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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990EZ for instructions and the latest information

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Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

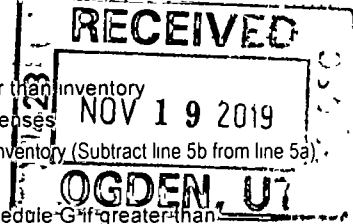
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAIFA-Blue Mountain		D Employer identification number 93-6030218
	Number and street (or P.O. box, if mail is not delivered to street address) PO Box 922		E Telephone number 541-377-1973
	City or town, state or province, country, and ZIP or foreign postal code Pendleton OR 97801		F Group Exemption Number 06
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____			H Check <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 21,004			

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	1	
	2	Program service revenue including government fees and contracts	2	20,608
	3	Membership dues and assessments	3	291
	4	Investment income	4	105
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	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		
7b	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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	21,004	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	25,500
	11	Benefits paid to or for members	11	5,558
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	6,075
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	48
	16	Other expenses (describe in Schedule O)	16	15,309
	17	Total expenses. Add lines 10 through 16	17	52,490
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-31,486
	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	115,532
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-84,046
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0

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For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2018)

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	115,532	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	115,532	25	1 0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	115,532	27	0

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?

See Schedule O

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 \$ 25,500) If this amount includes foreign grants, check here

28a 46,058

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

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

32 46,058

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 Secretary/Treasurer	0.00	0	0	0
Terry Bechtold Director	0.00	0	0	0
Charles Boster President	0.00	0	0	0
Martha Ward Director	0.00	0	0	0
Josh Goller Vice President	0.00	0	0	0
Richard Caswell Director	0.00	0	0	0
Doug Beamer Director	0.00	0	0	0
Kim Hilton Director	0.00	0	0	0
Laura Rhodes Director	0.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		
39b	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, section 4912, section 4955		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed: <u>None</u>		
42a	The organization's books are in care of: <u>Terre Rasmussen</u> 215 SE Frazer Located at: <u>Pendleton</u>	Telephone no: <u>541-377-1973</u>	OR ZIP + 4: <u>97801</u>
42b	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		X
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country		X
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

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 Yes 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 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

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 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"

(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 11/13/19
Date

Terre Rasmussen
Signature of officer **Secretary/Treasurer**

Terre Rasmussen
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Kathlyn Spratling	Preparer's signature <u>Kathlyn Spratling</u> Kathlyn Spratling	Date 11/01/19	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00419340
Firm's name ▶ Jenson & Spratling, LLP	Firm's EIN ▶ 20-4012488		Phone no 541-278-2840	
Firm's address ▶ 116 S Main St Ste 4 Pendleton, OR 97801				

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

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ▶ Attach certified copies of any articles of dissolution, resolutions, or plans
 ▶ Attach to Form 990 or 990-EZ
 ▶ Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2018
Open to Public Inspection

Employer identification number

NAIFA-Blue Mountain

93-6030218

Part I. Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	Banner Bank #7098	12/31/18	16,034	Cash	83-2887801	Blue Mountain Insurance Professiona PO Box 922 Pendleton OR 97801	501(c)(6)
	Banner Bank #7663	12/31/18	46,560	Cash	83-2887801	Blue Mountain Insurance Professiona PO Box 922 Pendleton OR 97801	501(c)(6)
	Banner Bank #0218	12/31/18	13,360	Cash	83-2887801	Blue Mountain Insurance Professiona PO Box 922 Pendleton OR 97801	501(c)(6)
	Banner Bank #7021	12/31/18	5,574	Cash	83-2887801	Blue Mountain Insurance Professiona PO Box 922 Pendleton OR 97801	501(c)(6)
	Checking Account #2993	12/31/18	2,519	Cash	93-0518278	NAIFA - Oregon 7420 SW Garden Home Rd Portland OR 97223	501(c)(6)

		Yes	No
2a	Did or will any officer, director, trustee, or key employee of the organization become a director or trustee of a successor or transferee organization?	X	
2b	Did or will any officer, director, trustee, or key employee of the organization become an employee of, or independent contractor for, a successor or transferee organization?		X
2c	Did or will any officer, director, trustee, or key employee of the organization become a direct or indirect owner of a successor or transferee organization?		X
2d	Did or will any officer, director, trustee, or key employee of the organization receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		X

- 2 Did or will any officer, director, trustee, or key employee of the organization
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part I, Line 2e - Detail:

Current directors and positions will transfer from NAIFA-Blue Mountain to Blue Mountain Insurance Professionals. Directors do not currently receive compensation and will not in the new entity.

Terre Rasmussen will remain the treasurer. She receives a monthly secretary services fee. Amount will remain the same in Blue Mountain Insurance Professionals.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018Open to Public
Inspection

Name of the organization

NAIFA-Blue Mountain

Employer identification number

93-6030218**Form 990-EZ, Part I - Additional Information****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 = \$1,0000

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

Description

Amount

Expenses

Name of the organization NAIFA-Blue Mountain	Employer identification number 93-6030218
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Office	\$	309
Contracted Services	\$	15,000
Total	\$	15,309

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Dissolved Entity Transfer	\$ -84,046
Dissolution transfer of cash assets (per schedule N)	

Form 990-EZ, Part III - Primary Exempt Purpose

Collection of commissions and dues to provide funding for conference attendance, provide community scholarships and financial support for community activities.