

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

2017

► 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/form990ez](http://www.irs.gov/form990ez).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

## A For the 2017 calendar year, or tax year beginning 01-01-2017

, and ending 12-31-2017

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

C Name of organization  
IDAHO FOREST OWNERS ASSOCIATION INC

## D Employer identification number

82-0390291

Number and street (or P O box, if mail is not delivered to street address)  
P O BOX 1257

## E Telephone number

(208) 755-8168

City or town, state or province, country, and ZIP or foreign postal code  
COEUR DALENE, ID 83816

## 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: ► [WWW.IDAHOFORESTOWNERS.ORG](http://WWW.IDAHOFORESTOWNERS.ORG)J Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527K 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 ► \$ 115,871

## 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	Contributions, gifts, grants, and similar amounts received . . . . .	1	13,728
2	Program service revenue including government fees and contracts . . . . .	2	20,314
3	Membership dues and assessments . . . . .	3	10,398
4	Investment income . . . . .	4	16
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less cost or other basis and sales expenses . . . . .	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
6	Gaming and fundraising events	5c	
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	4,944
c	Less direct expenses from gaming and fundraising events . . . . .	6c	20
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	4,924
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	66,471
b	Less cost of goods sold . . . . .	7b	82,068
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	-15,597
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	33,783
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	8,868
13	Professional fees and other payments to independent contractors . . . . .	13	7,397
14	Occupancy, rent, utilities, and maintenance . . . . .	14	500
15	Printing, publications, postage, and shipping . . . . .	15	5,981
16	Other expenses (describe in Schedule O) . . . . .	16	21,965
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	44,711
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-10,928
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	155,157
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	144,229



**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 33

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) 34

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)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c 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 35c

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 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

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? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a  0

b Gross receipts, included on line 9, for public use of club facilities 39b  0

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), 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 40b

c 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 ► \_\_\_\_\_

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► \_\_\_\_\_

e 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  No

41 List the states with which a copy of this return is filed ► ID

42a The organization's books are in care of ► MARRION E NEWSAM BANKS Telephone no ► (208) 755-8168  
Located at ► P O BOX 1257 COEUR DALENE, ID ZIP + 4 ► 83816

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)? 42b  No

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

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U S? 42c  No

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 ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  No

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) 45b  No

	Yes	No
33		No
34		No
35a		No
35b		No
35c		No
36		No
37b		No
38a		No
40b		
40e		No
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		No
45a		No
45b		No

**46** 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 . . . . .

	Yes	No
46		No

**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 . . . . .

**47** 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 . . . . .

	Yes	No
47		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48	
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a	
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b	
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**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
NONE				

**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
NONE		

**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

**Sign Here**

Signature of officer

2018-04-04

Date

MARRION E NEWSAM BANKS Vice President

Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SHANNON SPRAKER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00298946
	Firm's name ► CLARK ANDERSON MCNELIS & CO PA			Firm's EIN ► 82-0403050	
	Firm's address ► 560 W CANFIELD AVE 100 COEUR D ALENE, ID 838157892			Phone no (208) 772-6460	

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

## Additional Data

**Software ID:** 17005038  
**Software Version:** 2017v2.2  
**EIN:** 82-0390291  
**Name:** IDAHO FOREST OWNERS ASSOCIATION INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)
<p><b>28</b> FAMILY FOREST LAND OWNERS &amp; MANAGERS CONFERENCE THE ENTITY PROVIDES EDUCATIONAL SPEAKERS OVER 4 DAYS FOR ATTENDEES AND THE CONFRENCE IS OPEN TO THE PUBLIC (Grants \$ )      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b></p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p><b>29</b> FOREST SEEDLING PROGRAM IFOA MAKES AVAILABLE TO FOREST LAND OWNERS FOREST SEEDLINGS FROM SEED PROPERLY SOURCED TO IDAHO (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>29a</b></p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>30</b> PUBLICATION OF A QUARTERLY NEWSLETTER AND SUBSCRIPTIONS FOR MEMBERS OF NORTHWEST WOODLANDS MAGAZINE (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>30a</b></p>

**Form 990EZ, 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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDRA MURDOCK President	5 00	0		
GORDON SANDERS Vice President	3 00	0		
ALLEN NAUGLE Secretary	3 00	0		
ROBERT REGGEAR Treasurer	3 00	0		
DAVID EASLEY Director	3 00	0		
JUDITH ADAMS Director	3 00	0		
MARCUS G SMITH Director	0	0		
MARIANNA GROTH Director	3 00	0		
JANELLE SELLS Executive Dir	3 00	0		
PAUL BUCKLAND Director	3 00	0		
G DAVID KIRK EXECUTIVE VP	25 00	4,667		
J STEPHEN FUNK DIRECTOR	0	0		
MARRION E NEWSAM BANKS EXECUTIVE VP	25 00	3,333		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
~~Internal Revenue Service~~

Name of the organization

IDAHO FOREST OWNERS ASSOCIATION INC

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

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

**2017****Open to Public  
Inspection****Employer identification number**

82-0390291

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1005	Travel \$288

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$1530

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	FFLC EXPENSES \$13419

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	FOFD EXPENSE \$4569

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	SUPPLIES \$1439

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MEMBERSHIP \$413

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	LICENSES/DUES \$307

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1010	Inventories - Beginning \$1751 Inventories - Ending \$1464

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	SALES TAX PAYABLE - Beginning \$0 SALES TAX PAYABLE - Ending \$239