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Revenue Procedures, Retrospective Reinstatement 1003

2014-11

Short Form

1003

Form 990-EZ

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

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

04 368 45799 APR 11 '14

Statute clear

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS
label or
print or
type
See
Specific
Instruc-
tions.

C
BPOE Lodge 2146 Milton Freewater
611 North Main Street
Milton Freewater, OR 97862

D Employer identification number

93-0492707

E Telephone number

1-541-938-3633

F Group Exemption
Number ► 1156

• 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) ►

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

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (8) (insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 223,092.

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

REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/> a Gross revenue (not including \$ _____) of contributions reported on line 1 b Less direct expenses other than program expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold TPR BRANCH c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► _____) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 2,429. 2 3 35,148. 4 2,056. 5a 5b 5c 6a 80,047. 6b 60,722. 6c 19,325. 7a 103,412. 7b 65,395. 7c 38,017. 8 9 96,975.
	10 Grants and similar amounts paid (attach schedule) See Statement 1
	11 Benefits paid to or for members
	12 Salaries, other compensation, and employee benefits
	13 Professional fees and other payments to independent contractors
	14 Occupancy, rent, utilities, and maintenance
	15 Printing, publications, postage, and shipping
	16 Other expenses (describe ► See Statement 2)
	17 Total expenses. Add lines 10 through 16 ► 17 109,481.
ASSETS 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20	10 8,870. 11 12 13,720. 13 3,100. 14 12,843. 15 5,754. 16 65,194. 17 109,481. 18 -12,506. 19 109,189. 20 21 96,683.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	74,115.	22 64,697.
23 Land and buildings	22,498.	23 21,814.
24 Other assets (describe ► See Statement 3)	16,312.	24 13,262.
25 Total assets.	112,925.	25 99,773.
26 Total liabilities (describe ► See Statement 4)	3,736.	26 3,090.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,189.	27 96,683.

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

TEEA0803L 01/30/10

Form 990-EZ (2009)

20

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? See Statement 5.

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.

28 See Statement 6

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here.

31 a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
See Statement 7		5,700.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 8

	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	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
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	35a	X
a 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?	35b	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b 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 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	40b	
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		
c 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		0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0
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	X
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► Ray Navarre Located at ► 611 N Main Street Milton Freewater OR	Telephone no ► 1-541-938-3633 ZIP + 4 ► 97862	
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)? If 'Yes,' enter the name of the foreign country ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42c	X
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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization a section 527 organization? . . .

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

	Yes	No
46		
47		
48		
49a		
49b		

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.'

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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			
		Date <u>3-27-14</u>		
	Signature of officer			
	Type or print name and title Ray Navarre Secretary			
Paid Preparer's Use Only	Preparer's signature 	Date <u>3/12/2014</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 Read & Bose, CPA's, PC 215 SE Dorion Pendleton, OR 97801-2552	EIN N/A	Phone no (541) 276-2693	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2009)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number
93-0492707

BPOE Lodge 2146 Milton Freewater

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Various Events (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
1	Gross receipts	38,260.			38,260.
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	38,260.			38,260.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	29,685.			29,685.
10	Direct expense summary. Add lines 4- through 9 in column (d)				29,685.
11	Net income summary. Combine lines 3, column (d) and line 10				8,575.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1	Gross revenue			41,787.	41,787.
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses			31,037.	31,037.
6	Volunteer labor	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				31,037.
8	Net gaming income summary. Combine lines 1, column (d) and line 7				10,750.

9	Enter the state(s) in which the organization operates gaming activities. OR	YES	NO
a	Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/> X	
b	If 'No,' explain.		
-----	-----		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input checked="" type="checkbox"/> X	
b	If 'Yes,' explain		
-----	-----		
11	Does the organization operate gaming activities with nonmembers?	<input checked="" type="checkbox"/> X	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input checked="" type="checkbox"/> X	

13 Indicate the percentage of gaming activity operated in

a The organization's facility
 b An outside facility

	YES	NO
13a	100.0 %	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Ray NavarreAddress ► 142 SE 3rd Ave, Milton-Freewater, OR 97862

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party:

Name: ►

Address: ►

16 Gaming manager information

Name: ► Ray Navarre

Gaming manager compensation ► \$ _____

Description of services provided ► Organizational Secretary Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	X
-----	---

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ _____

Depreciation and Amortization
(Including Information on Listed Property)

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

BPOE Lodge 2146 Milton Freewater

Business or activity to which this form relates

Form 990/990-PF

► See separate instructions. ► Attach to your tax return.

Identifying number
93-0492707Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29.	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,734.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.	►	<input type="checkbox"/>

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	3,734.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2009**Federal Statements****Page 1****BPOE Lodge 2146 Milton Freewater****93-0492707****Statement 1**
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid**Payments to Affiliates**

Name:	BPOE
Address:	2750 Lake View Avenue Chicago, IL 60614
Purpose of payment:	National & state per capita
Amount:	\$ 8,870.
Payments to Affiliates	\$ 8,870.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 767.
Bank Fees	1,487.
Bar & Kitchen Supplies	1,132.
Catering Events	10,702.
Conferences, Conventions, and Meetings	12,197.
Depreciation	3,734.
Dignitary Entertainment	3,309.
Donations	1,000.
Dues & Subscriptions	605.
Information Technology	1,504.
Insurance	3,683.
Janitorial Expense	4,498.
Licenses and Fees	288.
Miscellaneous	899.
Office Expenses	3,541.
Officer's Expenses	306.
Repairs and Maintenance	15,542.
Total	<u>\$ 65,194.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 3,366.	\$ 2,478.
Inventories	4,345.	4,345.
Machinery and Equipment	8,601.	6,439.
Total	<u>\$ 16,312.</u>	<u>\$ 13,262.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
A/P and Payroll Taxes Payable	\$ 3,736.	\$ 3,090.
Total	<u>\$ 3,736.</u>	<u>\$ 3,090.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The organizations primary exempt purpose is to supply charity and social activities to the community.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

The accomplishments for the year are college scholarships, funds to the eye clinic for those that need it, Meadowood camp that conducts activities for youth that have speech and hearing problems, youth activities such as Little League and local children programs, Veterans programs to help family and veterans with funds as needed, Christmas baskets for the needy, and a yearly picnic for the elks to have lots of youth activities etc.

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Helen Brown 614 8th Ave #2 Milton-Freewater, OR 97862	Treasurer \$ 5.00	200.	\$ 0.	\$ 0.
Robert R Hutchins 217 NE 9th Ave. Milton Freewater, OR 97862	Exalted Ruler 2.00	0.	0.	0.
James H Devore 621 S Columbia Milton Freewater, OR 97862	Leading Knight 2.00	0.	0.	0.
Joel Figueroa 103 SE 9th Street Milton Freewater, OR 97862	Loyal Knight 2.00	0.	0.	0.

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Ray Navarre 142 SE Third Ave. Milton Freewater, OR 97862	Secretary 10.00	\$ 5,500.	\$ 0.	\$ 0.
J. Michael Lusk 1103 Vining St Milton-Freewater, OR 97862	Trustee 2.00	0.	0.	0.
John D Steele PO Box 124 Athena, OR 97813	Trustee 2.00	0.	0.	0.
Joe Fausti 975 SE Eagle Lane College Place, WA 99324	Trustee 2.00	0.	0.	0.
John H Kain Jr. 313 Apple Ct. Milton Freewater, OR 97862	Trustee 2.00	0.	0.	0.
Mike Humbert PO Box 409 Milton Freewater, OR 97862	Trustee 2.00	0.	0.	0.
Rick Kain 403 Willow Street Milton Freewater, OR 97862	Trustee 2.00	0.	0.	0.
Dale Peterson PO Box 1060 Milton Freewater, OR 97862	Tiler 2.00	0.	0.	0.
Marquis F Navarre 513 NE 8 Apt C7 Milton Freewater, OR 97862	Esquire 2.00	0.	0.	0.
Michael Jones PO Box 92 Weston, OR 97886	Lecturing Knight 2.00	0.	0.	0.
David McCaffray 707 S Pine Richmond, VA 23220	Trustee 2.00	0.	0.	0.
Fred Swords 518 S 20th St Pendleton, OR 97801	Chaplain 2.00	0.	0.	0.

Statement 7 (continued)**Form 990-EZ, Part IV****List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Robert Dombrosky 222 NW 2nd Ave Milton-Freewater, OR 97862	Inner Guard \$ 2.00	0. \$ 0.	0. \$ 0.	0.
		Total \$ 5,700.	0. \$ 0.	0.

Statement 8**Form 990-EZ, Part V****Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No