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Revenue Procedures 2014-11 Retrospective Reinstatement 1003

Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 4/01, 2009, and ending 3/31, 2010

B Check if applicable:  
Address change  
Name change  
Initial return  
Termination  
Amended return  
Application pending

Please use IRS label or print or type See Specific Instructions.

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):

I Website: N/A

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

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.)

1	Contributions, gifts, grants, and similar amounts received	1	2,429.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	35,148.
4	Investment income	4	2,056.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a	Gross revenue (not including <del>from state lot</del> of contributions reported on line 1)	6a	80,047.
6b	Less: direct expenses other than fundraising expenses	6b	60,722.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,325.
7a	Gross sales of inventory, less returns and allowances	7a	103,412.
7b	Less: cost of goods sold	7b	65,395.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	38,017.
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	96,975.
10	Grants and similar amounts paid (attach schedule) See Statement 1	10	8,870.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	13,720.
13	Professional fees and other payments to independent contractors	13	3,100.
14	Occupancy, rent, utilities, and maintenance	14	12,843.
15	Printing, publications, postage, and shipping	15	5,754.
16	Other expenses (describe See Statement 2)	16	65,194.
17	Total expenses. Add lines 10 through 16	17	109,481.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,506.
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	109,189.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 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.	64,697.
23 Land and buildings	22,498.	21,814.
24 Other assets (describe See Statement 3)	16,312.	13,262.
25 Total assets	112,925.	99,773.
26 Total liabilities (describe See Statement 4)	3,736.	3,090.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,189.	96,683.

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

Form 990-EZ (2009)

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

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.

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

28 See Statement 6.

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

**28 a**

29

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

**29 a**

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

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs.)
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[illegible]

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

See Statement 8

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> 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		
<b>a</b> 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?	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶ 37a</b> 0.	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> 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?	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A; section 4912 <b>▶</b> N/A; section 4955 <b>▶</b> N/A		
<b>b</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	<b>40b</b>	
<b>c</b> 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 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> None		

**42a** The organization's books are in care of **▶ Ray Navarre** Telephone no **▶ 1-541-938-3633**  
 Located at **▶ 611 N Main Street Milton Freewater OR** 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 **▶**

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**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 **▶** ☐ N/A

**43** ☐ N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		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

	Yes	No
<b>45</b>		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

	Yes	No
<b>46</b>		
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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 key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

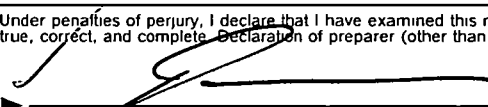
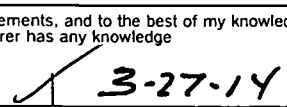
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances


**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 ▶

<b>Sign Here</b>	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.	
	 Signature of officer	 Date <b>3-27-14</b>
	<b>Ray Navarre</b> Type or print name and title	<b>Secretary</b>

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <b>3/12/2014</b>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <b>N/A</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Read &amp; Bose, CPA's, PC</b>		EIN <b>N/A</b>	
	<b>215 SE Dorion</b>		Phone no <b>(541) 276-2693</b>	

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

☒ **Yes** ☐ **No**

**BAA**

Form 990-EZ (2009)



**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 (event type)	(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.
DIRECT EXPENSES	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.
DIRECT EXPENSES	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

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a	X	
10a		X
11		X
12		X

		YES	NO
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility		
<b>b</b>	An outside facility		
<b>13a</b>	100.0 %		
<b>13b</b>	%		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ <u>Ray Navarre</u>			
Address ▶ <u>142 SE 3rd Ave , Milton-Freewater, OR 97862</u>			
<b>15a</b>	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	<b>15a</b>	X
<b>b</b>	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
<b>c</b>	If 'Yes,' enter name and address of the third party:		
Name ▶ _____			
Address ▶ _____			
<b>16</b>	Gaming manager information		
Name: ▶ <u>Ray Navarre</u>			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ <u>Organizational Secretary</u>			
<input checked="" type="checkbox"/>	Director/officer	<input type="checkbox"/>	Employee
<input type="checkbox"/>	Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	X
<b>b</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)

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

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

BPOE Lodge 2146 Milton Freewater

Identifying number

93-0492707

Business or activity to which this form relates

Form 990/990-PF

**Part 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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			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	

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.
<b>Total</b>	<b>\$ 3,736.</b>	<b>\$ 3,090.</b>

**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, Meadowwood 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**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
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	Compen- sation	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 Knigh 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**

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