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## Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

may use this form

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

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OMB No 1545-1150

Form 990-EZ (2009)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements 9/01 2009, and ending 8/31 2010 For the 2009 calendar year, or tax year beginning D Employer Identification number Check if applicable. 93-0400919 Address change Knights of Pythias Oregon 63 Dianna use IRS label or Name change 735 W. 17th Telephone number print or Initial return McMinnville, OR 97128 type. See Termination Specific Instruc-Amended return Group Exemption tions. Number ► 1093 Anolication pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Cash Accounting method Accrual Other (specify) Check ► if the organization is not required to attach Schedule B (Form 990. Website: ► N/A 990-EZ. or 990-PF). X 501(c) Tax-exempt status (check only one) -(insert no ) 4947(a)(1) or 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 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 36,506. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 5,900. 3 Membership dues and assessments 3 4 30,606. Δ Investment income 5 a 5a Gross amount from sale of assets other than inventory. 5b b Less: cost or other basis and sales expenses. 5 c c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less direct expenses other than fundraising expenses 6ь c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c . . . 7a Gross sales of inventory, less returns and allowances 7 a 7 b **b** Less; cost of goods sold. ... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 Other revenue (describe ► 9 36,506. 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 3,023. 10 Grants and similar amounts paid (attach schedule) ee Statement 11 11 Benefits paid to or for members EXPENSE Salaries, other compensation, and employee benefits 12 12 13 13 Professional fees and other payments to independent contractors 14 4,377. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 88. Other expenses (describe ► See Statement 2 16 24,274.16 **し**にひため Total expenses. Add lines 10 through 16 17 31,762. 17 4,744. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 24,541. figure reported on prior year's return) 19 20 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 29,285. Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 15,285. **22** 20,269. 22 Cash, savings, and investments 9,256. 23 9,016. Land and buildings 24 Other assets (describe > 29,285. Total assets 24,541. 25 Total liabilities (describe ► 26 0. 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 24,541. 27 29,285.

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

Form	1990-EZ(2009) Knights of Pyth	nias Oregon 63 Di <u>an</u>	ina	93	-040	JU919 Page 2
Par	t IN Statement of Program Se	rvice Accomplishments	s (See the instruction	ons.)		Expenses
What	s the organization's primary exempt purpose? Se	e Statement 3			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	ribe what was achieved in carrying out the	ne organization's exempt purp	poses in a clear and co	oncise manner,	orga	nizations and section
desc	ribe the services provided, the number of	f persons benefited, or other	relevant information for	each	4947	'(a)(1) trusts; optional thers)
<u></u>	ram title				101 0	liers)
28	Provide funding for McMir				4	
	McMinnville School Distri	<u>ict early reader pr</u>	cograms.		[	ĺ
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here		28 a	1,650.
29	Provide community support			ow income	<del></del>	
LJ					1	
	families, battered women,	_aprizer_currenter_a	ing the ergerry	<del></del>	ł	
	(Grants \$ ) If th	nis amount includes foreign gi	rants, check here		29 a	1,273.
30	Provide funding for various	ous medical researc	ch projects			
	(Grants \$ ) If th	nis amount includes foreign gr	rants check here	<del>-</del> [	30 a	100.
21	Other program services (attach schedule		rants, check here	<u></u>	30 a	100,
31					21 -	
		nis amount includes foreign gi	rants, check here		31 a	2 000
	Total program service expenses (add li				32	3,023.
Par	List of Officers, Directors	<u>, Trustees, and Key Em</u>	ployees. List each or	ne even if not com	pens	ated (See the instrs.)
		(b) Title and average hours	(c) Compensation (If			(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
	13.8	to position		deletted compensa		
	id Faxon	President	0.		0.	0.
<u> 185</u>	6 NW Poppy Hills Drive	] 0				
McM	innville, OR 97128					
Ste	ve Larson	Vice President	0.		0.	0.
	O NE Alpha Dr.	n	-			
~		l				
	innville, OR 97128					
	_Vasquez	Secretary	0.		0.	0.
735	NW 17th St	] 0				
McM	innville, OR 97128			}		
Bra	d Lunt	Treasurer	0.		0.	0.
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	innville, OR 97128			<del></del>		
	ve Fitzpatrick	Trustee	0.		0.	0.
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	ney Dunn	Trustee	0.		0.	0.
	NE Cowls St	1			٠.	
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	d Robison	Trustee	0.	ĺ	0.	0.
115	O SW Tall Oaks	j 0				
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_	se Davis	Trustee	0.		0.	0.
	. Box 1055	1		ļ		
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Form 990-EZ (2009) Knights of Pythias Oregon 63 Dianna 93-0400919		Page 3
Part V. S Other Information (Note the statement requirements in the instrs for Part V.)  See State		
•	Ye	No No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	з	x
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	4	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.		
Per control of the co	5a	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	6	x
37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.		<del></del>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	8a	
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A		
39 Section 501(c)(7) organizations Enter:		虚十
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities  39b  N/A		
40 a 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		3
section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	2 20%	<u> </u>
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	0Ь	
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	0 e	X
41 List the states with which a copy of this return is filed None		
42 a The organization's		
books are in care of ► Brad Lunt Telephone no ► 503-472	-0534	
Located at ► 735 W. 17th McMinnville OR ZIP + 4 ► 97128		
<b>b</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)?	Yes 2b	No X
If 'Yes,' enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المائية المائية
Critically time example to the conference of the	2c	X
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	► [	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		N/A
	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	1.0	
of Form 990-EZ	4	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	_	l ,
Form 990 must be completed instead of Form 990-EZ  BAA  TEEA0812L 01/30/10  Form	5   990-EZ	(2009)

•	<b>*</b>	62 84			02.044	20010	_	
Part VI	EZ (2009) Knights of Pythias  Section 501(c)(3) organizatio  501(c)(3) organizations and s 46-49b and complete the table	ne and section 1917	7/21/11 noney	empt cha aritable tru	93-040 ritable trusts o usts must answ	nly All se	ction	Page <u>4</u> 1
<b>46</b> Did for s	the organization engage in direct or indi- public office? If 'Yes,' complete Schedule	rect political campaign a	ctivities on beha	If of or in or	oposition to candida	ates 46	Yes	No
	the organization engage in lobbying acti		Schedule C. Pa	rt 11.		47		$\overline{}$
	ne organization a school as described in				Ε .	48		
	the organization make any transfers to a		related organiz	ation?	•	49 a		Ĺ
	es,' was the related organization a section		•			49 b	L	L
50 Com emp	nplete this table for the organization's fiviloyees) who each received more than \$	100,000 of compensation	from the organi	zation. If the	ere is none, enter	None '	_	
(ž	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	1	contributions to employee benefit plans and eferred compensation	accou	pense int and lowance	s
		-						
		-						
					<u> </u>			
		-						
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	e highest compensated in is none, enter 'None.'	ndependent conf	ractors who	each received mo	re than \$10	0,000	of
	(a) Name and address of each independent co	ntractor paid more than \$100,000	,	(b) T	ype of service	(c) Com	pensatio	
							-	
						<u> </u>		
<b>d</b> Tota	Il number of other independent contracto	rs each receiving over \$	100,000	<b>-</b>				
Sign	Under penalties of perjury, I declare that I have extrue, correct, and complete Declaration of prepare	amined this return, producing according to the return officer) is based on	ompanying schedules all information of whi	and statements ch preparer has	i, and to the best of my k any knowledge	nowledge and b	elief, it i	is
Here	Supplied of officer  Brawley E - C  Type or print name and ytte	unt TR	easure		Date /			
Paid	Preparer's signature	74	Date/	lio	Check if self-employed	Preparer's Identi See instructions	tying Nu	mber
Pre- parer's	Firm's name (or Fitzpatrick an yours if self-							
Use	employed), 290 SW H111 RO				EIN ►	93-1130		
Only May the I	ZIP+4 MCM1NNV111e, U		ections		Phone no ► (50	)3) 472- ►X Yes		No
iviay t⊓e It	RS discuss this return with the preparer	SHOWIT ADOVE: See INSTITU	ICTION 3			Form 99		

2009	Federal Statements	Page 1
Client C4321	Knights of Pythias Oregon 63 Dianna	 93-0400919
11/09/10		10.20AM
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid		
Class of Activity: Donee's Name: Cash Amount Given:	Aid for Abused Children Juliette's House	\$ 250.
Class of Activity: Donee's Name: Cash Amount Given:	Victims Assistance Yamhill County District Attorney's Ofc	\$ 250.
Class of Activity: Donee's Name: Cash Amount Given:	Support reading programs SMART for Yamhill County	\$ 250.
Class of Activity: Donee's Name: Cash Amount Given:	Support youth athletics McMinnville High School Dance Team	\$ 500.
Class of Activity: Donee's Name: Cash Amount Given:	Cancer Research Willamette Valley Cancer Foundation	\$ 100.
Class of Activity: Donee's Name: Cash Amount Given:	Support youth athletics MACC Baseball	\$ 300.
Class of Activity: Donee's Name: Cash Amount Given:	Aid for Abused Children Royal Family Kids Camp	\$ 500.
Class of Activity: Donee's Name: Cash Amount Given:	Support youth athletics Mac 200 Club	\$ 200.
Class of Activity: Donee's Name: Cash Amount Given:	Xmas gifts for elderly Share the Spirit	\$ 273.
Class of Activity: Donee's Name: Cash Amount Given:	Scholarship Award Poster Contest	\$ 400.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  Building Repairs Cleaning Flowers Insurance Meeting Expense Member Awards Member's Aid Office Expenses State Dues State Registration Fees		8,844. 2,945. 264. 1,596. 4,231. 416. 506. 59. 2,600.

2009	Federal Statements	· · · ·	Page 2
Client C4321	Knights of Pythias Oregon 63 Dianna		93-0400919
Statement 2 (continued) Form 990-EZ, Part I, Line 16 Other Expenses			10.20AM
Supplies Utilities	· .	\$ Total <u>\$</u>	40. 2,723. 24,274.

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Provide support to community organizations that deliver goods and services in the areas of youth, elderly, low income families and protection from domestic abuse.

Statement 4
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?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No