			** PUBLIC DISCLOSURE COPY *	*	
			Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		2021
Department of the Treasury			Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Inter	rnal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
<u>A</u>	For th	e 2021 calend	ar year, or tax year beginning ${ m OCT}$ $1$ , $2021$ and ending	<u>SEP 30, 2022</u>	
В	Check if applicat	De: C Name or	organization	D Employer identificati	on number
	Addr	ge IDAH	O CONSERVATION LEAGUE INC		
	Name	e ge Doing b	usiness as	82-6042478	
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	
	Final returr	I/ FO D	OX 844	(208) 345-	
	termi ated	<sup>n-</sup> City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	5,411,919.
	Amer returr	U DOTO	E, ID 83701	H(a) Is this a group return	n
	Appli tion		nd address of principal officer: JUSTIN HAYES	for subordinates?	Yes X No
	pend	SAME	AS C ABOVE	H(b) Are all subordinates include	ed? Yes No
		empt status:		527 If "No," attach a list.	See instructions
_			IDAHOCONSERVATION.ORG	H(c) Group exemption nu	
			X Corporation Trust Association Other ► L Y	'ear of formation: 1974 Μ St	ate of legal domicile: ID
Ρ	art I	-			
q	1		e the organization's mission or most significant activities:		
anc			ATION COMMUNITY AND PRAGMATIC, ENDURIN		
ern	2		x      if the organization discontinued its operations or disposed of m		
Š	3				<u>    19</u> 19
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>4</u>		lependent voting members of the governing body (Part VI, line 1b)		36
es.	5		of individuals employed in calendar year 2021 (Part V, line 2a)		341
Activities & Governance	6		of volunteers (estimate if necessary)		0.
ΔC	2 / a		d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
	- u	Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	2,849,043.	3,335,001.
ent	9		ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	261,953.	266,686.
å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,820.	-24,176.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,124,816.	3,577,511.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	48,500.	31,400.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
c,	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,611,385.	2,067,512.
esu	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Exnenses	b b	Total fundrais	undraising fees (Part IX, column (A), line 11e) $329,063$ .		
ú	<sup>ì</sup>   17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	668,905.	918,686.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,328,790.	3,017,598.
or	19	Revenue less	expenses. Subtract line 18 from line 12	796,026.	559,913.
	CER			Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F		8,898,011.	7,842,765.
it As	g 21		(Part X, line 26)	396,914.	142,864.
		Net assets or	fund balances. Subtract line 21 from line 20	8,501,097.	7,699,901.
	art II				
	-		I declare that I have examined this return, including accompanying schedules and stat		owledge and belief, it is
true	e, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any knowledge.	

Sign	Signature of officer		Date						
Here	JUSTIN HAYES, EXECUTIV	E DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN					
Paid	CHERYL GUIDDY	CHERYL GUIDDY	01/31/23 self-employ						
Preparer	Firm's name 🕨 HARRIS & CO., PL	LC	Firm's EIN 🕨	26-4022510					
Use Only	Firm's address 🕨 1120 S. RACKHAM	WAY, SUITE 100							
	MERIDIAN, ID 83642			Phone no. (208) 333-8965					
May the I	RS discuss this return with the preparer shown abo		X Yes No						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	00 (2021) IDAHO CONSERVATION LEAGUE INC 82-6042478 Page	e <b>2</b>
Pa		
	Check if Schedule O contains a response or note to any line in this Part III	X
1	riefly describe the organization's mission:	
	CL'S MISSION IS TO CREATE A CONSERVATION COMMUNITY AND PRAGMATIC,	
	NDURING SOLUTIONS THAT PROTECT AND RESTORE THE AIR YOU BREATHE, THE	
	ATER YOU DRINK, AND THE LAND AND WILDLIFE YOU LOVE.	
2	id the organization undertake any significant program services during the year which were not listed on the	
	rior Form 990 or 990-EZ? Yes XI	No
	"Yes," describe these new services on Schedule O.	
3	id the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	"Yes," describe these changes on Schedule O.	
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	evenue, if any, for each program service reported.	
4a	code:) (Expenses \$777,016. including grants of \$9,986.) (Revenue \$	_)
	ORKED TO GUARD AGAINST THREATS TO SUSTAINABLE MANAGEMENT OF LARGE,	
	ONNECTED LANDSCAPES TO PROTECT AND RESTORE THE ECOLOGICAL FUNCTION OF	
	UR PUBLIC LANDS AND NATIVE PLANTS, FISH AND WILDLIFE THAT DEPEND ON HEM, TO SECURE CONSERVATION BENEFITS ON PUBLIC LAND VIA COLLABORATIVE	
	AND MANAGEMENT PROJECTS, AND TO KEEP PUBLIC LANDS IN PUBLIC HANDS.	
	INCOURAGED BEST PRACTICES FOR CURRENT AND PROPOSED MINING PROJECTS,	
	ONITORING ACTIVITY AND USING REGULATORY MEANS TO ADDRESS CONCERNS.	
	DVOCATED FOR HABITAT PROTECTION FOR NATIVE WILDLIFE SUCH AS SAGE	
	ROUSE, BIGHORN SHEEP, GRIZZLY BEARS, WOLVERINE, AND BULL TROUT, AND TO	
	ESTORE ECOLOGICALLY SIGNIFICANT, HARVESTABLE POPULATIONS OF WILD	
	ALMON AND STEELHEAD TO IDAHO BY ENGAGING LOCAL AND REGIONAL PARTNER	
	RGANIZATIONS AND SUPPORTERS, SEEKING BI-PARTISAN SUPPORT FOR WILD	—
4b	including grants of \$         6,462.) (Revenue \$	)
	ORKED TO REDUCE IDAHO'S CONTRIBUTION TO THE WORLDWIDE CRISIS OF	_ ′
	LIMATE CHANGE BY ENCOURAGING IDAHOANS TO CONSERVE ENERGY AND OUR	
	UBLIC UTILITIES TO DIVEST FROM FOSSIL FUEL ENERGY SOURCES IN EXCHANGE	
	OR RENEWABLES, WORKED TO ENCOURAGE THE ADOPTION OF ELECTRIC VEHICLES	
	ND MASS TRANSIT, AND ENGAGED IN WAYS TO REDUCE AGRICULTURAL METHANE	
	MISSIONS AND PROMOTE THE ADOPTION OF CARBON SEQUESTRATION PRACTICES IN	
	NDUSTRIES INCLUDING AGRICULTURE, FORESTRY AND MORE.	
4C	<pre>code:) (Expenses \$295,209. including grants of \$3,808. ) (Revenue \$ ORKED TO MAKE THE SNAKE RIVER ACROSS SOUTHERN IDAHO SAFE, FISHABLE AND</pre>	_)
	WIMMABLE AGAIN, WORKED TO ENSURE THE ENFORCEMENT OF REGULATED	
	ISCHARGES AND REDUCE THE AMOUNT OF UNREGULATED AGRICULTURAL SURFACE	
	UNOFF AND NITRATE-LADEN GROUNDWATER DISCHARGES TO THE SNAKE RIVER,	
	ORKED TO CREATE A FRAMEWORK FOR A JOINT STATE/FEDERAL/TRIBAL/PRIVATE	
	ASIN-WIDE TERRESTRIAL AND AQUATIC RESTORATION PLAN. ENGAGED IN A	
	ROGRAM TO MONITOR HEALTH OF NORTHERN IDAHO LAKES AND RIVERS, AND	
	NCOURAGE POLICY THAT PROTECTS WATER QUALITY. MONITORED AND ENGAGED IN	—
	EGULATORY PROCESSES RELATED TO WATER IN IDAHO.	
		_
		_

4d	Other program services (Describe on Sc	hedule O.)		
	(Expenses \$ 807,400.	including grants of \$	11,144.) (Revenue \$	)
4e	Total program service expenses 🕨	2,385,383.		
				Earm 990 (2021)

<u>Form 990 (</u>			LEAGUE	INC
Part IV	Ch	ecklist of Required Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
-	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	
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,			
а	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	114		
D.	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	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		- 22
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21	х	
	contente gerenment entrarent, colarine y, interne II res, complete Schedule I, Faits I and II	<u> </u>		I

Form	990	(2021)
	330	

			Yes	No
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			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
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			
	any tax-exempt bonds?	24c		
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X 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 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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X X
b	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	0-		- v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I
	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא א טטופעטוב ט טטוגמווס מ ובסטטוסב טו זוטנב נט מוץ וווים ווז גוווס רמוג ע		Vac	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
na b		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2021) IDAHO CONSERVATION LEAGUE INC		82-6042	478	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					9
					Yes	No
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	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	 າຣ?		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				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
b	If "Yes," enter the name of the foreign country	,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices provid	ed to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g						
h						
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	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	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				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	-				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part 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 19			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
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:			
a	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	00		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ŭ		
	(mis dection b requests mormation about policies not required by the internal neverule code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
-	on Schedule O how this was done	12c	х	
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	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv) :	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			

Form 990 (2021)	IDAHO CONSERVATION LEAGUE INC	82-6042478	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	Employees, and Independent Contractors							
Check if Sc	hedule O contains a response or note to any line in this Part VII							
Section A. Officers, I	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 en	ding with or within the organization?	s tax year.					
List all of the orga	nization's current officers, directors, trustees (whether individuals or organizations	s), regardless of amount of compens	sation.					

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box.	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	In stitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) JUSTIN HAYES	40.00									
EXECUTIVE DIRECTOR				Х				107,723.	0.	11,536.
(2) KIM TROTTER	1.00									
DIRECTOR		Х						8,000.	0.	0.
(3) REBECCA PATTON	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) SCOTT FRIEDMAN	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(5) JIM DEWITT	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MEGAN DIXON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MATT BENJAMIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CAROLYN BURPEE COINER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PAUL COOPERRIDER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DAVID EICHBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARY FAUROT PETTERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JUSTINA GOODEN-HELTON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ALAN HARPER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOHN HASTINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KATHLEEN KREKOW	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JIM NORTON	1.00									•
DIRECTOR		Х						0.	0.	0.
(17) JOHN O'CONNOR	1.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.

Form		2021)	IDAHO	CONSER	VATI	ON	L L	EA	GU	E	IN	IC	82-60	) <u>42</u> 4	<u>478</u>	Page <b>8</b>	
Par	rt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
		(A) (B) (C) (D) (E)									(F)						
		I	Name and title		erage			Posi				Reportable	Reportable			imated	
				hou	rs per		not ch unles					compensation	compensation		amount of		
				l w	eek		cer and					from	from related			other	
				(lis	any	ctor						the	organization	I		pensation	
				hou	hours for	urs for	direc				p		organization	(W-2/1099-MIS	I	•	om the
				rel	ated	d a	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	anization	
				organ	izations	trust	al tru		yee	mpe		1099-NEC)	,		•	related	
				be	low	Individual trustee or director	nstitutional trustee	л.	m plo	est co oyee	er				orgai	nizations	
				li	ne)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18)	JUL	IE RIC	CHARDSON	1	.00												
DIRE	CTOR					x						0.		0.		Ο.	
(19)	GRE	GG SEF	RVHEEN	1	.00												
DIRE				-		x						0.		0.		0.	
		IEL SI	ONE	1	.00	Δ						0.					
			IONE		• 00	77						0				0	
DIRE						Х						0.		0.		0.	
		L WEPE	PNER		•00											-	
DIRE	CTOR					Х						0.		0.		0.	
														-			
														$\rightarrow$			
														$ \rightarrow $			
1b	Subt	otal										115,723.		0.	11	.,536.	
			continuation sheets to Pa									0.		0.		0.	
			ines 1b and 1c)									115,723.		0.	11	.,536.	
			er of individuals (including								o re		000 of reportable	t		_ <b>-</b>	
-			on from the organization			000			010,	,	0.0					1	
	COM	Jensali	on non the organization													Yes No	
•	<b>D</b> <sup>1</sup> 1 1		<b>.</b>	··· ·· ·										Г			
		•	anization list any <b>former</b> o				•	•	-		Ŭ						
			Yes," complete Schedule J												3	X	
4	For a	ıny indi	vidual listed on line 1a, is t	the sum of re	eportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	ne organization				
	and r	related	organizations greater than	\$150,000?	If "Yes,	" со	mple	te S	Sche	edule	e J fe	or such individual			4	X	
			son listed on line 1a receiv														
	rende	ered to	the organization? If "Yes.	" complete S	Schedule	ə.l fa	or su	ch n	berso	on .		-			5	X	
Sect			pendent Contractors		<u>onouun</u>	201	<u> </u>		/0/0							·	
			nis table for your five highe	est compens	ated inc	امما	nden	t co	ntra	actor	re th	nat received more than \$	100 000 of comr	ensat	ion from		
			, ,	•		•							•	chisat		.11	
	the o	irganiza	ation. Report compensatio		endar ye	eare	nain	g wi		or wi			ear.		(0)		
			(A) Name and bus			370	<b>NTT</b>					<b>(B)</b> Description of s	onvicos	C	( <b>C</b> ) ompen		
			Name and bus		55	INC	ONE				_	Description of s	el vices		ompen	Sation	
											-						
											-+						
2			er of independent contract	•		ot lin	nited	to t	-		ted	above) who received mo	ore than				
	\$100	.000 of	compensation from the o	rganization					- 0	)							

Form	990	(2021) ID2	АНО	CONSE	RV	ATION LEA	GUE INC		82-6042	478 Page 9
	t VII		even	ue						
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII	(B)		
							<b>(A)</b> Total revenue	Related or exempt		Revenue excluded
ς Ω	1 a	Federated campaigns		1a						
unt	b									
Contributions, Gifts, Grants and Other Similar Amounts	c					90,521.				
arA		Related organizations								
s, G Mile	е	Government grants (cont				290,575.				
ŝ	f									
the		similar amounts not include	d abov	/e <b>1f</b>		2,953,905.				
d d	g	Noncash contributions included in	n lines 1	la-1f <b>1g</b>	6					
ရှိ ငိ				3,335,001.						
						Business Code				
e	2 a	l								
er vi	b									
n S /en	c									
Program Service Revenue	d									
Š	e	All other program service								
-	1	Total. Add lines 2a-2f								
	3	Investment income (inclu								
	•	other similar amounts)	-				119,539.			119,539.
	4	Income from investment								
	5	Royalties		•		🕨				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (los	s)							
	7 a	Gross amount from sales of	:	(i) Securit		(ii) Other				
		assets other than inventory	7a	1,952,9	929.					
	b	Less: cost or other basis		1 905 5	100					
evenue		and sales expenses		1,805,7						
eve		Gain or (loss) Net gain or (loss)		•			147,147.			147,147.
Other R		Gross income from fundrais								
Ĕ	0 4	including \$								
Ŭ		contributions reported or								
		Part IV, line 18			8a	4,450.				
	b	Less: direct expenses			8b	28,626.				
	с	Net income or (loss) from	ı fund	raising ever	nts	►	-24,176.			-24,176.
	9 a	Gross income from gami	ng ac	tivities. See						
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s	▶				
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b					
-+	с	Net income or (loss) from	sales		у	Business Code				
sno	11 a									
neo	l l a b									
scellaneo <u>Revenue</u>	c									
Miscellaneous Revenue		All other revenue								
2		Total. Add lines 11a-11d								
		Total revenue. See instruct					3,577,511.	0.	0.	242,510.

82-6042478

Page **9** 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

#### Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 31,000. 31,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 400. 400. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 129,369. 100,907. 9,057. 19,405. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 226,416. Other salaries and wages 1,577,202. 1,247,496. 103,290. 7 8 Pension plan accruals and contributions (include 42,036. 32,790. 2,940. 6,306. section 401(k) and 403(b) employer contributions) 187,259. <u>11,</u>539. 149,872. 25,848. Other employee benefits 9 131,646. 102,683. 9,216. 19,747. 10 Payroll taxes 11 Fees for services (nonemployees): а Management b Legal 16,005. 16,005. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е 39,768. 4,800. 34,968. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 175,426. 125,556. 28,684. 21,186. column (A), amount, list line 11g expenses on Sch 0.) 54,919. 54,649. 270. Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 19,464. 86,017. 66,553. 16 Occupancy 52,991. 49,808. 2,062. 1.121 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 33,659. 33,659. Depreciation, depletion, and amortization 22 15,820. 15,820. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 228,989. 219,215. 7,626. 2,148. PROGRAM AND EVENTS а 96,154. PRINTING AND PUBLICATIO 96,052. 102. h 25,245. 25,477. 20,240. 58. 174. POSTAGE С 16,830. SUPPLIES 3,410. d 73,221. 61,527. 10,460. 1,234. е All other expenses 3,017,598. 2,385,383. 303,152. 329,063. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 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 IN
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-		Check if Schedule O contains a response or	note to anv	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	120,727.
	2	Savings and temporary cash investments	378,488.	2	379,348.		
	3	Pledges and grants receivable, net		288,240.	3	286,953.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>D</b>		27,877.	9	13,793.	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		924,312.			
	b	Less: accumulated depreciation	10b	924,312. 399,272.	456,657.	10c	525,040.
	11	Investments - publicly traded securities			7,743,127.	11	6,513,282.
	12	Investments - other securities. See Part IV, li			12	· · ·	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15			3,622.	15	3,622.	
	16	Total assets. Add lines 1 through 15 (must of	8,898,011.	16	7,842,765.		
	17	Accounts payable and accrued expenses	106,339.	17	142,864.		
	18	Grants payable		-	18	-	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
lide		controlled entity or family member of any of		22			
Ľ	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrel		24			
	25	Other liabilities (including federal income tax		Г			
		parties, and other liabilities not included on I					
		of Schedule D	290,575.	25	0.		
	26	Total liabilities. Add lines 17 through 25			396,914.	26	142,864.
		Organizations that follow FASB ASC 958,	check here	► X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	6,016,149.	27	5,059,202.		
Bal	28	Net assets with donor restrictions	2,484,948.	28	2,640,699.		
pu		Organizations that do not follow FASB AS					
Fu		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
Ast	31	Retained earnings, endowment, accumulate		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E C	8,501,097.	32	7,699,901.
2	33	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	8,898,011.	33	7,842,765.

Form **990** (2021)

Form 990 (		
Part X	Balance Sheet	

	1990 (2021) IDAHO CONSERVATION LEAGUE INC	82-	6042478	Pag	<sub>ge</sub> 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	3,577	7,5:	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,017		
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,501		
5	Net unrealized gains (losses) on investments	5	-1,361	.,1	<u>09.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
_	column (B))	10	7,699	9,9	<u>01.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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 on 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

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

Department of the Treasury Internal Revenue Service

(Form 990)

# 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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Nam	e of t	he organization							identification number				
Da				TION LEAGUE			I		2-6042478				
Pa	πι	Reason for Public C	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	neck only (	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor				
		university:											
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	nplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). (	Check the box on				
		lines 12a through 12d that of	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.					
а		] Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
		organization. You must c	omplete Part IV, Se	ections A and B.									
b		] Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	/ing				
		control or management or	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		] Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization						, ,					
d		] Type III non-functionally		-				ted organi;	zation(s)				
		that is not functionally inte						-					
		requirement (see instructi	•		•		-						
e		Check this box if the orga		•				I Type III					
•	L	functionally integrated, or					1960, 1960	ii, iypo iii					
f	Ente	r the number of supported of	••	any mogratod supportin	ig organiz								
		vide the following information	-	d organization(s)					L				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see in	structions)	support (see instructions)				
Tota	1												

	A (Form 990) 2021
Part II	Support Scl
	(Complete only

hedule 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1597527.	2337997.	2031888.	2849043.	3335001.	12151456.
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						
4	Total. Add lines 1 through 3	1597527.	2337997.	2031888.	2849043.	3335001.	12151456.
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,						
	column (f)						129,028.
6	Public support. Subtract line 5 from line 4.						12022428.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1597527.	2337997.	2031888.	2849043.	3335001.	12151456.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	87,384.	103,549.	115,070.	102,372.	119,539.	527,914.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12679370.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	342,803.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (I		•			14	94.82 %
	Public support percentage from 2020					15	93.16 %
<b>16</b> a	33 1/3% support test - 2021. If the o	organization did no	ot check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•	,	•		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
						Schedule A	(Form 990) 2021

Schedule A	Form 990	) 2021

### 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📘	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	<b>(a)</b> 2017	(b) 2010	(0) 2013	(0) 2020		
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<ul> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> </ul>						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second. third.	fourth, or fifth tax	year as a section 5	i01(c)(3) organi	zation,
	0					·
Section C. Computation of Public						
15 Public support percentage for 2021 (lir	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 202	21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
<b>19a 33 1/3% support tests - 2021.</b> If the o					· · · ·	
more than 33 1/3%, check this box and	d <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	
<b>b 33 1/3% support tests - 2020.</b> If the o	-					
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	

1

Yes

No

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### Schedule A (Form 990) 2021 IDAHO CONSERVATION LEAGUE INC

1

2

Yes No

Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization is activities.	rs,		

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

		TE SUDDULING ULGANIZ	
Section C.	Type II Suppo	orting Organizati	ons

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)

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> ( <i>eeeeaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaiea<i>ieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaaiea<i>iaaieaa<i>iaaaaaaaaaaaaa<i>aa</i></i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	-------------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions.				
	All other Type III non-functionally integrated supporting organizations must of	complet	e 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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	4	1
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	3
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	5
6	Other distributions (describe in Part VI). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.		8	3
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 IDAH	O CONSERVATION	LEAGUE INC	82-6042478 Page 8
Part VI	<b>Supplemental Information.</b> Part IV, Section A, lines 1, 2, 3b, 3c,	Provide the explanations re , 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 d 3; Part IV, Section E, lines	equired by Part II, line 10; Part II Ia, 11b, and 11c; Part IV, Sectio 1c, 2a, 2b, 3a, and 3b; Part V, I	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

5	
	IDAHO CONSERVATION LEAGUE INC
Organization type (che	ck one):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation

527 p	olitical org	ganization
-------	--------------	------------

	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**

Form 990-PF

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)	
Name of organization	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>235,289.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>185,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-6042478

Schedule	B (Form 990) (2021)			Pag
Name of o	organization		Employe	er identification numbe
IDAHO	CONSERVATION LEAGUE INC		82-	6042478
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
7		\$75,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
8		\$70,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

\$

from Part I	Description of noncash property given	(See instructions.)	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. 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
23453 11-11-21		\$	Schedule B (Form 990) (2021)

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

(b)

Schedule B (Form 990) (2021)

Name of organization

(a)

No.

Schedule B (Form 990) (2021)

Employer identification number

(d)

82-6042478

(c)

FMV (or estimate)

Schedule E	3 (Form 990) (2021)			Page <b>4</b>		
Name of or				Employer identification number		
IDAHO	CONSERVATION LEAGUE IN	С		82-6042478		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations described in sec a) through (e) and the following line entri charitable, etc., contributions of \$1,000 or lo	v. For organizations	hat total more than \$1,000 for the year		
(a) No. from Part I	from (b) Purpose of aift (c) Use of aift		(d) Des	cription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gift	I			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.				2021	
					Open to Public	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i				Inspection
-		Form 990, Part IV, line 3, or For		ne 46 (Political Camp	aign Act	ivities), then
.,.,		plete Parts I-A and B. Do not com 01(c)(3)) organizations: Complete P	•	Do not complete Dad		
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>			ans l-A and C below.	Do not complete Pan	I-D.	
0		Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), th	nen
		nave filed Form 5768 (election und				
		nave NOT filed Form 5768 (electior				
-		Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst • Section 501(c)(4), (5)		ions: Complete Part III.				
Name of organization	, or (o) or gameat				Employ	er identification number
IDAHO CONSERVATION LEAGUE INC					82-6042478	
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	or is a section 52	7 orga	nization.
		ation's direct and indirect political			•	
<ul><li>2 Political campaign :</li><li>3 Volunteer hours for</li></ul>	, ,					
	political campai				_	
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(	3).		
		incurred by the organization under				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m b If "Yes," describe in						Ves No
		anization is exempt under	section 501(c),	except section 5	01(c)(3	).
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt funct	ion activities	▶\$_	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for se	ection 527		
exempt function ac					▶\$_	
•	•	. Add lines 1 and 2. Enter here and			•	
		<b>1120-POL</b> for this year?			▶\$_	Yes No
00		ployer identification number (EIN)		litical organizations to		
		tion listed, enter the amount paid f		-		
		omptly and directly delivered to a s			parate se	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	e information in Part			
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's C	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Part II-A       Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).         A 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).       (a) Filing organization's totals         B Check ▶ if the filing organization checked box A and "limited control" provisions apply.       (a) Filing organization's totals       (b) Affiliated group totals         I a Total lobbying expenditures influence public opinion (grassroots lobbying)       4 6, 755.       (b) Affiliated group totals         b Total lobbying expenditures (add lines 1a and 1b)       6 8, 130.       2 , 949 , 468 .         c Total lobbying nontaxable amount. Enter the amount from the following table in both columns.       3 , 017 , 598 .         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:       3 00 , 880 .         Not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.       0 ver \$1,000,000.         Over \$1,000,000       \$100,000 plus 10% of the excess over \$1,000,000.       75 , 220 .         g Grassroots nontaxable amount (enter 25% of line 1f)       75 , 220 .       0 .         h Subtract line 1g from line 1a. If zero or less, enter -0.       0 .       0 .       0 .         j If there is an amount other than zero on eiss, enter -0.       0 .       0 .       0 .	Part II-A   Complete if the organ					042478 Page 2
A 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).         B Check ▶       if the filing organization checked box A and "limited control" provisions apply.         Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)       (a) Filing organization's totals         1a Total lobbying expenditures to influence public opinion (grassroots lobbying)       46,755.         b Total lobbying expenditures (add lines 1a and 1b)       21,375.         c Total lobbying nontaxable amount. Enter the amount of the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount. Enter the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$1,500,000.         Over \$1,000,000 but not over \$1,000,000       \$10,000,000.         Q: strast or strastel amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0.       0.         i Subtract line 1from line 1c. If zero or less, enter -0.       0.		nization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
expenses, and share of excess lobbying expenditures).         B Check ▶       if the filing organization checked box A and "limited control" provisions apply.         Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)       (a) Filing organization's totals       (b) Affiliated group totals         1a Total lobbying expenditures to influence public opinion (grassroots lobbying)       46 , 755 .       (b) Affiliated group totals         b Total lobbying expenditures (add lines 1a and 1b)       21 , 375 .       (c) 2 , 949 , 468 .         c Total lobbying expenditures (add lines 1c and 1d)       68 , 130 .       (c) 949 , 468 .         d Other exempt purpose expenditures (add lines 1c and 1d)       300 , 880 .       (f) If the amount on line 1e, column (a) or (b) is: Not over \$500,000       20% of the amount on line 1e.       300 , 880 .         0 Ver \$500,000 but not over \$1,000,000       \$100,000 put 15% of the excess over \$1,000,000.       3100,000 put 10% of the excess over \$1,000,000.       75 , 220 .         0 ver \$1,000,000       \$1,000,000.       \$1,000,000.       0 .       0 .       0 .         g Grassroots nontaxable amount (enter 25% of line 1f)       75 , 220 .       0 .       0 .         h Subtract line 1f from line 1a. If zero or less, enter -0.       0 .       0 .       0 .		n belongs to an affilia	ted group (and list in	Part IV each affiliated	group member's name	address, EIN.
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)(a) Filing organization's totals1aTotal lobbying expenditures to influence public opinion (grassroots lobbying)46,755.bTotal lobbying expenditures to influence a legislative body (direct lobbying)21,375.cTotal lobbying expenditures (add lines 1a and 1b)68,130.dOther exempt purpose expenditures2,949,468.eTotal exempt purpose expenditures (add lines 1c and 1d)3,017,598.fLobbying nontaxable amount. Enter the amount from the following table in both columns.300,880.If the amount on line 1e, column (a) or (b) is: Not over \$500,000The lobbying 10% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000Over \$1,000,000 but not over \$1,000,000\$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000\$75,220.gGrassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i75,220.hSubtract line 1f from line 1a. If zero or less, enter -0- 0.0.	· 0 0	-			9. oupon on on and	, addi coo,,
Limits on Loobying Expenditures         organization's totals         totals         Items on Loobying Expenditures         (The term "expenditures" means amounts paid or incurred.)         totals         1a Total lobbying expenditures to influence public opinion (grassroots lobbying)         b Total lobbying expenditures (add lines 1a and 1b)       46,755.         c Total lobbying expenditures (add lines 1a and 1b)         d Other exempt purpose expenditures         c Total exempt purpose expenditures (add lines 1c and 1d)         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.       300,880.         Over \$1,000,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.       0ver \$1,000,000         Over \$1,000,000 but not over \$1,000,000       \$125,000 plus 5% of the excess over \$1,500,000.       75,220.         g Grassroots nontaxable amount (enter 25% of line 1f)       0.       0.         h Subtract line 1g from line 1a. If zero or less, enter -0.       0.       0.		, ,	. ,	visions apply.		
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)       46,755.         b Total lobbying expenditures to influence a legislative body (direct lobbying)       21,375.         c Total lobbying expenditures (add lines 1a and 1b)       68,130.         d Other exempt purpose expenditures (add lines 1c and 1d)       2,949,468.         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.       3,017,598.         If the amount on line 1e, column (a) or (b) is:       The lobbying ontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$1,000,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,000,000       \$225,000 plus 5% of the excess over \$1,000,000.         Over \$17,000,000       \$110,00,000.         g Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0.       0.         i Subtract line 1f from line 1c. If zero or less, enter -0.       0.					organization's	
b Total lobbying expenditures to influence a legislative body (direct lobbying)       21,375.         c Total lobbying expenditures (add lines 1a and 1b)       68,130.         d Other exempt purpose expenditures       2,949,468.         e Total exempt purpose expenditures (add lines 1c and 1d)       3,017,598.         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.       300,880.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$1100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,000,000       \$125,000 plus 5% of the excess over \$1,000,000.         Over \$17,000,000       \$1,000,000.         g Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0-       0.         i Subtract line 1f from line 1c. If zero or less, enter -0-       0.						
c Total lobbying expenditures (add lines 1a and 1b)       68,130.         d Other exempt purpose expenditures       2,949,468.         e Total exempt purpose expenditures (add lines 1c and 1d)       3,017,598.         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.       300,880.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,500,000 but not over \$1,000,000       \$225,000 plus 5% of the excess over \$1,000,000.         Over \$17,000,000       \$210,000,000.         g Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0.       0.         i Subtract line 1f from line 1c. If zero or less, enter -0.       0.	, , ,	1 1	, ,			
d Other exempt purpose expenditures       2,949,468.         e Total exempt purpose expenditures (add lines 1c and 1d)       3,017,598.         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.       300,880.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000.         Over \$1,000,000 but not over \$1,000,000       \$225,000 plus 5% of the excess over \$1,000,000.         Over \$17,000,000       \$1,000,000.         g Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0-       0.         i Subtract line 1f from line 1c. If zero or less, enter -0-       0.		• •	, , ,			
e Total exempt purpose expenditures (add lines 1c and 1d)       3,017,598.         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.       300,880.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,500,000       \$125,000 plus 10% of the excess over \$1,000,000.         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$100,000.         g Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0-       0.         i Subtract line 1f from line 1c. If zero or less, enter -0-       0.						
f       Lobbying nontaxable amount. Enter the amount from the following table in both columns.       300,880.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:       300,880.         Not over \$500,000       20% of the amount on line 1e.       0ver \$500,000.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.       0ver \$1,000,000 but not over \$1,500,000         Over \$1,000,000 but not over \$1,000,000       \$125,000 plus 10% of the excess over \$1,000,000.       0ver \$1,000,000         Over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.       75,220.         g       Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h       Subtract line 1g from line 1a. If zero or less, enter -0-       0.         i       Subtract line 1f from line 1c. If zero or less, enter -0-       0.						
If the amount on line 1e, column (a) or (b) is:         The lobbying nontaxable amount is:           Not over \$500,000         20% of the amount on line 1e.           Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,000,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,000,000 but not over \$1,500,000         \$225,000 plus 5% of the excess over \$1,000,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.           The subtract line 1g from line 1a. If zero or less, enter -0.         0.           Is subtract line 1f from line 1c. If zero or less, enter -0.         0.						
Not over \$500,000         20% of the amount on line 1e.           Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$1,000,000         \$225,000 plus 5% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$100,000.           g Grassroots nontaxable amount (enter 25% of line 1f)         75,220.           h Subtract line 1g from line 1a. If zero or less, enter -0.         0.           i Subtract line 1f from line 1c. If zero or less, enter -0.         0.					500,000.	
Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,000,000.           Over \$17,000,000         \$100,000.           g Grassroots nontaxable amount (enter 25% of line 1f)         75,220.           h Subtract line 1g from line 1a. If zero or less, enter -0.         0.           i Subtract line 1f from line 1c. If zero or less, enter -0.         0.	· · · · · · · · · · · · · · · · · · ·					
Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$1,000,000         \$1,000,000.           Over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.           Over \$17,000,000         \$1,000,000.           Over \$17,000,000         \$1,000,000.           B Grassroots nontaxable amount (enter 25% of line 1f)         75,220.           N Subtract line 1g from line 1a. If zero or less, enter -0.         0.           I Subtract line 1f from line 1c. If zero or less, enter -0.         0.	· · · · · · · · · · · · · · · · · · ·			ass over \$500.000		
Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.           g Grassroots nontaxable amount (enter 25% of line 1f)         75,220.           h Subtract line 1g from line 1a. If zero or less, enter -0-         0.           i Subtract line 1f from line 1c. If zero or less, enter -0-         0.						
Over \$17,000,000         \$1,000,000.           g Grassroots nontaxable amount (enter 25% of line 1f)         75,220.           h Subtract line 1g from line 1a. If zero or less, enter -0-         0.           i Subtract line 1f from line 1c. If zero or less, enter -0-         0.		· · · · · · · · · · · · · · · · · · ·	•			
g Grassroots nontaxable amount (enter 25% of line 1f)       75,220.         h Subtract line 1g from line 1a. If zero or less, enter -0-       0.         i Subtract line 1f from line 1c. If zero or less, enter -0-       0.			•			
h Subtract line 1g from line 1a. If zero or less, enter -0-       0.         i Subtract line 1f from line 1c. If zero or less, enter -0-       0.		· · · · · · · · · · · · · · · · · · ·				
i Subtract line 1f from line 1c. If zero or less, enter -0-	g Grassroots nontaxable amount (enter	<sup>r</sup> 25% of line 1f)			75,220.	
	-					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	i Subtract line 1f from line 1c. If zero or less, enter -0-				0.	
	j If there is an amount other than zero	on either line 1h or lir	ne 1i, did the organizat	tion file Form 4720	_	
reporting section 4911 tax for this year? No	reporting section 4911 tax for this ye	ar?				Yes No
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)	(Some organizations that	t made a section 501	I(h) election do not h	ave to complete all o	f the five columns be	low.
Lobbying Expenditures During 4-Year Averaging Period		Lobbying Expend	litures During 4-Yea	r Averaging Period		
Calendar year(a) 2018(b) 2019(c) 2020(d) 2021(e) Total(or fiscal year beginning in)		<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
2a Lobbying nontaxable amount         250,664.         255,343.         266,440.         300,880.         1,073,327.	2a Lobbying nontaxable amount	250,664.	255,343.	266,440.	300,880.	1,073,327.
b Lobbying ceiling amount			·	·		
(150% of line 2a, column(e)) 1,609,991.	(150% of line 2a, column(e))					1,609,991.
<u>c Total lobbying expenditures</u> 72,217. 63,879. 64,870. 68,130. 269,096.	c Total lobbying expenditures	72,217.	63,879.	64,870.	68,130.	269,096.
			<pre>co.oc</pre>			
d Grassroots nontaxable amount 62,666. 63,836. 66,610. 75,220. 268,332.		62,666.	63,836.	66,610.	75,220.	268,332.
e Grassroots ceiling amount	-					400 400
(150% of line 2d, column (e)) 402, 498.	(150% of line 2d, column (e))					402,498.
f Grassroots lobbying expenditures 5,090. 12,987. 49,839. 46,755. 114,671.	f Crassroots John ing synanditures	5 090	12 987	10 830	46 755	114 671
<u>f Grassroots lobbying expenditures</u> 5,090. 12,987. 49,839. 46,755. 114,671. Schedule C (Form 990) 2021		5,0500				

# 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)		(k	<b>)</b>
	e lobbying activity.	Yes	Νο	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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	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?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ו 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		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."				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				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		-		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		. 4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Drov	do the descriptions required for Part IA, line 1: Part IR, line 4: Part IC, line 5: Part IIA (affiliated group	ligt). Dort II A	lines 1 o	ad 0 (Saa	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(Form 99	0)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IDAHO CONSERVATION LEAGUE INC	82-6042478
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds on	r 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	funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
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 or	rganization 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 conser	vation easements during the year
-	A second of second for an after the formation the after the after the second	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservatio	n easements during the year
~		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stabalance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
		is that describes the
Pa	organization's accounting for conservation easements. rt III   Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not 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 furth	
	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 FASB ASC 958, to report in its revenue statement and bal	ance sheet works of
~	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	• • •
	<ul><li>(ii) Assets included in Form 990, Part X</li></ul>	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	► \$

b	Assets included	d in Form 990	, Part X

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

► \$

Sche		<b>NSERVATION</b>				1	82-60	42478	Pa	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or O	ther S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	following that ma	ke signi	ficant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	lections and explain	how they further th	ne organization's	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai							Yes		No
Par							, Part IV, I	ine 9, or		-
	reported an amount on Form 990, Part		C C							
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contribution	s or other assets	not incl	uded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					lf				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrow or cu	ustodial account l	iability?	<b>)</b>		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year	(c) Two years ba			ears back	(e) Four	,	
	Beginning of year balance	4,783,720.	4,020,417.				97,885.	2,	772,	
b	Contributions		136,048.	,			68,740.			083.
С	Net investment earnings, gains, and losses	-736,939.	708,007.	395,84	15.	2	24,653.		277,	866.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	69,000.	48,000.				75,000.		172,	000.
f	Administrative expenses	31,942.	32,752.	,			28,900.		,	373.
g	End of year balance	3,945,839.	4,783,720.	4,020,41	.7.	3,2	87,378.	2,	897,	885.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	)) held as:						
а	Board designated or quasi-endowment	41.0000	_%							
b	Permanent endowment ► 59.0000	%								
с	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administered f	or the o	organiza	tion	-		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat							Зb		
4	Describe in Part XIII the intended uses of the		/ment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line	e 10.				
	Description of property	<b>(a)</b> Cost or ot basis (investm	• •	or other ( (other)	<b>c)</b> Accu depre	umulate ciation	d	<b>(d)</b> Book	value	Э
1a	Land			0,000.						00.
	Buildings			8,832.	25	5,22	27.	233	8,60	)5.
	Leasehold improvements			7,767.	9	2,29	97.	105	5,4	70.
	Equipment		13	7,713.	5	1,74	18.	85	5,90	55.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column (B), line 1	0c.)				525	5,04	10 <b>.</b>

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: 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.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soc Form 000 Part V line 15	
-	Description		(b) Book value
			(b) Dook value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>.25.)</u>		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

#### 82-6042478 Page 3

#### Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (h) must equal Form 990 Part X col (B) line 12 )		

#### Schedule D (Form 990) 2021 Part VII Investments IDAHO CONSERVATION LEAGUE INC

	edule D (Form 990) 2021 IDAHO CONSERVATION LEAGUE			-	6042478	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	τurn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.			2 176	621
1				1	2,176,	034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	1 2 6 1 1 0 0			
а	<b>3</b> ( )		1,361,109.			
b						
С	Recoveries of prior year grants					
d		2d				
е				2e	-1,361,	109.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,537,	743.
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	39,768.			
b	Other (Describe in Part XIII.)	4b				
С				4c		768.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,577,	511.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		3,5//, n.	511.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	Expenses per F		n.	
	rt XII Reconciliation of Expenses per Audited Financial Statem	a.	Expenses per F		3,577, n. 2,977,	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	Expenses per F	Retur	n.	
<b>Pa</b> 1	rt XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12           Total expenses and losses per audited financial statements	a.	Expenses per F	Retur	n.	
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. 	Expenses per F	Retur	n.	
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	a. 2a 2b	Expenses per F	Retur	n.	
<b>Pa</b> 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a2b2c2	Expenses per F	Retur	n.	
<b>Pa</b> 1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Retur	n. <u>2,977,</u>	830.
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a2b2c2d2d2d2d2d	Expenses per F	1	n.	830.
Pa 1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a2b2c2d2d2d2d2d	Expenses per F	1 2e	n. <u>2,977,</u>	830.
Pa 1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>2,977,</u>	830.
Pa 1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         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	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>2,977,</u>	830.
Pa 1 2 b c d e 3 4 a b	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a       2b       2c       2c       2d	Expenses per F	1 2e	n. <u>2,977,</u> <u>2,977,</u> 39,	<u>830.</u> 0. 830. 768.
Pa 1 2 4 6 3 4 8 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         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.)	2a       2b       2c       2c       2d	Expenses per F	2e 3	n. 2,977, 2,977,	<u>830.</u> 0. 830. 768.

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:

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

THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE

FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE

Schedule D (Form 990) 2021	IDAHO CONSERVATION LEAGUE INC	82-6042478 Page 5
Part XIII Supplemental Inform	mation (continued)	
LARGEST BENEFIT THAT	HAS A GREATER THAN 50 PERCENT LIP	KELIHOOD OF BEING
REALIZED UPON ULTIMA	ATE SETTLEMENT. THERE WERE NO UNREC	COGNIZED TAX BENEFITS
IDENTIFIED OR RECORD	DED AS LIABILITIES FOR FISCAL YEARS	5 2022 OR 2021.

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 2018.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer	identification number
Name of the organization		ONSERVATION LEAGUE	TN	7			82-604	
Part I Fundrais		Complete if the organization answe			n Form 990. Part IV. I	ine 1		
required to	complete this part	t.						
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o red in Form 990, Pa		ation of ation of I fundra I (incluc professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?		י 🗌	<b>fes No</b>
compensated at le	•	· /·						
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b> )	y) to (or retained by)
			Yes	No	-			
Total								
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (	exempt from	registration

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

Schedule G (Form 990) 2021

 Schedule G (Form 990) 2021
 IDAHO CONSERVATION LEAGUE INC
 82-6042478
 Page 2

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 contribution \$5 000

						ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			WILD IDAHO		(total average av)	- col. (c))
en			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	94,971.			94,971.
	2	Less: Contributions	90,521.			90,521.
$\rightarrow$	3	Gross income (line 1 minus line 2)	4,450.			4,450.
	4	Cash prizes				
	5	Noncash prizes				
bense	6	Rent/facility costs	3,609.			3,609.
Direct Expenses	7	Food and beverages	17,353.			17,353.
_	8	Entertainment				
	9	Other direct expenses				7,664.
	10	Direct expense summary. Add lines 4 through			▶	00 000
	11	Net income summary. Subtract line 10 from I			•	-24,176.
Pai	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
euri				bingo/progressive bingo	(c) other gammig	col. (a) through col. (c)
Revenue	1	Gross revenue				
es	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
+	<u> </u>			Yes %	Yes %	<u>,</u>
	6	Volunteer labor	Yes%			
		Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	<b>No</b>	□ No	<u> </u>	
	7		<b>No</b>	□ No	<u> </u>	
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	□ No	<u> </u>	
9 a	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No     No     from line 1, column (d)     ucts gaming activities:	No No	No ►	
9 a	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No     No     from line 1, column (d)     ucts gaming activities:	No No	No ►	
9 a b	7 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re-	No N	No No	No ►	Yes No
a b Da	7 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No N	No No	No ►	Yes No

132082 10-21-21

11       Does the organization conduct gaming activities with nonmembers?       Yes         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?       Yes         13       Indicate the percentage of gaming activity conducted in:	Sch	nedule G (Form 990) 2021 IDAHO CONSERVATION LEAGUE INC 82-6	042	478	Page 3
to administer charitable gaming?	11			Yes	No
13       Indicate the percentage of gaming activity conducted in:       13a       96         An outside facility       13b       96         14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
a The organization's facility				Yes	No No
b An outside facility       13b       95         14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:       Name ▶         Address ▶			1	I.	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name ▶					%
Name ▶			13b		%
Address ▶         15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes       No         b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ or the "Yes," enter name and address of the third party.       Name ▶	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes       No         b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party:       No         Name ▶		Name			
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$</li> <li>c If "Yes," enter name and address of the third party:</li> <li>Name ▶</li> <li>Address ▶</li> <li>16 Gaming manager information:</li> <li>Name ▶</li> <li>Gaming manager compensation ▶ \$</li> <li>Description of services provided ▶</li> <li>Description of services provided ▶</li> <li>Director/officer □ Employee □ Independent contractor</li> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b 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 ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>		Address 🕨			
of gaming revenue retained by the third party ▶ \$	15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
c If "Yes," enter name and address of the third party:  Name  Address  Ad	ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
Name ▶		of gaming revenue retained by the third party $\blacktriangleright$ \$			
Address ▶         16 Gaming manager information:         Name ▶         Gaming manager compensation ▶ \$         Gaming manager compensation ▶ \$         Description of services provided ▶	Ċ	c If "Yes," enter name and address of the third party:			
16 Gaming manager information:         Name ▶         Gaming manager compensation ▶ \$         Gaming manager compensation ▶ \$         Description of services provided ▶		Name			
16 Gaming manager information:         Name ▶         Gaming manager compensation ▶ \$         Gaming manager compensation ▶ \$         Description of services provided ▶					
Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         Description of services provided ▶         Director/officer         Employee         Independent contractor         17 Mandatory distributions:         a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         b 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 ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Address			
Gaming manager compensation ▶ \$         Description of services provided ▶         Description of services provided ▶         Director/officer       Employee         Independent contractor         17 Mandatory distributions:         a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         b 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 ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	16	Gaming manager information:			
Description of services provided ▶		Name			
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?       Yes         b 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 ▶ \$       \$         Part IV       Supplemental Information.       Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Gaming manager compensation 🕨 \$			
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?       Yes         b 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 ▶ \$       \$         Part IV       Supplemental Information.       Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b 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 ► \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>					
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b 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 ► \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	47				
retain the state gaming license?		•			
<ul> <li>b 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 ► \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>	ć			Yes	
organization's own exempt activities during the tax year <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	ł				
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lir	nes 9, 9	9b, 10b,
		15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

	G (Form 990)
Dort IV	Cumples

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)		G Gov	OMB No. 1545-0047						
		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury Internal Revenue Service				Attach to For				Open to Public Inspection	
·			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		•	
Name of the organization	IDAHO CON	SERVATION	LEAGUE INC					Employer identification number 82-6042478	
	mation on Grants a								
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>							on Yes X No		
Part II Grants and O	ther Assistance to I	Domestic Organiz		<b>Governments.</b> C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
<b>1 (a)</b> Name and addre or govern		<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ADVOCATES FOR THE WE 1320 W FRANKLIN ST	EST							GRANT TO SUPPORT STAFF ATTORNEY FOR 2021 AIR,	
BOISE, ID 83702		06-1654062	501 (C)(3)	30,000.	0.			LAND AND WATER ISSUES.	
			anizations listed in the					│ 	
3 Enter total number of	of other organizations	s listed in the line 1	table	<u></u>				🕨	

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

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

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.

82-6042478

SCHEDULE O (Form 990)

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

IDAHO CONSERVATION LEAGUE INC

INC 82-6042478

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROTECT AND RESTORE THE AIR YOU BREATHE, THE WATER YOU DRINK, AND THE

LAND AND WILDLIFE YOU LOVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SALMON RECOVERY TO MITIGATE THE CATASTROPHIC ECOLOGICAL AND ECONOMIC

EFFECTS THEIR LOSS HAS HAD ON THE NORTHWEST.

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

WE ALSO WORKED TO COMMUNICATE, EDUCATE, CREATE AND ORGANIZE GRASSROOTS

ACTIONS THAT CONNECT WITH LOCAL DECISION- MAKERS AND LEAD TO POLICY

CHANGE, PARTICIPATED IN COALITIONS AND PARTNERS WITH OTHER LIKE-MINDED

ORGANIZATIONS TO ACHIEVE OUR CONSERVATION GOALS, AND COMMUNICATE AND

INFORMED THE MEDIA, POLICYMAKERS AND ELECTED OFFICIAL ABOUT

CONSERVATION ISSUES AND ENCOURAGED POLICIES THAT SUPPORT EACH OF ICL'S

PROGRAM AND ISSUE AREAS.

EXPENSES \$ 807,400. INCLUDING GRANTS OF \$ 11,144. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE MEMBERS WHO SHALL HAVE SUCH RIGHTS AS ARE

PROVIDED IN THE ACT THAT ARE CONSISTENT WITH THE MANAGEMENT AUTHORITY THAT

THESE ARTICLES GRANT THE BOARD OF DIRECTORS OF THE CORPORATION. ANY PERSON

MAY BECOME A MEMBER OF THE CORPORATION UPON PAYMENT OF THE ANNUAL DUES

FIXED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization IDAHO CONSERVATION LEAGUE INC	Employer identification number 82-6042478
THE GOVERNING BODY IS ELECTED BY THE MEMBERSHIP AT LARGE,	BY BALLOT, IN THE
TWO MONTS PRECEDING THE REGULAR ANNUAL MEETING. THE MEMBER	S VOTING IN THAT
ELECTION SHALL CONSTITUTE A QUORUM. THE ACTION OF THE MAJO	RITY OF THE
MEMBERS VOTING SHALL BE THE ACTION OF THE MEMBERSHIP.	

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

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR