

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NAIFA-BLUE MOUNTAIN
Number and street (or P O box, if mail is not delivered to street address): PO BOX 922
Room/suite: [blank]
City or town, state or province, country, and ZIP or foreign postal code: PENDLETON, OR 97801

D Employer identification number: 93-6030218
E Telephone number: (541) 377-1973
F Group Exemption Number: [blank]

G Accounting Method: Cash Accrual Other (specify) [blank]

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)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other [blank]

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 81,876

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

| Revenue | |
|-----------|--|
| 1 | Contributions, gifts, grants, and similar amounts received |
| 2 | Program service revenue including government fees and contracts 79,796 |
| 3 | Membership dues and assessments 794 |
| 4 | Investment income 172 |
| 5a | Gross amount from sale of assets other than inventory 5a |
| b | 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 | Gaming and fundraising events |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) 6a |
| b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b |
| c | Less direct expenses from gaming and fundraising events 6c |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d |
| 7a | Gross sales of inventory, less returns and allowances 7a |
| b | Less cost of goods sold 7b |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c |
| 8 | Other revenue (describe in Schedule O) 8 1,114 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 81,876 |
| Expenses | |
| 10 | Grants and similar amounts paid (list in Schedule O) 10 50,900 |
| 11 | Benefits paid to or for members 11 12,517 |
| 12 | Salaries, other compensation, and employee benefits 12 |
| 13 | Professional fees and other payments to independent contractors 13 2,204 |
| 14 | Occupancy, rent, utilities, and maintenance 14 |
| 15 | Printing, publications, postage, and shipping 15 90 |
| 16 | Other expenses (describe in Schedule O) 16 31,448 |
| 17 | Total expenses. Add lines 10 through 16 17 97,159 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,283 |
| 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) 19 130,815 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) 20 |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 21 115,532 |

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-------------------|
| 22 Cash, savings, and investments | 130,815 | 22 115,532 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 130,815 | 25 115,532 |
| 26 Total liabilities (describe in Schedule O). | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 130,815 | 27 115,532 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
COLLECTION OF COMMISSIONS AND DUES TO PROVIDE FUNDING FOR CONFERENCE ATTENDANCE, PROVIDE COMMUNITY SCHOLARSHIPS AND FINANCIAL SUPPORT FOR COMMUNITY ACTIVITIES

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|--|------------|--------|
| 28 See Additional Data Table | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 93,801 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|---|--|
| TERRE RASMUSSEN | 000 00 | 6,000 | | |
| SECRETARY/TR | | | | |
| TERRY BECKTOLD | 000 00 | 0 | | |
| DIRECTOR | | | | |
| CHARLES BOSTER | 000 00 | 0 | | |
| PRESIDENT | | | | |
| MARTHA WARD | 000 00 | 0 | | |
| DIRECTOR | | | | |
| JOSH GOLLER | 000 00 | 0 | | |
| VICE PRESIDE | | | | |
| RICHARD CASWELL | 000 00 | 0 | | |
| DIRECTOR | | | | |
| DOUG BEAMER | 000 00 | 0 | | |
| DIRECTOR | | | | |
| KIM HILTON | 000 00 | 0 | | |
| DIRECTOR | | | | |
| FELICIA ORNBICK | 000 00 | 0 | | |
| DIRECTOR | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer 2018-11-06 Date
TERRE RASMUSSEN SECRETARY/TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name KATHLYN SPRATLING Preparer's signature Date 2018-11-07 Check [X] if self-employed PTIN P00419340
Firm's name JENSON & SPRATLING LLP Firm's EIN 20-4012488
Firm's address 116 S MAIN ST STE 4 PENDLETON, OR 97801 Phone no (541) 278-2840

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 93-6030218

Name: NAIFA-BLUE MOUNTAIN

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

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--------|
| 28 FUNDING OF SCHOLARSHIPS AND FINANCIAL SUPPORT (DONATION) FOR COMMUNITY ACTIVITIES/PROJECTS (Grants \$ 50,900) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 93,801 |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
NAIFA-BLUE MOUNTAIN**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

93-6030218

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| FORM 990-EZ, PART I | LINE 10 GRANTS AND SIMILIAR AMOUNTS PAID SCHOLARSHIPS = 12,000 DONATIONS = 35,500 EOTEC = 5,000 UMATILLA COUNTY = 5,000 HERMISTON ED FOUNDATION = 500 GUARDIAN CARE CENTER, INC = 5,000 3 RIVERS = 1,000 ADRIAN COMMUNITY EGG = 300 NYSSA COMMUNITY FOOD BANK = 700 IFAPAC = 1,000 PENDLETON DARE = 1,000 LOST AND FOUND OUTREACH = 1,000 EASTERN OREGON ALCOHOL = 2,500 UNION COUNTY SAFETY = 2,000 PIONEER RELIEF NURSERY = 1,000 UKIAH CENTER CENTER = 1,000 OEAF = 2,500 MALHUER COUNTY FAIR = 5,000 UMATILLA MORROW CASA = 1,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990-EZ, PART I, LINE 8 | MISCELLANEOUS 750 VOID CHECK (PRIOR YEAR) 364 TOTAL 1,114 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| FORM 990-EZ, PART I, LINE 10 | CLASS OF ACTIVITY CASH DONATION CASH CONTRIBUTION 15,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES OFFICE 519 INSURANCE/BONDING 545 CONTRACTED SERVICES 28,200 SCHOLARSHIP 2,184 TOTAL 31,448 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------|--|
| FORM 990-EZ, PART III | COLLECTION OF COMMISSIONS AND DUES TO PROVIDE FUNDING FOR CONFERENCE ATTENDANCE, PROVIDE COMMUNITY SCHOLARSHIPS AND FINANCIAL SUPPORT FOR COMMUNITY ACTIVITIES |