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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Δ	For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30		2010
	_		ployer id	entification number
	\Box	oneck is applicable.		L9008
	Ħ	Name change label or DO Box 42042	ephone n	
	Ħ	Intelligation Prince France OR 07404		
		Termination Specific Specific	41-40	51-6649
	=		mber_	emption >
		• 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 metho Other (specify) ▶	d X	Cash Accrual
	ı	Website: ► www.opca.org required to attach	Sched	anization is not ule B (Form 990,
	J	Tax-exempt status (check only one) — X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF	•	
		Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are nor \$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	mally n e a com	ot more than plete return.
		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.	▶\$	61,351.
	Pa	rt 📭 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instru	uction:	s for Part I.)
		Contributions, gifts, grants, and similar amounts received	_1	766.
		Program service revenue including government fees and contracts	2	
		3 Membership dues and assessments	3	23,017.
		4 Investment income 5a Gross amount from sale of assets other than inventory 5a	4	91.
		5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b		
	R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)	5 c	
	MCZM <m2< td=""><td>6 Special events and activities complete applicable parts of Schedule G) If any amount is from gaming, check here</td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td></m2<>	6 Special events and activities complete applicable parts of Schedule G) If any amount is from gaming, check here		· · · · · · · · · · · · · · · · · · ·
	E N	a Gross revenue (not including so of contributions		
	E			
		reported on line 1) = 2010 6a 36, 342. b Less direct expenses other trian fundraising expenses 6b 15, 375.		
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,967.
		7a Cross sales of nyentory, less returns and allowances 7a 1, 135.	-	
		b Less: cost-of-goods-sold 820.		215
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	315.
		8 Other revenue (describe >)	8	45 15C
Ø		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) See Statement 1	9	45,156.
SCANNED		' ` ` <i>'</i>	10	500.
2	E	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits	12	
Z	EXPEN	13 Professional fees and other payments to independent contractors	13	19,562.
	Ñ S	14 Occupancy, rent, utilities, and maintenance	14	5,855.
_	Ē	15 Printing, publications, postage, and shipping	15	746.
30	J	16 Other expenses (describe ► See Statement 2) .	16	17,591.
C	_	17 Total expenses. Add lines 10 through 16	17	44,254.
	_	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	902.
\$ 2(N S E E	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	13,064.
2010	Ţ	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	13,966.
	Pa	rt II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste		
		(See the instructions for Part II) (A) Beginning of year		(B) End of year
	22	, , , , , , , , , , , , , , , , , , , ,	23	13,966.
	23 24		24	
	25	16.405		13,966.
	26	0.001		0.
	27	10.054		13,966.
	BA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)

Form	990 EZ (2009) Pest Control Ope	erators of Oregon,	Inc		-081	9008 Page 2
Par	t III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)	(Dame)	Expenses
	is the organization's primary exempt purpose? Pr				501(c)	ured for section (3) and (4) izations and section a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses In a clear and co	oncise manner,	organ	izations and section
progr	ribe the services provided, the number of ram title	persons benefited, or other i	relevant information for	eacii	for ot	ners)
	Provide Education Seminar	'S				
						
		-				
	(Grants \$) If th	s amount includes foreign gr	rants chack hare		28 a	
~~	Publish Trade Newsletter	is amount includes loreign gr	ants, theth here		204	
29	Lupitzu ligde wemsierrer				1	
					- 1	
					Ī	
	(Grants \$) If th	<u>is amount includes foreign gr</u>	rants, check here	<u> </u>	29 a	
30						
	(Grants \$) If th	is amount includes foreign gr	rants, check here	▶	30 a	
31	Other program services (attach schedule	2)				
	(Grants \$) If th	is amount includes foreign gr	rants, check here	▶ 🗍	31 a	
32	Total program service expenses (add lii	nes 28a through 31a).		•	32	
Par	t IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each or	ne even if not com	pensa	ted (See the instrs)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan deferred compensati	s and	and other allowances
		to position		dererred compensar	uon	
					1	
			_			•
<u>See</u>	Statement 4		0.		0.	<u> </u>
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BAA	\	TEEA0812L (01/30/10			Form 990-EZ (2009)

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

44

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

	EZ (2009) Pest Control Operat			93-0819			'age 4
Part VI	Section 501(c)(3) organization	s and section 4947	7(a)(1) nonexem	pt charitable trusts onl	y. All sec	ction	l
	501(c)(3) organizations and se	ction 494/(a)(1) no	nexempt charita	able trusts must answer	question	าร	
	46-49b and complete the table) .				
46 Did f	he organization engage in direct or indire	ct political campaign a	ctivities on behalf of	for in opposition to candidat	es —	Yes	No
for p	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule	C, Part I	·	or in opposition to canadat	46		<u></u>
47 Did 1	he organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part II		47		
48 Is th	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete S	chedule E	48		
49 a Did 1	he organization make any transfers to an	exempt non-charitable	related organizatio	n?	49 a		i
	es,' was the related organization a section	· · · · · · · · · · · · · · · · · · ·			49b		
EO Com	niate this table for the ergonization's five	highest companyated	amplayage (ather th	on officers directors trustee	s and koy		
emp	plete this table for the organization's five loyees) who each received more than \$10	00,000 of compensation	from the organizati	ion. If there is none, enter 'N	one'		
	ANI	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans and	(e) Exp	ense	
3)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	Ì	deferred compensation	account other allo	wances	s
	·						
		1					
		1	ļ				
		1					
		1	ļ				
f Tota	I number of other employees paid over \$	100,000	•	<u> </u>			
				_			
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated i	ndependent contrac	tors who each received more	e than \$100	0,000	of
com	pensation from the organization. If there i	s none, enter 'None '	•		·	·	
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Compo	ensatio	n
	,,						
						,	
	·	······································					
- -							
				<u> </u>			
	· · · · · · · · · · · · · · · · · · ·						
d Tota	I number of other independent contractors	s each receiving over \$	100 000	···			
u 10ta	Thanber of outer independent contractor	o cach receiving over ϕ	100,000				
	Under penalties of periury. I declare that I have exam	nned this return, including acco	omnanying schedules and	statements, and to the best of my know	viedge and be	ief. it is	
	Under penalties of perjury, I declare that I have exam true, corrects and complete Declaration of preparer (other than officer) is based on	all information of which pro	eparer has any knowledge		,	•
	Michael 1 4	in the second		11-12-10			
Sign	Sandy for the state of the stat	usker		Date			
Here	Signature of officer	Cara					
	SUZANNE T. FISHER	SECR	ETARY TR	EASURER			
	Type or print name and title	A A . 1		····			
Paid	Preparer's	Munda I Land	Date		parer's Identify e instructions)		mber
Pre-	signature Melinda Handy M	WI WAY INW	y 1111/11	V seni- employed ► PC	0547769	9	
parer's	Firm's name (or FOCUS 4 CPA yours if self-	• •	[/				
Use	employed), 1/82 5th St		· ···		51-0490		
Only	ZIP + 4 Springfield, OR	97477		Phone no ► (541	744-0	<u> </u>)

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

BAA

►X Yes No Form 990-EZ (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

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Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

	~	rganizations Complete Part III	tnen		
	of organization			Employer identific	ation number
Pe	st Control Operator	s of Oregon, Inc		93-081900	18
Pa	RIA Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political o	campaign activities in	Part IV	
2	Political expenditures			► \$	
3	Volunteer hours				
Pai	飛憶B I Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶ \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	Was a correction made? .				Yes No
1	If 'Yes,' describe in Part IV				
Pa	Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	•
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
3	Total of exempt function exp line 17b	enditures Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L, ► \$.
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	made. For each organization contributions received that w	and employer identification number (EIN) listed, enter the amount paid from the fill ere promptly and directly delivered to a see (PAC). If additional space is needed, pr	ng organization's fund eparate political organ	ds. Also enter the amou	unt of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 200	9 Pest Contr	ol Operators of C	Oregon, Inc	93-081	9008 Page 2
Part II-A Complete if	the organization	n is exempt under se			
section 501(· · · · · · · · · · · · · · · · · · ·				
-		ongs to an affiliated group			
B Check ► if the filir		ecked box A and 'limited coing Expenditures —	ontrol provisions apply	(a) Filing	(b) Affiliated
(The term	'expenditures' me	ans amounts paid or incu	rred.)	organization's totals	group totals
1 a Total lobbying expendition	ures to influence p	ublic opinion (grass roots l	lobbying)		
b Total lobbying expendition	ures to influence a	legislative body (direct lob	obying).		
c Total lobbying expendite	ures (add lines 1a	and 1b)			
d Other exempt purpose e					
e Total exempt purpose e	expenditures (add I	nes 1c and 1d)			
f Lobbying nontaxable an both columns	nount Enter the ar	nount from the following to	able in		
If the amount on line 1e, col	umn (a) or (b) ıs.	The lobbying nontaxable	amount is.		
Not over \$500,000		20% of the amount on line 1e		}	
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	s over \$1,500,000		
g Grassroots nontaxable a	amount (onter 25%	\$1,000,000.			
h Subtract line 1g from lir	**		•		
i Subtract line 1f from lin					
j If there is an amount ot	her than zero on e	ither line 1h or line 1i, did	the organization file Fo	orm 4720 reporting	
section 4911 tax for this	s year?			•	Yes No
(Som	e organizations th colum	4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	election do not have to	complete all of the five gh 2f.)	
	Lob	bying Expenditures Durin	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures .					
d Grassroots nontaxable amount .					
e Grassroots ceiling amount (150% of line 2d, column (e))					<u></u> ,
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2009

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	(6)		(b)
	Yes	No	An	nount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
d Mailings to members, legislators, or the public? .				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If 'Yes,' describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912.				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5)	, or se	ction 5	01(c)
	 		<u></u>	Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	

	if ROTH Part III-A guestions 1 and 2 are answered 'No' OR if Part III-A line 3 is answered 'Yes'							
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section if BOTH Part III-A line 3 is answered	on	50)1(c)((6)			
3	3 Did the organization agree to carryover lobbying and political expenditures from the prior year?							
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х			
1	Were substantially all (90% or more) dues received nondeductible by members?	L	1		X			

1 Dues, assessments and similar amounts from members.	1	23,017.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .	2a	939.
b Carryover from last year	2b	
c Total	2c	939.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,381.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.
Part IV Supplemental Information		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Pai Also, complete this part for any additional information	t II-B, I	ine 1i
	- -	

Schedule C (Form 990 or 990-EZ) 2009 Pest	Control Operators of Oregon, Inc ation (continued)	93-0819008 Pa	ge 4
Part V Supplemental Inform	ation (continued)		
	~		
	~		
		_ _ _	
			. _ _
 		· 	_

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization			_		Employer identifica	ation number
Pest Control Operators	of Oregon.	Inc			93-081900	8
Part I Form 990EZ filers are not	mplete if the organ	nızatıon ar	nswered 'Y	es' to Form 990, Part I	V, line 17.	
1 Indicate whether the organizat				owing activities. Check	all that apply	
Mail solicitations	ion raiseu runus un	rough any	or the fon		government grants	
—					-	
Internet and email solicitat	ions			Solicitation of gove		
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have writt	en or oral agreeme	ent with ar	y individu	al (ıncludıng officers, di	irectors, trustees or key	/
employees listed in Form 990,						Yes No
b If 'Yes,' list the ten highest pai compensated at least \$5,000 b	d individuals or ent by the organization	tities (fund	Iraisers) p	ursuant to agreements	under which the fundra	user is to be
					(v) Amount paid to	
(i) Name of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	dy or control ibutions?	from activity	col (i)	organization
		Yes	No		551 (7)	
						, ,,,, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>						
				<u></u>		
·				······································		
		 				
		<u></u>				
Total			•			
List all states in which the organic or licensing	anization is register	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration

Sche	Mule	G (Form 990 or 990-EZ) 2009 Pest Co	ontrol Operator	s of Oregon. In	nc 93-08	19008 Page 2
		Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	rm 990, Part IV, I	ne 18. or
Ŗ			(a) Event #1 Seminars (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
₩CZM <m2< th=""><td>1</td><td>Gross receipts</td><td>32,931.</td><td></td><td>-</td><td>32,931.</td></m2<>	1	Gross receipts	32,931.		-	32,931.
_		Less: Charitable contributions	20.021		<u>. </u>	22,021
		Gross income (line 1 minus line 2) Cash prizes	32,931.			32,931.
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXPENSES	8	Entertainment .				1. 1
S E S	9	Other direct expenses	15,156.			15,156.
	11	Direct expense summary Add lines 4- t Net income summary Combine lines 3,	column (d) and line 10		-	15,156. 17,775.
Par	ŧШį	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
Ĕ	1	Gross revenue				
D X	2	Cash prizes				
RENCTS	3	Non-cash prizes				
S	4	Rent/facility costs			*****	
	5	Other direct expenses		-	T	
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 the	rough 5 in column (d)		•	
	l _				_	į.

	8 Net gaming income summary. Combine lines 1, column (d) and line 7				
			YES	NO	
9	Enter the state(s) in which the organization operates gaming activities				
a Is the organization licensed to operate gaming activities in each of these states?					
t	o If 'No,' explain.				
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					
t	olf 'Yes,' explain	-			
11	Does the organization operate gaming activities with nonmembers?	11			
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?	12			

Schedule G (Form 990 or 990-EZ) 2009 Pest Contro	i Operators of Oregon, inc	93-081900	8 Page	<u> 3</u>
			YES N	<u> </u>
13 Indicate the percentage of gaming activity operated i	n·			
a The organization's facility		13a %		
b An outside facility		13b %		
14 Enter the name and address of the person who prepare	ares the organization's gaming/special eve	nts books and records		
Name ►				
Address ►				
Address				
15a Does the organization have a contact with a third par	ty from whom the organization receives a	aming revenue?	15a	_
b If 'Yes,' enter the amount of gaming revenue receive	,	· ·		
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				
Garming manager information				
Name ►				
Gaming manager compensation ► \$				
Description of services provided [.] ►				
Director/officer Employee	Independent contractor			
47 44 44 44 4				
17 Mandatory distributions				
a Is the organization required under state law to make state gaming license?	charitable distributions from the gaming p	roceeds to retain the	17a	
b Enter the amount of distributions required under state	e law to be distributed to other exempt ord	ianizations or spent in the		
organization's own exempt activities during the tax ye		The second of the second secon		
ВАА	TEEA3703L 02/05/10	Schedule G (Form 990	or 990-EZ) 20	09

2009 Federal Statements					
	Pest Control Operators of Oregon, Inc	93-0819008			
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given:	Sean Dawkins 1206 NW 21st Pl Battle Ground, WA 98604 None	500.			
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Bank Service Charges Credit card expense Dues & Subscriptions Education Insurance NPCA Dues Office Expenses Travel	\$ Total \$	200. 1,549. 4,756. 217. 1,165. 6,650. 2,269. 785. 17,591.			
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities	Beginning	Ending			
Credit Card Payable	Total $\frac{\$}{\$}$ 3,361. $\frac{\$}{\$}$	0.			
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees Title and Average Hours Compen- bution to Account/					
Name and Address Bill Larsen PO Box 230731	Per Week Devoted sation EBP & DC Past President \$ 0. \$ 0. \$ 1.00	Other			
Tigard, OR 97281 Steve Fisher 25663 Perkins Rd Veneta, OR 97487	Member At Large 0. 0.	0.			

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Federal Statements

Page 2

Pest Control Operators of Oregon, Inc

93-0819008

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Stephanie Hagle PO Box 597 Florence, OR 97439	Member At Large \$ 1.00	0.	\$ 0.	\$ 0.
Matthew Faulconer PO Box 597 Florence, OR 97439	President 1.00	0.	0.	0.
Diane Grant PO Box 1005 North Bend, OR 97459	Member at Large 1.00	0.	0.	0.
Sue Fisher PO Box 42042 Eugene, OR 97404	Sec/Treasurer 40.00	0.	0.	0.
Steve Nagel PO Box 2019 Beaverton, OR 97075	Member at Large 1.00	0.	0.	0.
Mike Mulloy 2285 Nugget Way Springfield, OR 97403	1st V.P. 1.00	0.	0.	0.
Stan Dawkins 1206 NW 21st Place Battle Ground, WA 98604	Member at Large 1.00	0.	0.	0.
Dave Mays 560-A NE F Street #438 Grants Pass, OR 97526	2nd V.P. 1.00	0.	0.	0.
Mike Adamson PO Box 1498 Vancouver, WA 98668	Member At Large 1.00	0.	0.	0.
Tony Shepherd PO Box 798 Silverton, OR 97371	Member At Large 1.00	0.	0.	0.
Terry Brant PO Box 72474 Eugene, OR 97401	Member At Large 1.00	0.	0.	0.
	Total 3	5 0.	<u>\$ 0.</u>	<u>\$ 0.</u>

Pest Control Operators of Oregon, Inc

93-0819008

Statement 5
Form 990-EZ, Part V, Line 35
Reason for Income Not Reported on Form 990-T

FORM 990-EZ, PAGE 3 PART, QUESTIONS 35A & B:

35A: THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME OF \$1,000 OR MORE BUT DOES HAVE SECTION 6033(E) NOTICE, REPORTING AND PROXY TAX REQUIREMENTS, THUS THIS QUESTION IS ANSWERED YES. THE SECTION 6033(E) REPORTING REQUIREMENTS ARE ON THE ATTACHED SCHEDULE C PART III-B

35B: BECAUSE THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME OF \$1,000 OR MORE, IT HAS NOT AND IS NOT REQUIRED TO FILE FORM 990-T