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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2016**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 2016, and ending 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  Bonner County Human Rights Task Force  
 Number and street (or P O box, if mail is not delivered to street address)  P.O. Box 1463 Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code Sandpoint ID 83864

**D** Employer identification number  82-046 841082-04689  
**E** Telephone number 208 265-7915  
**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: BCHRTF.ORG

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

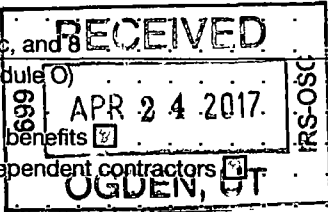
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 5207.00

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21													
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	2975.00																									
	2	Program service revenue including government fees and contracts														2																										
	3	Membership dues and assessments														3																										
	4	Investment income														4	232.00																									
	5a	Gross amount from sale of assets other than inventory														5a	2,000																									
	b	Less: cost or other basis and sales expenses														5b	2,023																									
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														5c	-23.00																									
	6	Gaming and fundraising events																																								
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)														6a																										
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														6b																											
c	Less: direct expenses from gaming and fundraising events														6c																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														6d																											
7a	Gross sales of inventory, less returns and allowances														7a																											
b	Less: cost of goods sold														7b																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c																											
8	Other revenue (describe in Schedule O)														8																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														9	3184.00																										
Expenses	10	Grants and similar amounts paid (list in Schedule O)														10	25.00																									
	11	Benefits paid to or for members														11																										
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>														12																										
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>														13	475.00																									
	14	Occupancy, rent, utilities, and maintenance														14																										
	15	Printing, publications, postage, and shipping														15	858.00																									
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>														16	6205.00																									
	17	<b>Total expenses.</b> Add lines 10 through 16														17	7563.00																									
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	-4,379.00																									
	19	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)														19	30,259.00																									
	20	Other changes in net assets or fund balances (explain in Schedule O)														20																										
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20														21	25,880.00																									



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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29,780	22 25,593.00
23 Land and buildings		23
24 Other assets (describe in Schedule O)	479.	24 287.00
25 Total assets	30,259	25 25,880.00
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,259	27 25,880.00

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28		
29	(Grants \$ <u>25</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 6,205 <input type="checkbox"/>
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
32	Total program service expenses (add lines 28a through 31a)	31a
		32 6,205

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lynn Bridges President	2	0	0	0
Donna Brundage Vice President	2	}	}	}
Brenda Hammond Secretary	2			
Sharon McCahon Treasurer	2			
Jessica Chilcott Director	2			
Linda Navarre Director	2			
Gloria Ray Director	2			
Chuck Smith Director	2			
Valerie Milliron Director	2			
Jeff Bonhoff Director	2			
Fran Guttin Director	2			
Gabriel Burns Student Liaison	2			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of SHARON McCARTON Telephone no. 209 265-7915 Located at PO BOX 1463 Sandpoint Id 83864 ZIP + 4 83864
42b 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)? If "Yes," enter the name of the foreign country:
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
43 At any time during the calendar year, did the organization maintain an office outside the United States? 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 and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

<b>Sign Here</b> <input type="checkbox"/>	▶ <u>Sharon McCahton</u> Signature of officer	▶ <u>4-13-2017</u> Date
	▶ <u>SHARON MCCATHON, TREASURER</u> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>SHARON MCCATHON</u>	Preparer's signature <u>Sharon McCahton</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

SCHEDULE O  
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2016

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Name of the organization

Employer identification number

Bonner County Human Rights Task Force

8411

Form 990-EZ Part II Line 24 Other Assets

Description	Beq of Yr	End of Year
Projector/Screen	599.00	479.00
less accumulated depreciation	120.00	192.00
<b>total</b>	<b>479.00</b>	<b>287.00</b>

Form 990-EZ, PART III PRIMARY EXEMPT PURPOSE

BEHRIF affirms the American principles and ideals of the inviolable dignity and worth of each human being. We recognize that everyone is equal under our state and Federal constitutions. Activities include presenting and supporting human rights education in Bonner County, Idaho; supporting anti-bullying programs and human rights education in local schools, and assisting individuals who believe their human rights have been violated

Form 990-EZ, PART III Line 28. First accomplishment provided scholarships to students in Bonner County through the Amber and Percy Campbell Fund; and through Idaho Community Fund, provided grants to Sandpoint High School for model UN program; Idaho Mythweaver for 2yr Native American free film series for public; Arts Alliance for on job training to low income students to learn retail skills; Bonner Partners in Care Clinic for master level MH clinicians for crisis line; Panida Theater to present 4 free Human Rights themed movies to public

Name of the organization

Employer identification number

Bonner County Human Rights Task Force

8411

Form 990 EZ Part 1, Line 10. Grants, similar amounts paid

Name and address: to organizations

Human Rights Education Institute \$25.00

414 Mullan Rd

Coeur d'Alene, Id 83814

EXPENSES:

FOOD	287.00
MEMBERSHIP	120.00
OFFICE SUPPLIES	169.00
WEBSITE	550.00
PHONE	405.00
ADVERTISING	308.00
P. D. BOX RENT	102.00
MEDIA	582.00
INSURANCE	1799.00
Graphic Design	550.00
Event Expenses	996.00
banking fees	51.00
Non-investment depreciation	286.00
<b>TOTAL</b>	<b>6205.00</b>

rounding \$ (carry over error of \$94) depreciation 192 \$286