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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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calendar yea	ır,	or tax year beginning , 2009, and	d ending				<u>,</u> 20
Вс	heck if a	pplicable Please		C Name of organization		D Empl	loyer ı	denti	fication number
=	ddress o	" label c		Michigan Forest Products Council		1	:	20-0	301559
=	larne cha	ange print o		Number and street (or P O box, if mail is not delivered to street address) Ro	oom/suite	E Telep	hone	numb	per
=	nitral retu erminate			100 W. Michigan Ave	100	•	5	178	53-8880
≍	vnended	Specif		City or town, state or country, and ZIP + 4		F Gro	лр Ех	emp	tion
=		n pending tions.	•	Lansing, MI 48933			nber	-	
	• Sec	tion 501(c)(3) organ	niz	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accou	inting M	ethod	. [	Cash Accrual
				npleted Schedule A (Form 990 or 990-EZ).	I	(specify			
					H Check	(▶ ☑	ıf the	orga	inization is not
W	/ebsit	e: www.mich	ig	anforest.com	1				dule B (Form 990,
J Ta	ах-ехе	mpt status (check	Of	lly one) — ✓ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	1 .	Z, or 99			,
	heck I		_	ation is not a section 509(a)(3) supporting organization and its gross re	ceipts are r	ormally	not m	ore	than \$25,000. A
F	orm 99			urn is not required, but if the organization chooses to file a return, be					
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of				\$	276,142
	rt I			enses, and Changes in Net Assets or Fund Balances			ction	s fo	
	1		_	s, grants, and similar amounts received			1	Ī	
- 1	2	_		evenue including government fees and contracts		• •	2	┢	
- 1	3	-		and assessments			3	<del> </del>	238,551
Ì	4	Investment inco				• •	4	├	400
	ъ 5а			n sale of assets other than inventory   5a		• • •	37	1	
- }				r basis and sales expenses				}	
- }	b			· · · · · · · · · · · · · · · · · · ·	F=\		<u> </u>	1	
او	C			sale of assets other than inventory (Subtract line 5b from line	•		<u>5c</u>	├	<del></del>
Kevenue	6	•		vities (complete applicable parts of Schedule G). If any amount is from gaming,	, check here		1,200		
١٩	а	Gross revenue (		·			2 20		
ř		reported on line	•	<del> </del>			*		
	b			ses other than fundraising expenses 6b			i i		
	C	Net income or (I	os	s) from special events and activities (Subtract line 6b from line	e 6a)		6c		
Ì	7a	Gross sales of in	٦V	entory, less returns and allowances			3 8		
ı	þ	Less: cost of go	00	s sold			, ',,, ', ', ', ', ', ', ', ', ', ', ',		
- 1	С			s) from sales of inventory (Subtract line 7b from line 7a)			7c		
- 1	8	Other revenue (d	ət	Scribe See Statement 1		)	8		37,191
	9	Total revenue.	Ac	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	~		9		276,142
1	10	Grants and simil	lar	amounts paid (attach schedule)	ΛFD.		10		
-	11	Benefits paid to	O	for members		ကြ	11	T -	
g	12	Salaries, other o	or	npensation, and employee benefits MAY 17.	2010 -	ől.	12		166,582
ŹΙ	13	Professional fee	s	and other payments to independent contractors	2010	S .	13		7401
Expellees	14			utilities, and maintenance		αĺ.	14	_	13,200
] [	15	• •		ns, postage, and shipping OGDEN	I .I I.T.	71.	15		6,339
-[	16			escribe See Statement 2	, 0 1		16	_	114,563
-	17			add lines 10 through 16			17		308,085
_1	18			for the year (Subtract line 17 from line 9)			18	<del>                                     </del>	(31,943)
	19			balances at beginning of year (from line 27, column (A)) (m				<del>                                     </del>	(0.10.07
3				reported on prior year's return)			19	)	117,567
	20			net assets or fund balances (attach explanation)		1	20	-	111,501
Net Assets	21			balances at end of year. Combine lines 18 through 20			21		85,624
D:	ri II	Ralance She	9	is. If Total assets on line 25, column (B) are \$1,250,000 or more	re file For	m 990			
		Balarioc Oric		(See the instructions for Part II.)		inning of			
22	ο-	ob opulare e	. <b>.</b> .	•	<u> </u>		<u> </u>	00	(B) End of year
•		-		vestments		124	4,347		231,324
23	La	na ana bullaings			<b></b>			23	
:4	Otl	ner assets (descri	De	See Statement 3	<del></del>		8,470	$\overline{}$	46,465
25					<u> </u>		2,817	Ī	277,789
26		•		ibe Unearned contract services and L-T Notes Payable	<u> </u>		,250)	_	(192,165)
27	Ne	assets or fund	D	lances (line 27 of column (B) must agree with line 21)	1	11	7.567	1971	85.624

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Form 99	90-EZ (2009)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	4 4		, , ,
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>✓</b>
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36	_	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  Did the organization file Form 1120-POL for this year?	37b	*	<b>\</b>
38a	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 outstanding at the end of the period covered by this return?	38a	***	<b>✓</b>
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9		***************************************	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	, #	31.
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1000	, , , , , , , , , , , , , , , , , , ,	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	3 8	<b>/</b>
41	List the states with which a copy of this return is filed. ► Michigan			
42a	The organization's books are in care of ► Kevin Korpi  Located at ► 100 W. Michigan Ave, Lansing, MI  ZIP + 4 ►	517-85 489		) 
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	i	Yes	No
	account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, ", ", ", ", ", ", ", ", ", ", ", ", ",	2	
С	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:	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	-	<b>✓</b>
	<b>-</b>	aan	EZ	(0000)

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitate itable trusts mus	<b>ole trusts only.</b> A st answer questio	II section ns 46–49t					
	Did the organization engage in direct or indirect		es on behalf of o	r in opposition to	Yes	No				
	candidates for public office? If "Yes," complete				46					
	•	, ,, ,, ,, ,	•		48					
	Did the organization make any transfers to an exifure it is an exifure it is an exit on a section is a section in the section in the section is an existence in the section is a section in the section in the section is a section in the section is a section in the section in the section is a section in the section is a section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the sec	•	ed organization?.	1	49a 49b					
50	Complete this table for the organization's five h	ighest compensated emplo	oyees (other than	officers, directors, t	rustees and					
	employees) who each received more than \$100	,000 of compensation from  (b) Title and average	(c) Compensation	(d) Contributions to	(e) Expen					
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(e) componed	employee benefit plans & deferred compensation	account a other allowa	ind				
		<del> </del>	<del> </del>	<del> </del>						
			ļ	ļ						
		-								
		<del> </del>	<del> </del>	<del> </del>						
	•	1								
	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor	on. If there is none, enter "N	lone."		eived more					
d	Total number of other independent contractors of	each receiving over \$100,0	00▶							
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including accompan n of preparer (other than officer) is t	lying schedules and sta pased on all information	tements, and to the best of which preparer has a	t of my knowle iny knowledge	idge				
Sign Here	Signature of officer Kevin Korpi, Executive Director MFPC		5/13/2 Date	<b>-010</b>						
	Type or print name and title	<del></del>	<del></del>							
Paid Prepare	Preparer's signature Lisa Fitt	tante 5/9/1	Check if self- employed ► ✓	Preparer's identifying num	•	ions)				
Prepare Use Onl	vous f self-employed).			EIN ▶						
	address, and ZIP + 4 / 12967 Townsend Dr. #	512, Grand Ledge, MI 48837	Ph		-250-5173					
May the	IRS discuss this return with the preparer show	n above? See instructions	<u></u>		Yes 🔲 N m 990-EZ	(2009)				

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 67

_	Revenue Service (99)		1-					<u> </u>	squence 140 G1
Name(s) shown on return  Michigan Forest Products Council				ess or activity to w		Identifying number			
				990EZ	20-0301559				
Par			ertain Property U			oomnlot:	o Port I		
			sted property, com			complete	erani.	-	\$250,000
1			tions for a higher limit			•		1	\$250,000
2			placed in service (se		•			2	\$800,000
3			perty before reduction			' <del>-</del> '		3	\$800,000
4 5			ne 3 from line 2. If ze btract line 4 from li						<del> </del>
3	separately, see inst	-				51 -0 11	marned iming	5	
6	<del></del>	Description of proj			iness use only)	<del></del> ,	c) Elected cost	_3_	1. C. S.
		Dodon provi		(2) 0001 (000		<del></del>	0, 2,00,00 000,		
				<del> </del>		L	<del></del>		
7	Listed property En	tor the amount	from line 29	-t	7	<del></del>			
			property. Add amour			d 7	<del></del>	8	
9		-	naller of line 5 or line	_				9	<del> </del>
			from line 13 of your		 560			<u> </u>	<del> </del>
10 11			naller of business incom-					10 11	<del></del>
			Add lines 9 and 10, b				ionsj	12	<b></b>
	•		to 2010. Add lines 9			13	<del></del>	12	
			w for listed property.						
Par			owance and Other			actudo lic	tod proporty)	1900	instructions.)
			for qualified propert					1066	manuchons.)
14	during the tax year			y (outer than	ilisted propi	erty) piac	ed in service	14	
15	•	•	1) election					15	<del> </del>
	Other depreciation							16	<del></del>
Par			(S) (Do not include lis			ructions	· · · · · · · · · · · · · · · · · · ·	10	L
ı uı	MACING D	epreciation	DO NOT INCIDIO IIS	Section A	.) (See ilist	iucions.	<i></i>		
17	MACDS doductions	for accets pla	ced in service in tax		as before 200	20		17	
			issets placed in serv					11	
10	asset accounts, che		· · · · · · ·					. " .	1 7 m. 3 m. 3 m. 3 m. 1
			ed in Service Durin				Depreciation	Syst	
		(b) Month and year		(d) Recovery	Car Osing in		n Depreciation	Cys.	
(a) C	lassification of property	placed in	(business/investment use	penod	(e) Convention	n	(f) Method	(g) D	epreciation deduction
19a	3-year property	service	only-see instructions)	<del> </del>			<del></del>		
	5-year property	, ,	HP Laptop Compu	5yre	<u> </u>	17	S/L		256
C	<del></del>		Laser Printer	<del></del>		iy	S/L	├─	80
	10-year property		Dell Laptop Comp	<del></del>		17	S/L		546
	15-year property		Den Laptop Comp	3 110	<b>:</b>	<del>''</del>			
	20-year property		<del></del>	<del>                                     </del>	<del></del>				
	25-year property			25 yrs.	<del></del>	<del>-  </del> -	5/L		
	Residential rental	3, 3, 3, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,		27.5 yrs.	ММ	<del></del>	S/L		<del></del>
• • •	property	}		275 yrs.	MM		S/L		
	Nonresidential real			39 yrs.	MM		5/L		
	property	<del></del>	<del></del>	00 yis.	MM		5/L		
		Assets Place	d in Service During	2009 Tay Ve		Alternati		n Sve	tom
		Assets Flace	d in dervice burning	2003 147 16	ai Osing the	Aitemati		ii Sys	Meni
	Class life			12			5/L 5/L		<del></del>
	12-year		<del>  </del>	12 yrs.	1414	<del></del>			<del></del>
	40-year	(Coo instruct	iono\	40 yrs.	ММ		5/L		
Par		(See instruct					<del></del> 1		<del>,</del>
	Listed property. Ent				manufacture (CA)	onalles	01 Eman =	21	<del> </del>
			ines 14 through 17, lir return. Partnerships ar				LI Enter nere	20	902
		=	ed in service during	-		CIONS	·	22	882
23			section 263A costs	are current ye	ar, enter tile	00	i	۸ ،	

, Eom	4562 (2009)														Page 2
	rt V Listed proper	Property (I ty used for er For any vehicle	ntertainme	ent, red	creatio	n, or a	amuser	ment.)			•			•	rs, and
		olumns (a) throu										se exp	ense, com	piete <b>u</b>	illy 24a,
	Section A-	-Depreciation	and Other	Inform	nation (	Cautio	on: See	the ins	tructio	ns for l	ımits for	passer	nger auton	nobiles.	)
24	a Do you have evid	ence to support th	e business/i	nvestme	nt use cla	amed?	_ □ Y	es 🗌 No	24	b If "Ye	s," is the	evidenc	e written?	☐ Yes	□ No
Туј	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ nvestment use percentage	Cost or	(d) other ba			epreciation nvestmen	Rec	(f) covery enod	(g) Metho Conver		(h) Depreciation deduction		(i) ed section '9 cost
25		ciation allowand								g the		25		1.3	
26	Property used	more than 50%	6 in a qual	ified bu	siness	use:						. <u></u>			<del></del>
			%												
			%												
			%			L_									
<u>27</u>	Property used	50% or less in		busine	ess use	<u>:                                    </u>									
			%						<b>-</b>	+	5/L -				
			%			-			<del> </del>		<u> 5/L –                                    </u>				
	<b>A</b> 11	<u> </u>	<u>%</u>		7 F-4-		<del></del>				5/L –	<del></del> +			
	Add amounts											28		10.00	Tur-
_29_	Add amounts	in column (i), lin						Use of			· · ·	<u> </u>		29	
	plete this section our employees, fi		ed by a sole	e propri	etor, pai	tner, o	r other "	more th	an 5% (	owner,"					vehicles
30	Total business/ during the y commuting mile	ear ( <b>do not</b>	s driven include	Vehi			(b) ncle 2		c) cle 3		(d) nicle 4	Ve	(e) hicle 5	(t Veh	
31	Total commuting	miles driven during	a the year					<u> </u>	-			<del>                                     </del>	-		
	Total other p		nmuting)												
33	Total miles driv lines 30 through	•	ſ					_							
34	Was the vehicle use during off-co		personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehice more than 5% of	le used primar wner or related													
36	Is another vehicuse?	le available for p	l l			-									
Ansv	wer these quest	Section C-Q												who a	e not
more	e than 5% owne	ers or related pe	ersons (see	e instru	ctions).		-	_				•			
37	Do you mainta your employee		icy statem	ent tha	t prohib	its all	persona	al use o	f vehicl	es, inc	luding c	ommut	ing, by	Yes	No
38	Do you mainta employees? Se	in a written po ee the instruction											by your		
39 40	Do you treat all Do you provide	ll use of vehicle e more than five cles, and retain	s by emplo e vehicles	oyees a to your	s perso	nal us yees, o	e? .						out the		
41		ne requirements											· ·		
Pai	rt VI Amort	ization													
	(a) Description of	of costs	(b) Date amo				c) ole amour	.,		d) section		(e) ortization enod or		(f) ation for t	nie vear

	Allordedion						
(a) Description of costs				(d) Code section	(e) Amortiz penod percent	or	(f) Amortization for this year
42	Amortization of costs that begin	s during your 2009	tax year (see instructions):				
43	43 Amortization of costs that began before your 2009 tax year						
44	Total. Add amounts in column	n (f). See the instru	ctions for where to repor	t <u></u>		44	
			· · · · · · · · · · · · · · · · · · ·				4FC0

FYE: 12/31/2009

### STATEMENT 1 - Form 990EZ, Page 1, Line 8 - Other Revenue

Other Revenue	\$ 2,000
<b>Total Other Revenue</b>	\$37,191

### STATEMENT 2 - Form 990EZ, Page 1, Line 16 - Other Expenses

Advocacy	\$ 4,092
Bank Service Charges	\$ 1,100
Depreciation Expense	\$ 882
Equip. Rental & Maint	\$ 8,909
Finance Charge	\$ 685
Insurance (Non-employee)	\$ 3,430
Marketing and Advertising Exp	\$ 3,743
Meeting and Convention Expense	\$10,551
Office Expenses	\$ 1,060
Other Misc Expenses	\$ 559
Payroll Taxes	\$11,447
Professional Development	\$ 1,843
Program Expense	\$41,597
Supplies & Materials	\$ 1,970
Technology Expense	\$ 467
Telephone Expense	\$ 7,429
Travel Expense	<u>\$14,798</u>
Total Other Expense	\$114,563

#### STATEMENT 3 - Form 990EZ, Page 1, Line 24 - Other Assets

<b>Total Other Assets</b>	\$4	6,464
Leasehold Improvements	<u>\$_</u>	<u>500</u>
Dell LapTop Computer (Net)	\$	1,637
Laser Printer (Net)	\$	163
HP Computer (Net)	\$	514
Accounts Receivable	\$4	3,650

#### **MFPC Board and Committee Chairs**

#### Michigan Forest Products Council Board of Directors Chairman:

Craig Timm, Communications and Government Relations Manager-Domtar Industries, Port Huron, MI

#### **Forest Policy Committee Chairman:**

Brad Homier, New Page, Escanaba, MI

#### Sustainable Forestry Initiative (SFI) Chairperson:

Jessica Turino, Forestry Services Specialist, Weyerhaeuser, Grayling, MI

#### Michigan Forest Resource Alliance (MFRA) Chairman:

Mike Castle, Procurement Forester, Weyerhaeuser, Grayling, MI

#### Michigan Pulp & Paper Environmental Council (MPPEC) Chairman:

John Caudell, Fisbeck, Thompson, Carr, & Huber, Inc., Lansing, MI