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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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy the repurrence of the programments.

2008

Open to Public

Inspection

OMB No. 1545-1150

~	roi uie	2006 Calenda	ar year	or tax year beginning January 1 , 2008, and ending	Decem	per 31	, 20 00
В	Check if a	• •	- the				
	Address of	change		0404799			
旦	Name cha	ange	none nu	mber			
닖	Initial retu		type. See	106 East Olive Street	(541		265-2430
님	Terminate Amended	Lecture					
H			instruc- tions.	City or town, state or country, and ZIP + 4 Newport, Oregon 97365	F Group Numb	er.	
=	• Secti		organiz		Accounting me	thod:	Cash Accrual
_			a con		Other (specify)		
	187 a la 29	.		Н			rganization is not
-	Websit				•		edule B (Form 990,
				ıly one) —	990-EZ, or 990		
				on is not a section 509(a)(3) supporting organization and its gross receipts zation chooses to file a return, be sure to file a complete return.	are normally not	more th	an \$25,000. A retum is
<u>L</u>	Add line	s 5b, 6b, and	7b, to lii	ne 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	of Form 990-EZ	▶ \$	
Р	art I	Revenue,	Expe	nses, and Changes in Net Assets or Fund Balances (Se	e the instruct	ions fo	or Part I.)
	1	Contribution	ns, aifts	grants, and similar amounts received		1	
	2		_	evenue including government fees and contracts		2	1,298.00
	3	_		and assessments		3	5,251.40
	4	Investment	-			4	968.78
	5a			m sale of assets other than inventory			
	b			er basis and sales expenses		1 1	
	C			sale of assets other than inventory (Subtract line 5b from line 5a) (atta	och schodula)	5c	
e	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, check			
Revenue	a	Gross reve	There P				
ě	"	reported or					
-	1 .	•		·	479,718.40 324,377.02		
	1	b Less: direct expenses other than fundraising expenses					155,341.38
	I						100,011100
	7a		 -				
	b	Less: cost		70			
	C			7c			
	8	Other rever		9	162859.56		
	+			dd lines 1, 2, β, 4, 5c, 6e, 7c, and 8	· · · · · · · · · · · · · · · · · · ·	10	102039.30
	10	Grants and similar amounts paid (attachisobetule) E.D					0.404.47
	11	Benefits pa			11 12	2,491.17	
Ses	12	Benefits paid to or for members					77,951.36
ë	13			13	3,044.00		
Expenses	14	Occupancy		14	38,822.79		
ш	15	Printing, publications, postage and shipping. N. U.T				15	2,937.40
	16			describe Per capita tax for dues and Lecal Scholarships)	16	5,181.50
	17	· · · · · · · · ·		Add lines 10 through 16	▶	17	130,428.22
ţ	18	Excess or ((deficit)	for the year (Subtract line 17 from line 9)		18	32,431.34
SS	19	Net assets	st agree with				
Ä		end-of-yea		19	1,008,881.00		
Net Assets	20			net assets or fund balances (attach explanation)		20	
	1 2.			d balances at end of year. Combine lines 18 through 20		21	1,041,312.34
Р	art II	Balance S		s. If Total assets on line 25, column (B) are \$2,500,000 or more,			
		(See the instructions for Part II.) Cash, savings, and investments					(B) End of year
22	2 Casl						
23	3 Land	d and buildin	igs .		1,000,000		
24	4 Othe	er assets (de	scribe	▶ Inventories for sale or use		00 24	
25					1,063,808		
26	5 Tota	al liabilities (describ	De ► Mortgage Balance Jances (line 27 of column (B) must agree with line 21)	54,927		
27	7 Net	assets or fu	and ba	lances (line 27 of column (R) must agree with line 21)	1 008 881	AA 27	1 0/1 312 3/

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

Cat No 10642i

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Part III Statement of Program Service Accor					Expenses			
What is the organization's primary exempt purpose?					(Required for 501(c)(3) and (4) organizations			
Describe what was achieved in carrying out the organization	zation's exempt purposes. In a clear and concise manner,			and (4) organizations and 4947(a)(1) trusts;				
describe the services provided, the number of persons be	enefited, or other relevant information for each program title.			optional for others.)				
28		<u></u>						
(Grants \$) If this amount inc				00-				
				28a				
29								
(Grants \$) If this amount inc				29a				
30								
**								
(Grants \$) If this amount inc	ludes foreign grants, check	<u> here </u>	. ▶ 🗆	30a				
31 Other program services (attach schedule)								
(Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ 🗆	31a				
32 Total program service expenses (add lines 28a t	hrough 31a)		▶	32				
Part IV List of Officers, Directors, Trustees, and Key				struction	ons for Part IV.)			
	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense			
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances			
Tom Matteson					outer discountings			
1088 Pioneer MT Loop, Toledo, Oregon 97391	JPWP5 hrs/week							
Micheal Sorenson	 	-	 					
603 Camp 12 Loop, Toledo, Oregon 97391	WP - 2.0 hrs/week							
Rebecca Dock	 							
	WVP75 hrs/week							
1332 Hidden Valley Road, Toledo, Oregon 97391 Herb Faber								
	WChap5 hrs/week							
246 NE 3rd APT 2, Newport, Oregon 97365								
Herbert Johnson	WSec5 hrs/week							
P.O. Box 841, Newport, Oregon 97365								
Robert Field	Treas5 hrs/week		1					
P.O. Box 533, South Beach, Oregon 97366								
David Dock	WCond5 hrs/week		1					
1332 Hidden Valley Rd. Toledo, Oregon 97391								
Josh Billy	Inside Guard -							
P.O. Box 531, Siletz, Oregon 97380	1hr/week							
Ron West	Trustee - 1 hr/week							
P.O. Box 531, Siletz, Oregon 97380	1							
John Sullivan	Trustee5 hrs/week							
P.O. Box 8, Logsden, Oregon 97357	1 Tustee - 15 This/Week							
Milton Preisz	Trustee5 hrs/week							
318 SE 127th Drive, South Beach, Oregon 97366	1 Tustee5 ms/week							
Tom Matteson	Toursday 5 hardwards		·					
1088 Pioneer Mt Loop, Toledo, Oregon 97391	Trustee5 hrs/week	1						
John Greaves		 						
219 Lamar Road, Silver Lake, WA 98645	Trustee5 hrs/week							
210 Lamai Modal Ontol Lane, 117 00010								
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)					
			Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1		
34	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	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 your reason for not reporting the income on Form 990-T.					
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		7		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	36		✓		
37a	complete applicable parts of Schedule N 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		✓		
	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? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		1		
39	Section 501(c)(7) organizations. Enter	7 !				
а	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities] !		ĺ		
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 (4) organizations. 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," complete Schedule L, Part I	40b		1		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	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		1		
41	List the states with which a copy of this return is filed ▶					
42a	The books are in care of ▶ Telephone no. ▶ (
	Located at ► ZIP + 4 ►					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163			
	accounty? If "Yes," enter the name of the foreign country: ▶	720		Ť		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1		
	If "Yes," enter the name of the foreign country: ▶	<u> </u>				
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					
			Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1		
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		▼		

F	age	4

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Part	Section 501(c)(3) organizations only and complete the tables for lines 50 a	. All section 501(c nd 51.)(3) organiza	tions mu	st answer quest	ions 4	6-49		
47 48	candidates for public office? If "Yes," complete S Did the organization engage in lobbying activities' is the organization operating a school as describe	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to idates for public office? If "Yes," complete Schedule C, Part I							
50 (If "Yes," was the related organization(s) a section Complete this table for the five highest compensate each received more than \$100,000 of compensation.	ated employees (other		s, director		49b y emplo	oyees) who		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to positio		npensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowances		
None)								
51	number of other employees paid over \$100,000 Complete this table for the five highest compensation from the organization. If there is no	one, enter "None."	ntractors who	each rece	eived more than \$	100,000) of		
None	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Cor	npensation		
Total	number of other independent contractors each re	eceiving over \$100.0	00						
Sign Here	Under penalties of penury, I declare that I have examinand belief, it is true, correct/and complete Declarate Signature of officer Tut Ludwig u 5	ned this return, including a on of preparer (other than economic of the control o	accompanying sc n officer) is based	on all inforr	statements, and to the nation of which prepared and the prepared and the prepared are the prepared and the prepared are the prepared and the prepared are the p	best of n er has ar	ny knowledge ny knowledge		
Paid Prepa	Type or print name and title Preparer's signature		Date	Check if self-employed	Preparer's Identifyin	g Number (See instructions)		
Use O	if self-employed), address, and ZIP + 4			E	Phone no ► ()				
May t	the IRS discuss this return with the preparer show	vn above? See instru	ictions	• • • •	<u> </u>		es		