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# Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| Career black lung benefit trust or priv

The organization may have to use a copy of this return to satisfy state reporting requirements. 2012 , 2011, and ending Mar 31 For the 2011 calendar year, or tax year beginning Apr 1 **Employer Identification Number** C Name of organization B.P.O.E. MISSOULA HELL GATE LODGE #383 81-0110409 Number and street (or P O box if mail is not delivered to street addr) Poorto: No E Telephone number (406) 549-0542 112 N PATTEE ST Initial reduce 71P code + 4 City, town or country MISSOULA 59802 Amended return G Gross receipts \$ 341,323 F Name and address of principal officer: H(a) is this a group return for affiliates Annicoton nondino H(b) Are all affiliates included? MT 59802 George DeVoe 112 N PATTEE MISSOULA If 'No,' attach a list. (see instructions) 4947(a)(1) or 501(c)(3) X 501(c) ( 8 527 Tax-exempt status Website: ► N/A H(c) Group exemption number 🏲 X Corporation M State of legal domicile. Trust 1928 Form of organization. Part I Summary Briefly describe the organization's mission or most significant activities: MAINTAINING A FRATERNAL LODGE SYSTEM YOUTH AND DRUG AWARENESS PROGRAMS Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). . . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) - -5 40 20 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . 7 a Total unrelated business revenue from Part VIII, column (C), line 12 . 7 a 86.969. b Net unrelated business taxable income from Form 990-T, line 34 . . . 0. **Current Year** Prior Year 27,848 25,878. Contributions and grants (Part VIII, line 1h). . . . Investment income (Part VIII, column (A), fines 3, 4, and 7d) . . . . 9.261 11,463. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 272,133 276,636. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 309.242 313,977. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . 11.032 15,214 . © Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 63,140 53,720 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . b Total fundraising expenses (Part IX, column (D): line 25) 17 Other expenses (Part IX, column (A), lines 1 a-11d, 14,246 E. V.E. 140,690. 127,631. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 214,862. 196,565. Revenue less expenses. Subtract line 18 from line 12 110 94,380. 117,412. Beginning of Current Year End of Year 1,100,323. Total assets (Part X, line 16) . . 985,544. 20 21,195. Total liabilities (Part X, line 26) . . . . 17,237. Net assets or fund balances. Subtract fine 21-fra 964,349. 1,083,086 Signature Block Under pensities of perjury, I declare that I have examined this return, including accompanying schedules and statement complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here GEORGE DEVOE Type or print name and title. 06/27/12 P00260859 Jessi K Eghtedari Jessi K Eqhtedari Paid Preparer ► JESSI'S CONSULTING Firm's name Use Only ► 1725 140TH LN SE Firm's EIN: ▶ 20-5397601 BELLEVUE 98007 Phone no (425) 957-9117

Form 990 (2011)

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . .

. . . . . . . . . . . . . . . . . X Yes

Form '	990 (2011) B.P.O.E. MISSOULA HELL GATE LODGE #383	<u> </u>	81-0110409	Page 2
<u>Part</u>	t III Statement of Program Service Accomplishments			_
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u> </u>	<u> П</u>
1	Briefly describe the organization's mission:			
	MAINTAINING A FRATERNAL LODGE SYSTEM			
	YOUTH AND DRUG AWARENESS PROGRAMS			
•				
•				
			·	
	Did the organization undertake any significant program services during the year			n
	Form 990 or 990-EZ?			No
	If 'Yes,' describe these new services on Schedule O.			_
3	Did the organization cease conducting, or make significant changes in how it or	onducts, any program services?	Y Yes 🛚	No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its the Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts and others, the total expenses, and revenue, if any, for each program service report	ree largest program services, a e required to report the amount of ted.	is measured by expenses. of grants and allocations to	)
4a	(Code: ) (Expenses \$ including grants of	\$) (R	evenue \$	)
	MAINTAINING THE FRATERNAL LODGE, ORGANIZING EV			
	AND COMMUNITY SERVICE ACTIVITIES FOR THE LODGE			
				<del>-</del>
	MEMBERS.			
		<del></del>	<b></b>	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	10.1 A	A 100		
40	o (Code:) (Expenses \$ including grants of	\$) (R	evenue >	<del></del> '
			<del></del>	
				. <b>-</b>
				<b></b>
			<del>-</del>	
		<del></del>		
	<del> </del>			
4 c	c (Code:) (Expenses \$ including grants of	\$) (R	evenue \$	)
				<b>_</b> _
				· <b>-</b>
				<del>-</del>
			<b></b>	
			· · · · · · · · · · · · · · · · · · ·	
4 d	d Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$	) (Revenue \$	)	
4 e	e Total program service expenses ▶			
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	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	3		х_
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes, 'complete Schedule D, Part II	7		x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8_	х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, tX, or X as applicable.			
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VI	11 a	х	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x_
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part DX	110		х
•	e Drd the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	<u> </u>	х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Page 4 Checklist of Required Schedules (continued) Yes No 21 X X 22 Did the omanization answer 'Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 ¥ Х 242 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . . . . . . 244 25a 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. X 26 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X 280 X X 29 30 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . 32 X 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X Х b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 35b Х 36 37 X

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Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance							
Check if Schedule O contains a response to any question in this Part V	<del></del>	<del></del>	للے				
a sur a la l		Yes	No				
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ı		l				
			İ				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1 c	х					
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			İ				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			ĺ				
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 а	Х					
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 ь	Х	L				
4 a 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)?	4a		х				
b If 'Yes,' enter the name of the foreign country:							
See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5Ь		Х				
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization							
solicit any contributions that were not tax deductible?	6 a		Х				
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partty as a contribution and partty for goods and	7 a		x				
services provided to the payor?	7 b		┢ᢚ				
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>,</b> ,		<del>  -</del>				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h						
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.							
a Did the organization make any taxable distributions under section 4966?	9a		1				
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 ь						
10 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, fine 12							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b							
11 Section 501(c)(12) organizations. Enter:			1				
a Gross income from members or shareholders		1	1				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ī	1				
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	$\Box$		$\vdash$				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		}					
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	[					
Note. See the instructions for additional information the organization must report on Schedule O.							
b Enter the amount of reserves the organization is required to maintain by the states in			1				
which the organization is licensed to issue qualified health plans	l						
c Enter the amount of reserves on hand	<del> </del> -	<del> </del>	<del> </del>				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X				
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	1	<u> </u>				

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	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	anc		age o
<u>,,</u>	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i Schedule O. See instructions.	n		
	Check if Schedule O contains a response to any question in this Part VI	• • •	• • • •	<u> </u>
<u>Sec</u>	tion A. Governing Body and Management		. 1	
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\dots \dots \dots$	5		Х
6	Did the organization have members or stockholders?	6	Х	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	х	
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a 8 b	X X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	├─
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	<u> </u>
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		_x_
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
ŧ	Other officers of key employees of the organization	15b		<u> </u>
16 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<u> 16 ь</u>		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	tplic	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	me to		
	Other the name about address and delaphage combined the name who are considered and according to			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MISSOULA HELL GATE LODGE #383 112 N PATTEE ST MISSOULA, MT 59802 (4		SAO :	0542

Formi <b>990</b> (2	2011) B.P.O.E.	MISSOULA HEL	L GATE LODG	E #383	81-0110	0409 Page 7
Part VII	Compensation of	of Officers, Direc	tors, Trustees	, Key Employees	, Highest Compensated	Employees, and
	Independent Co	ntractors				
	Check if Schedule O	contains a response tr	any question in th	is Part VII		

#### n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who
  received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any
  related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and title	(B) Average hours	(do no		-	-		i				
	per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
(1) GEORGE DEVOE	(describe hours for related organiza- tions in Schedule O)	elated ganiza- ons in the dule		Officer	High est companisated employee  Key employee		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) GEORGE DEVOE											
EXALTED RULER	0.00	Х						0.	0.	0.	
(2) TIM HEWITT											
LEADING KNIGHT	0.00	X						0.	0.	0.	
(3) BERTON HORTON	]										
LOYAL KNIGHT	0.00	X						0.	0.	0.	
(4) VIRGINIA REESMAN											
LECTURING KNIGHT	0.00	X						0.	0.	0.	
(5) DONALD ZIESMER											
ESQUIRE	0.00	Х						0.	0.	0.	
(6) TAMMY LAROQUE											
TREASURER	0.00	X						0.	0.	0.	
(7) KEN HANDLEY											
TILER	0.00	Х						0.	0.	0.	
(8) CHRIS MOSTAD INNER GUARD	0.00	X						0.	0.	0.	
(9) DEBBIE THRAILKILL			Г	A-72				, , , , , , , , , , , , , , , , , , , ,			
CHAPLAIN	0.00	X						0.	0.	0.	
(10) JACQUILINE GAUDET											
SECRETARY	5.00	Х						400.	0.	0.	
(11)											
(12)											
(13)	1				П					<del></del>	
(14)											

Part VII Section A. Officers, Directors, Trust				nplo		es,	and	Highest Com	pensated En		yees		age ક nt)
(A) Name and tille	(B) Average hours	ge box, unless person is br officer and a director/br			than c s both ofbust	xne an Be)	(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other compensation			
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1039-MISC)	raitriad organizatione (W-2/1059-MISC)		fri orga and	enseud enization i related nization	1
(15)													
(16)												<u> </u>	
(17)		T								1			
(18)	İ								•	$\dagger$			
(19)	<b></b>	<del>                                     </del>								1			
(20)										$\dagger$			_
(21)				Г					- "	1			
(22)					-								
(23)													
(24)										1			
(25)													
1 b Sub-total	Α						<b>&gt;</b>	400.	C				0.
d Total (add lines 1b and 1c)								400. d more than \$100,0	000 of reportable		pensat	ion	0.
from the organization												Yes	No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indiv		, key	em <sub>1</sub>	ploy:	ee, c	or hig	hes	t compensated em	ployee 		3		х
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than such individual											4		ı,
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' com	pensat	ion f	om :	any Jifor	unre	elater	d org	ganization or individ	tual		5		X
Section B. Independent Contractors													
Complete this table for your five highest compensated compensation from the organization. Report compensation.	indepe ation fo	nder r the	t co cale	ntrac enda	r ye:	s that ar en	t rec	eived more than \$ with or within the	100,000 of organization's tax	yea	τ.		
(A) Name and business address	s							(B) Description		(	(Compe		n
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶	t not lin	nited	to ti	1058	liste	ed at	oove	) who received mo	re than				

.. .

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
0 15	a Federated campaigns	1a			TOVERDO		012, 010, 07 014
٤ ا	b Membership dues		22,081.				ł
şĮ,	c Fundraising events	1c	3,682.				
ह्री त	d Related organizations .	1d					
影	e Government grants (contribution	ns)1e					1
20	All other contributions, gifts, gr similar amounts not included a	ants, and	115.				
[ .	similar amounts not mouded a g. Noncash contributions include		113.				
₹  }	h Total. Add lines 1a-1f	· -		25,878.			
1	II TOTAL MOUTINES TOTAL	<del></del>	Business Code	23,878.			<u> </u>
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2	<u> </u>					İ
į   ~;	. <del></del>				-		
!   ]	D c						
i	c d	ľ					
	d	ı					
	e f All other program service						
	g Total. Add lines 2a-2f	_	•				
<del></del>	Investment income (incluother similar amounts)	ding dividends, i	nterest and	11,463.	0.	11,463.	0
4	Income from investment			11,403.		11,403.	<del> </del>
5	Royalties	•	•				+
"	Noyalues	(i) Real	(ii) Personal			-	<u> </u>
ے ا	a Gross rents		<del>  ``                                  </del>				
1	b Less rental expenses	876.	4				1
	c Rental income or (loss)		+				
1	d Net rental income or (los			190,155.	190,155.	0.	
	`	(i) Securities	(ii) Other	150,155.	100,133.	<u> </u>	<del>                                     </del>
73	a Gross amount from sales of assets other than inventory .						
י	b Less cost or other basis and sales expenses						
١,	c Gain or (loss)						
	d Net gain or (loss)		·				
84 84	a Gross income from funda (not including. \$						
4 1	of contributions reported	on line 1c).	1				
i				1	1		
2 L	See Part IV, line 18		3,352.				
5	See Part IV, line 18 b Less: direct expenses .						
<u> </u>		t	,	3,352.			3,352
	b Less: direct expenses . c Net income or (loss) from a Gross income from gami		nts ▶	3,352.		0.	3,352
9:	b Less: direct expenses . c Net income or (loss) from		mts ▶	3,352.			3,352
9	b Less: direct expenses . c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses .		mts ▶  963 . 281 .	3,352. 682.	0.	0.	
9:	b Less: direct expenses . c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses . c Net income or (loss) fron a Gross sales of inventory.	n fundraising eveng activities	963. 281.		0.		
9:	b Less: direct expenses c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses c Net income or (loss) fron a Gross sales of inventory and allowances	n fundraising eveng activities.  the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	963. 281. s		0.		
9:	b Less: direct expenses . c Net income or (loss) from a Gross income from gami See Part IV, line 19 b Less: direct expenses . c Net income or (loss) from a Gross sales of inventory and allowances b Less. cost of goods sold	n fundraising eveng activities.  the gaming activities activities to the gaming activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activiti	963. 281. s	682.		682.	O
9:	b Less: direct expenses c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses c Net income or (loss) fron a Gross sales of inventory and allowances	n fundraising eveng activities.  the gaming activities activities activities.  less returns  sales of inventor	963. 281. s		0.		C
9:	b Less: direct expenses . c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses . c Net income or (loss) fron a Gross sales of inventory and allowances b Less. cost of goods sold c Net income or (loss) fron Miscellaneous Reven	n fundraising eveng activities.	963. 281. s	682.		682.	C
10:	b Less: direct expenses c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses c Net income or (loss) fron a Gross sales of inventory and allowances b Less. cost of goods sold c Net income or (loss) fron Miscellaneous Reven	n fundraising eveng activities.	963. 281. s	682.		682.	0
10:	b Less: direct expenses c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses c Net income or (loss) fron a Gross sales of inventory, and allowances b Less. cost of goods sold c Net income or (loss) fron Miscellaneous Reven a b	n fundraising evenng activities.	963. 281. s	682.		682.	0
9:	b Less: direct expenses c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses c Net income or (loss) fron a Gross sales of inventory and allowances b Less. cost of goods sold c Net income or (loss) fron Miscellaneous Reven a b c	n fundraising eveng activities.  In gaming activities and gaming activities are turns  In sales of inventors	963. 281. s	682. 71,883.	0.	682. 71,883.	0
10:	b Less: direct expenses c Net income or (loss) fron a Gross income from gami See Part IV, line 19 b Less: direct expenses c Net income or (loss) fron a Gross sales of inventory, and allowances b Less. cost of goods sold c Net income or (loss) fron Miscellaneous Reven a b	n fundraising eveng activities.  In gaming activities are gaming activities.  It is a gaming activities are gaming activities.  It is a gaming activities are gaming activities.	963. 281. S 98,072. 26,189. Business Code	682.		682.	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a res  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		- Organisus	gurara unpuliaca	олронава
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	15,214.	15,214.		· · · · · · · · · · · · · · · · · · ·
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	400.		400.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,415.	36,045.	10,370.	•
Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,905.	5,853.	1,052.	
1 Fees for services (non-employees):				
a Management				
b Legal			563.	
c Accounting	<del></del>		4,570.	<del></del>
d Lobbying				<u> </u>
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
2 Advertising and promotion	·	680.		
3 Office expenses		3,887.	349.	
4 Information technology				
5 Royalties				
6 Occupancy	T		106	
7 Travel		31.	196.	
9 Conferences, conventions, and meetings				
10 Interest		44.		
21 Payments to affiliates				
2 Depreciation, depletion, and amortization	14,801.	11,906.	2,895.	
3 Insurance	17,109.	17,109.		
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALARM SERVICE	149.	149.		
b TELEPHONE	4,255.	4,255.		
c REPAIRS AND MAINTENANCE	11,250.	11,250.		
d BANK AND FINANCE CHARGES	556.	556.		
e All other expenses	69,191.	69,191.		·
25 Total functional expenses. Add lines 1 through 24e	196,565.	176,170.	20,395.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► if following				
SOP 98-2 (ASC 958-720)	<u> </u>			<del></del>

Part X Balance Sheet (B) End of year Beginning of year 129.320 128,193. 642,554 2 743,163. 3 1,500 4 65. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)............ 6 7 8 11,933 13,448. 9 1,310,254. 1,095,600. 214,654. 199,437. 10. 11 12 12 13 14 14 800 15 15 800 16 985,544 16 1,100,323. 17 17 Grants payable....... 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . . 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 21,195 25 17,237. 21,195. Total liabilities. Add lines 17 through 25........... 26 17,237. Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. 965,994 27 1,083,406. 28 -1,645-320. 29 Q R Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. 30 31 Retained earnings, endowment, accumulated income, or other funds . . . . . . . . . 32 32 33 33 964,349 1,083,086. 34 985,544 1,100,323.

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UIII	1930 (2011) B.F.O.E. MISSOURA REID GATE DODGE #303	407	га	90 12
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<i></i>		$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)		13,9	<u>77.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	1	.96,5	<u>65.</u>
3	Revenue less expenses. Subtract line 2 from line 1	1	17,4	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	9	64,3	49.
5	Other changes in net assets or fund balances (explain in Schedule O)		1,3	25.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33.	i		
	column (B))	1,0	83,0	86.
Par	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u></u>	
			Yes	No
1	Accounting method used to prepare the Form 990:		1	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2</b> a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
t	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis	İ		
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		<u> </u>
Ł	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зъ		
RAA		For	m 00A /	2011)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

ם ד	O.E. MISSOULA HELL GATE LODG	E #363	81-0110409
Pa			
Pai	the organization answered 'Yes' to	Form 990, Part IV, line 6.	runus or Accounts. Complete II
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the state of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organizati		
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the purpose conferring impermissible private benefit.	benefit of the donor or donor advisor, or for	any other
Pai	t II   Conservation Easements. Comple	ete if the organization answered Ye	es' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recr	eation or education) Preserva	tion of an historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easeme		
•	Number of conservation easements on a certified	I historic structure included in (a)	2c
•	Number of conservation easements included in ( structure listed in the National Register	c) acquired after 8/17/06, and not on a histo	nic 2 d
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished, or termina	ted by the organization during the
4	Number of states where property subject to cons	ervation easement is located >	
5	Does the organization have a written policy regard and enforcement of the conservation easements	ding the periodic monitoring, inspection, har	ndling of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easemer	ats during the year
8	Does each conservation easement reported on li 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its revenue an ne organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Pa	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasure ered 'Yes' to Form 990, Part IV, line	
1:	of the organization elected, as permitted under Start, historical treasures, or other similar assets himpart XIV, the text of the footnote to its financial	eld for public exhibition, education, or resear	
ı	<ul> <li>If the organization elected, as permitted under SI historical treasures, or other similar assets held f following amounts relating to these items:</li> </ul>		
	(i) Revenues included in Form 990, Part VIII, iir	e 1	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, I amounts required to be reported under SFAS 11		or financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line 1		·
ı	Assets included in Form 990, Part X		

Schedule D (Form 990) 2011 B.P. (	D.E. MISSOU	LA HELL GATE	LODGE #383	81-011	0409		Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontinu	ed)
Using the organization's acquisitio items (check all that apply):	n, accession, and	other records, check	any of the following that	are a significant use of its	s coffecti	ion	
a X Public exhibition		d 🗌 Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	tions	<b></b>					
4 Provide a description of the organi Part XIV.	ization's collection	s and explain how the	y further the organizatio	n's exempt purpose in			
5 During the year, did the organizati assets to be sold to raise funds rai	ther than to be ma	intained as part of the	organization's collection	n?			X No
Part IV Escrow and Custodia line 9, or reported an a				wered 'Yes' to Form	990, F	'art IV	•
1 a Is the organization an agent, truste included on Form 990, Part X?					Yes	Γ	□ No
b If 'Yes,' explain the arrangement in	Part XIV and con	nplete the following ta	ble:		_	_	_
					Amount	t T	
c Beginning balance				. 1c			
d Additions during the year							,
e Distributions during the year							
f Ending balance				11	-		
2a Did the organization include an an					Yes		No
b if 'Yes,' explain the arrangement in		, rait, wie 21: .			162	L	
Part V Endowment Funds. Co		omanization answ	rered 'Vec' to Form	990 Part IV line 10			
rait V Lindownient rands. O	<del>1</del>						
4 a Danisaira of man balanca	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	<del>  (e)  </del>	our year	S Dack
1 a Beginning of year balance	<u> </u>				+		
b Contributions					<del> </del>		
c Net investment earnings, gains, and losses							
d Grants or scholarships					<u> </u>		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current year	r end balance (line 1g	, column (a)) held as:				
a Board designated or quasi-endow	ment ►	8	. , ,,				
b Permanent endowment ▶	*	<del></del> -					
c Temporarily restricted endowment	<b>•</b>	*					
The percentages in lines 2a, 2b, a	nd 2c should equa	± 100%.					
•	-			1 E 11			
3 a Are there endowment funds not in organization by:	the possession of	the organization that	are held and administer	ed for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		<del>  ```</del>
(ii) related organizations					3a(ii)		<del>                                     </del>
b If Yes' to 3a(ii), are the related on					. 3b		<del>                                     </del>
4 Describe in Part XIV the intended				• • • • • • • • • • • • • • • • • • • •	30		L
Part VI Land, Buildings, and				•		-	
Description of property				(-) A		D==l	
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) i	Book va	nne
1a Land		28,140.	, · · · <i>r</i>	• • • • • • • • • • • • • • • • • • • •		28	,140.
b Buildings	· -	733,639.		733,639.			0.
c Leasehold improvements		349,651.		184,495.		165	,156
d Equipment		186,813.		177,466.			,347
• •	<del></del>			1//,400.			
e Other		12,011.	(D) 5 40(-) )				,011.
Total. Add lines 1a through 1e. (Column	(a) must equal Fo	orm 990, Part X, colui	nn (8), iine 10(c).)				,654
BAA				Sche	dule D (f	-orm 9€	<del>3</del> 0) 201

Sche	dule D (Form 990) 2011 B.P.O.E. MISSOULA HELL GATE LODGE #383	81-0110409	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8	<del></del>	<del></del>
	, , , ,		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<del></del>
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		<del></del>
1	Total revenue, gains, and other support per audited financial statements	·· <del> </del>	<del></del>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments	<b></b> -	
	Donated services and use of facilities		
	Recoveries of prior year grants	<b></b> -	
	I Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, fine 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV.)	<del>-</del>	
	Add fines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		
1			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	t Other (Describe in Part XIV.)	<del> </del>	
	e Add lines 2a through 2d	<b>⊢</b> l	
_			<del></del>
3	Subtract line 2e from line 1	3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	In Investment expenses not included on Form 990, Part VIII, line 7b	<b>⊣</b>	
	o Other (Describe in Part XIV.)	——	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· ·   - · · · · · · · · · · · · · · · ·	
	t XIV   Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this additional information.		
Pt.	III Line 4 THE ELKS LODGE #383 MAINTAINS AN ANTIQUE FIRE TRUCK	4	<b></b>
	LES PETERS OIL PAINTING, AND 10 ETCHED GLASS PANELS		
	THAT ARE HISTORICAL PROPERTY. THE FIRE TRUCK IS		
	DRIVEN IN PARADES TO ADVERTISE THE LODGE AND THE AR	T	·
	IS DISPLAYED IN THE LODGE TO LEND HISTORICAL VALUE		. <b></b>
	TO THE LODGE PROPERTY.	<del></del>	

Schedule D	Form 990) 2011 B. P.O.E. MISSOULA HELL GATE LODGE #383	81-0110409	Page 5
Part XIV	Supplemental Information (continued)		
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TEEA3305 05/25/11

Schedule D (Form 990) 2011

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SCHEDIII F.		ن	nte and Oth	eante and Other Assistance to Organizations	o Organizations		1	OMB No 1545-0047
(Form 990)			ernments, an	ernments, and Individuals in the United States	the United Sta	tes		2011
Department of the Treasury Internal Revenue Service		Complete	If the organization	Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	m 990, Part IV, lines 21	or 22.		Open to Public Inspection
Name of the organization  Name of the organization  Name of the organization	пта негл. сате	TODGE #383					Employer identification number 81 - 0110409	atton number 9
Part   General In	formation on Gr	ints and Assist	ance					
1 Does the organizathe selection criter 2 Describe in Part IV	ition maintain records ta used to award the (	to substantlate the ame grants or assistance?.	ount of the grants or	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	s' eligibility for the grants	or assistance, and		× ve•
Ē	d Other Assistar Part IV, line 21 fo be duplicated if a	Grants and Other Assistance to Governmer Form 990, Part IV, line 21 for any recipient tha Part II can be duplicated if additional space is	nts and Organist received more	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ed States. Complet this box if no one r	e if the organizatio ecipient received	on answered 'Yes more than \$5,00(	: to ). 
1 (a) Name and address of organization or government	es of organization ment		(c) IRC section If epplicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of veluation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	! ! ! ! ! ! ! ! ! !							
	†   							
(6)								
(4)								
( <u>6)</u>								
<i>u</i>								
(6)								
2 Enter total number	r of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	zations listed in the	line 1 table				0
	r of other organization	Enter total number of other organizations listed in the line 1 table					• • • • • • • • • • • • • • • • • • • •	0
BAA For Paperwork Reduction Act Notice, see the instructions for Form 990.	teduction Act Notice	see the Instructions	for Form 990.		TEEA3901 06/01/11	06/01/11	Sched	Schedule I (Form 990) (2011)

Schedule 1 (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information CANDIDATES FILL OUT APPLICATIONS AND THE GIVING OF A GRANT IS BASED ON THAT APPLICATION. N/A N/A CUB SCOUTS, HOOP SHOOT, BASEBAL, ELKS NATIONAL FOUNDATION, AND POETRY SLAM. RECORDS ARE MAINTAINED. OTHER VARIOUS CONTRIBUTIONS ARE MADE, SPONSORING (a) Method of valuation (book, FMV, appraisal, other) CASH CASH 0 (d) Amount of 10n-cash assistance 12,000 3,214 (c) Amount of cash grant 12 12 (b) Number of recipients VARIOUS CONTRIBUTIONS (a) Type of grent or sesistance YOUTH SCHOLARSHIPS

Pt\_I\_Line\_2

Part IV

Pt\_I\_Line\_2

Pt\_I\_Line\_

Page 2

MISSOULA HELL GATE LODGE #383

B.P.O.E.

Schedule I (Form 990) (2011)

Part III

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