employer identification number

Name of the organization			
Internal Revenue Service			
Department of the Treasury			

	IDAHO CONSERVATION LEAGUE INC	82-6042478
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "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 donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	YesNo
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
~	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	accomente during the year
'	► \$	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(R)(i)
U	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
-	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	gg
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	-
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	N A
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	🕨 \$
b	Assets included in Form 990, Part X	🕨 \$

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 IDAHO C	ONSERVATIO	N LEAGUE I	NC		82-60	42478	Pag	je 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or C	ther Simil	ar Asse	ts(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are	e a significant	use of its	collection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's	exempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of						-		
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	on answered "Yes	" on Form 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod		•				7		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
T	Ending balance						Yes		<u></u>
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			\square	No
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		/ears back	(e) Four	ears h	ack
1a	Beginning of year balance	2,772,309.	2,208,994.	() ,	_ ` '	276,802.	. ,	266,2	
	Contributions	48,083.	327,715.	· · · ·		52,886.	-,	19,7	
	Net investment earnings, gains, and losses	277,866.	388,164.	, · · · ·		-884.		174,0	
	Grants or scholarships		,					/	
	Other expenditures for facilities								
•	and programs	172,000.	126,893.	182,76	50. 2	260,907.		160,5	00.
f	Administrative expenses	28,373.	25,671.			22,552.		22,7	
g	End of year balance	2,897,885.	2,772,309.			45,345.	2,	276,8	
2	Provide the estimated percentage of the cur	rent year end balanc							
а	Board designated or quasi-endowment	39.50	%	,,					
	Permanent endowment ► 60.50	%	_						
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered	for the organi	zation			
	by:						`		No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?				Зb		
4	Describe in Part XIII the intended uses of the	<u> </u>	wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990			rt X, line 10.				
	Description of property	(a) Cost or o basis (investn		or other ((other)	Accumulate depreciation		(d) Book	value	
1 a	Land		10	0,000.			100	,00	0.
	Buildings			9,885.	204,0	48.		,83	
	Leasehold improvements			2,880.	77,7	56.		,12	
	Equipment		7	8,909.	60,2	14.	18	,69	5.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)			489	,65	6.

Schedule D (Form 990) 2017

Schedule D (Form 99	90) 2017 II	ДАНО СС	ONSERVATION	LEAGUE	INC
Part VII Invest	tments - Othe	r Securiti	es.		

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value		e 12. Cost or end-of-year market value
(1) Financial derivatives		(0)	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			45
Complete if the organization answered "Yes"		, line 11d. See Form 990, Part X, line	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990. Part IV	, line 11e or 11f. See Form 990. Par	t X. line 25.
I. (a) Description of liability		(b) Book value	,
(1) Federal income taxes			
		F0 00F	
	OTHERS	59 985.1	
(2) FUNDS HELD IN CUSTODY OF	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3)	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3) (4)	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3) (4) (5)	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3) (4) (5) (6)	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3) (4) (5)	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3) (4) (5) (6)	OTHERS	59,985.	
(2) FUNDS HELD IN CUSTODY OF (3) (4) (5) (6) (7)	OTHERS	59,985.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2017 IDAHO CONSERVATION LEAGUE	INC		82-	6042478 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,022,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	74,987.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	14,671.		
е	Add lines 2a through 2d			2e	89,658.
3	Subtract line 2e from line 1			3	1,932,868.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,373.		
b	Other (Describe in Part XIII.)	4b	23,918.		
С	Add lines 4a and 4b			4c	52,291.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,985,159.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,971,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	, , ,				
С	Other losses				
d	· · · · · · · · · · · · · · · · · · ·		14,671.		
е	Add lines 2a through 2d			2e	14,671.
3	Subtract line 2e from line 1			3	1,956,393.
3 4				3	1,956,393.
-	Subtract line 2e from line 1	1 1	28,373.	3	1,956,393.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		3	
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	28,373. 23,918.	4c	52,291.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	28,373. 23,918.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PROVIDING INCOME TO SUPPORT THE LEAGUE'S ACTIVITIES.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, THE LEAGUE MAY RECOGNIZE THE TAX BENEFIT FROM AN

UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

Schedule D (Form 990) 2017 IDAHO CONSERVATION LEAGUE INC 82-6042478 Page 5 Part XIII Supplemental Information (continued)
THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE
FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE
LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING
REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS
IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2018 OR 2017.
THE LEAGUE FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE LEAGUE IS
GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
FOR YEARS BEFORE 2014.
PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE NETTED FROM REVENUE 14,671.
SPECIAL EVENIS EXPENSE NEITED FROM REVENUE 14,0/1.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
BAD DEBT RECOVERY INCLUDED IN REVENUE 23,918.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE NETTED FROM REVENUE 14,671.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
BAD DEBT RECOVERY INCLUDED IN REVENUE 23,918.

Interesting of the regarization Image of the regarization Image of the regarization IDAHO CONSERVATION LEAGUE INC BEndloyer identification number 82–6042478 Fart Fundraising Activities. Complete if the organization answered Yes' on Form 990. Part IV, line 17. Form 990. EZ filers are not required to complete this part. Indicate whether the organization number effective organization answered Yes' on Form 990. Part IV, line 17. Form 990. EZ filers are not required to complete this part. Indicate whether the organization number effective organization answered Yes' on Form 990. Part IV, line 17. Form 990. EZ filers are not required to complete this part. Indicate whether the organization number effective organization answered Yes' on Form 990. Part IV, line 17. Form 990. Par	SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047 2017 Open to Public Inspection					
Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990, EZ filers are not required to complete this part. 1 Indicate whether the organization naised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non government grants b Internet and email solicitations g Solicitation of government grants c Phone solicitations g Solicitation of government grants d Integration naise a written or oral agreement with any individual fincluding officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No tit "Yes," is the 10 highest pad individuals or entities (fundraisers) pursuant to agreements under which the tundraiser is to be compensated at least \$5,000 by the organization. (w) Amount paid (or retained by) organization. (I) Name and address of individual or entities (fundraisers) exceeded of individual for cretained by or entity (fundraiser) (w) Amount paid (or retained by) organization (I) Name and address of individual or entities (fundraiser exceeded of individual for cretained by individua	Name of the organization							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Ves No b In-the awaitten or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraiser services? Ves No b In-the awaits of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Cores receipts from activity form activity form activity form activity form activity form activity fundraiser (v) Arnount paid to (or retained by) organization (i) Name and address of individual or entities (fundraiser is to be compensated at least \$5,000 by the organization Ves No (v) Arnount paid for activity form activity form activity form activity form activity form activity form activity for activity form activity organization (v) Arnount paid to (or retained by) organization isted i	Part I Fundraising Activities	- Complete if the organization answe			n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
(i) Name and address of individual or entity (fundraiser) (ii) Activity Image calculation of the constrained by organization (iii) Activity Yes No Image calculation of the constrained by organization Yes No Image calculation of the constrained by organization Image calculation of the constrained by organization Yes No Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation Image calculation of the constrained calculation Image calculation Image	 a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 							
Total Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration		(i) Name and address of individual or entity (fundraiser) (ii) Activity (fundraiser) (iv) Gross receipts to (or retained b fundraiser (iv) Gross receipts to (or retained b fundraiser (iv) Gross receipts to (or retained b					or retained by fundraiser	() to (or retained by)
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			<u> </u>					
	3 List all states in which the organization	on is registered or licensed to solicit	contrik	. D utions	s or has been notified	d it is	exempt fron	n registration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.EZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
יפעפו ומפ	1	Gross receipts	100,651.			100,651			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	100,651.			100,651			
	4	Cash prizes							
,	5	Noncash prizes							
	6	Rent/facility costs	4,811.			4,811.			
חוו בתר דאתבו ואבא	7	Food and beverages	6,353.			6,353,			
'	8 9	Entertainment Other direct expenses				3,507			
	-	Direct expense summary. Add lines 4 throug			▶	14,671.			
_		Net income summary. Subtract line 10 from				85,980			
'a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add			
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
באמוחם									
-	1	Gross revenue							
	2	Cash prizes							
חווברו באחבווסבס	3	Noncash prizes							
	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes%				
	6	Volunteer labor	No No	No No	No				
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		►				
		er the state(s) in which the organization cond							
		he organization licensed to conduct gaming a No," explain:				Yes No			
D									
	144		المعامينة ومربع امعناهيه	a superior action of a large strate of the second					
)a		re any of the organization's gaming licenses i Yes," explain:			year?	Yes No			

Sch	iedule G (Form 990 or 990-EZ) 2017 IDAHO CONSERVATION LEAGUE INC 82-6	0424	478	Page 3
11	Does the organization conduct gaming activities with nonmembers?		/es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	۲ 🗌 ۲	/es	
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			70
14				
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆 Y	/es	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 🗀 Y	/es	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an lete if the organization Go to www.ir	d Individual	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
IDAHO CON Part I General Information on Grants a		I LEAGUE INC					82-6042478
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	to substantiate th stance?	-			-		
Part II Grants and Other Assistance to					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that received more than s		· ·			(f) Method of		1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR THE WEST 1320 W FRANKLIN ST BOISE, ID 83702	06-1654062	501 (C)(3)	45,000.	0.			SUPPORT FOR STAFF ATTORNEY
CONSERVATION VOTERS FOR IDAHO EDUCATION FUND, INC PO BOX 2802 - BOISE, ID 83701	13-4361041	501 (C)(3)	16,250.	0.			CITIZEN EDUCATION ON CITY OF BOISE SPACE LEVY AND SCOTCHMAN'S PEAK WILDERNESS PROPOSAL
FRIENDS OF SCOTCHMAN PEAKS WILDERNESS - 108 E 4TH STREET #205 - LIBBY, MT 59923	74-3202365	501 (C)(3)	16,000.	0.			CITIZEN ECUATION ON THE SCOTCHMAN'S PEAK WILDERNESS PROPOSAL
ANDRUS CENTER FOR PUBLIC POLICY 1910 W UNIVERSITY DR BOISE, ID 83725	82-0465785	501 (C)(3)	10,000.	0.			SUPPORT FOR THE CHAIR OF THE ANDRUS CENTER
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 			e line 1 table				
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) IDAHO CONSERVATION LEAGUE INC

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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Page 2

SC	HEDULE J Compensation Information	1	OMB No.	1545-00	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2017		,
•	Compensated Employees		ΖU		
Dena	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	-	mployer ider			mber
_	IDAHO CONSERVATION LEAGUE INC	82-60	4247	8	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel				
	Travel for companions	lence			
	Tax indemnification and gross-up payments				
	Discretionary spending account	, chet)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		41-		
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	21	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	on'e			
U	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensation of the CEO/Executive Director, but explain in Part III.	110			
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations	nmittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Х
с	Participate in, or receive payment from, an equity-based compensation arrangement?				Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		X
	Any related organization?				X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?				X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-		
	Regulations section 53.4958-6(c)?		9		L
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Fori	n 990)) 2017

Schedule J (Form 990) 2017

82-6042478

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(i)-(D)	on prior Form 990	
(1) RICHARD JOHNSON	(i)	151,010.	0.	0.		9,824.	165,154.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



82-6042478

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IDAHO CONSERVATION LEAGUE INC

OTHER AREAS OF PROGRAM WORK INCLUDE PROTECTING NATIVE WILDLIFE AND FISH

POPULATIONS INCLUDING SALMON, SAGE GROUSE, BIGHORN SHEEP, BULLTROUT,

AND MORE; EDUCATING SUPPORTERS AND OTHER INTERESTED CITIZENS ABOUT THE

VALUE OF HEALTHY ECOSYSTEMS AND THE ROLE HUMANS PLAY, AND ARTICULATING

OPPORTUNITIES TO PROTECT THE AIR WE BREATH, WATER WE DRINK, AND LANDS

WE LOVE THROUGH EVENTS, COMMUNICATIONS AND OUTREACH. WE SEEK TO INFORM

POLICY MAKERS AND ELECTED OFFICIALS ABOUT CONSERVATION ISSUES AND

ENCOURAGE POLICIES THAT SUPPORT EACH OF ICL'S PROGRAM AREAS.

EXPENSES \$ 665,226. INCLUDING GRANTS OF \$ 28,550. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD REVIEWS AN ELECTRONIC COPY OF THE TAX RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MANAGEMENT ANNUALLY REVIEWS CONFLICT OF INTEREST POLICY WITH EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS ANNUALLY REVIEWED AND APPROVED BY

THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE LEAGUE MAINTAINS COPIES OF ITS GOVERNING DOCUMENTS AND MAKES THEM

AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

Schedule O (Form 990 or 990-EZ) (2017) Page 2										
Name of the or	ganizati	on II	DAHO CON	SERVA	FION	LEAGUI	E INC			Employer identification number 82-6042478
PROCESS	HAS	NOT	CHANGED	FROM	THE	PRIOR	YEAR			