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Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2005**  
**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning 01-01-2005, and ending 12-31-2005**

- B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C Name of organization**  
IDAHO RURAL COUNCIL INCORPORATED

% Stacy S Butler

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO Box 118

City or town, state or country, and ZIP + 4  
Bliss, ID 83314

**D Employer identification number**  
82-0409737

**E Telephone number**  
(208) 352-4477

**F Group Exemption Number**

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method**  Cash  Accrual  
Other (specify)

**I Website:** \_\_\_\_\_  
**J Organization type** (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ** \$ 79,730

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions)

Revenue	
<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b> 65,000
<b>2</b> Program service revenue including government fees and contracts	<b>2</b> 0
<b>3</b> Membership dues and assessments	<b>3</b> 14,730
<b>4</b> Investment income	<b>4</b> 0
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b> 0
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b> 0
<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b> 0
<b>6</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	
<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1)	<b>6a</b> 0
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b> 0
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b> 0
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b> 0
<b>b</b> Less cost of goods sold	<b>7b</b> 0
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b> 0
<b>8</b> Other revenue (describe _____)	<b>8</b> 0
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b> 79,730
Expenses	
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b> 0
<b>11</b> Benefits paid to or for members	<b>11</b> 0
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b> 0
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b> 28,500
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b> 0
<b>15</b> Printing, publications, postage, and shipping	<b>15</b> 6,525
<b>16</b> Other expenses (describe _____)	<b>16</b> 38,948
<b>17 Total expenses</b> (add 10 through 16)	<b>17</b> 73,973
Net Assets	
<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b> 5,757
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b> 16,527
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b> 22,284

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	16,527	<b>22</b> 22,284
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe _____)	0	<b>24</b> 0
<b>25 Total assets</b>	16,527	<b>25</b> 22,284
<b>26 Total liabilities</b> (describe _____)	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	16,527	<b>27</b> 22,284

<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <u>Educate and promote family farm agriculture</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> Food, Agricultural & Nutrition Programs, General	1100 family farmers and rural citizens benefited from the Idaho Rural Councils work on the Sustainable Agriculture, Factory Farm and Sustainable Energy Issues (1100 families) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	73,970
<b>29</b> Promote family farm agriculture and sustainable agriculture practices and educate farmers and public	(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>	(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule)	(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	73,970

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 of the instructions )				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Additional Data Table				

**Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)** **Yes** **No**

<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>		No
<b>35</b>	<i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement ) . . . . .	<b>36</b>		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____ 0			
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		No
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . . <b>38b</b> _____ 0			
<b>39</b>	<i>501(c)(7) organizations.</i> Enter			
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____			
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____			
<b>40a</b>	<i>501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0, section 4912 ▶ _____ 0, section 4955 ▶ _____ 0			
<b>b</b>	<i>501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	<b>40b</b>		No
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____ 0			
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ 0			

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

**41** List the states with which a copy of this return is filed  \_\_\_\_\_

**42a** The books are in care of  Idaho Rural Council Telephone no  (208) 352-4477

PO Box 118

Located at  Bliss, ID ZIP + 4  83314

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42b</b>		No
<b>42c</b>		No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here  **43** and enter the amount of tax-exempt interest received or accrued during the tax year  \_\_\_\_\_

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

**Please Sign Here**

Signature of officer  2006-10-10 Date

Stacy Butler Exe Director Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>		EIN <input type="checkbox"/>	
		Phone no <input type="checkbox"/>	

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
IDAHO RURAL COUNCIL INCORPORATED

Employer identification number

82-0409737

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	No
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>	No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	No
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	No
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	<b>3a</b>	No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	No
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	No

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions.)									
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box)									
<b>5</b>	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
<b>6</b>	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
<b>7</b>	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
<b>8</b>	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
<b>9</b>	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) <b>Enter the hospital's name, city, and state ►</b> _____								
<b>10</b>	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A)								
<b>11a</b>	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)								
<b>11b</b>	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)								
<b>12</b>	<input type="checkbox"/> An organization that normally receives <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b> in Part IV-A)								
<b>13</b>	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3								
Provide the following information about the supported organizations (see page 5 of the instructions)									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above								
<b>14</b>	<input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)								





**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )   	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32d</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33b</b>	
<b>b</b> Admissions policies?	<b>33c</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33d</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33e</b>	
<b>e</b> Educational policies?	<b>33f</b>	
<b>f</b> Use of facilities?	<b>33g</b>	
<b>g</b> Athletic programs?	<b>33h</b>	
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
**(To be completed ONLY by an eligible organization that filed Form 5768)**

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000	20% of the amount on line 40	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 \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
Not over \$500,000	20% of the amount on line 40														
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 \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) <b>▶</b>	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)		No	
<b>c</b> Media advertisements		No	
<b>d</b> Mailings to members, legislators, or the public		No	
<b>e</b> Publications, or published or broadcast statements		No	
<b>f</b> Grants to other organizations for lobbying purposes		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



## TY 2005 Compensation Explanation

**Name:** IDAHO RURAL COUNCIL INCORPORATED

**EIN:** 82-0409737

**Software ID:** 05000240

**Software Version:** v1.00

Person Name	Explanation
Connie Clapier	
Stacy s Butler	
Darcy Thornborrow	
Colin Maxey	
Knight Duerig	

## TY 2005 Other Expenses Schedule

**Name:** IDAHO RURAL COUNCIL INCORPORATED

**EIN:** 82-0409737

**Software ID:** 05000240

**Software Version:** v1.00

Description	Amount
Accounting Fees	1,550
Conferences, trainings and Meetings	15,685
Equipment Rental and Maintenance	3,560
Travel	9,309
Supplies	4,588
Telephone and Utilities	4,256

## Additional Data






**Software ID:** 05000240

**Software Version:** v1.00

**EIN:** 82-0409737

**Name:** IDAHO RURAL COUNCIL INCORPORATED

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Connie Clapier  PO Box 118 Bliss, ID 83314	Vice President 0	0	0	0
Stacy s Butler  PO Box 118 Bliss, ID 83314	Exec Director/CEO 0	0	0	0
Darcy Thornborrow  PO Box 118 Bliss, ID 83314	Secretary 0	0	0	0
Colin Maxey  PO Box 118 Bliss, ID 83314	Treasurer 0	0	0	0
Knight Duerig  PO Box 118 Bliss, ID 83314	President 0	0	0	0

990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

### Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

For calendar year 2005, or tax year beginning 1/1/2005 and ending 12/31/2005

# 2005

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

**IDAHO RURAL COUNCIL INCORPORATED**

Employer identification number

**82 0409737**

#### Part I Type of Return and Return Information (Whole Dollars Only)

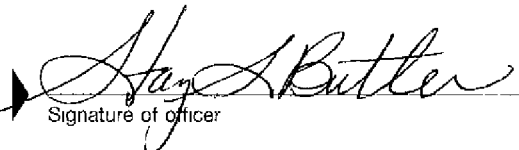
Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	_____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	<b>\$79,730</b>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

#### Part II Declaration of Officer

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.


Sign Here  Signature of officer

10-10-06 Date

Stacy Butler, Exe. Director Title

#### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no ( )