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Form **990** 

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the 2	011 cale	ndar year, or tax year beginning April 1 , 2011, and ending		nch 3	
В	Check if a	pplicable:	C Name of organization BPOE 287		D Employ	er identification number
	Address c	hange	Doing Business As Walla Walla Lodge No 287	-		91-0142870
	Name cha	-	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	one number
$\overline{\Box}$	Initial retur	-	351 E Rose		,	509-525-2870
$\ddot{\Box}$	Terminate		City or town, state or country, and ZIP + 4			000 020 2070
$\Box$	Amended		Walla Walla, WA 99362		<b>G</b> Gross r	eceipts \$ 267754.75
$\overline{\Box}$	Application		F Name and address of principal officer: Greg Heimgartner	H(a) Is this a		for affiliates? Yes Vo
_	прриодио	ponding	138 Meadows St., Walla Walla, WA 99362			ncluded? Yes V No
_	Tau					a list. (see instructions)
<u>-</u>	Tax-exem		☐ 501(c)(3) ☐ 501(c)( 8 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	1		•
<u></u>	Website:				·	n number ▶ 1156
			Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation	1	M State	of legal domicile WA
	art I	Summ			-	<u> </u>
			escribe the organization's mission or most significant activities:			***************************************
e			ge supports a variety of activities and programs designed to meet community		er needs	s. Youth actvities
Activities & Governance		scholars	hips, drug awareness and recognition of veterans are examples of Lodge acti	vities		•
Ē	-					
<u></u>			is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of	more than	25/% of	its net assets.
			of voting members of the governing body (Part VI, line 1a)		3	5
S	4 N	lumber	of independent voting members of the governing body (Part VI, line 1b)		4	5
ŧ	5 T	otal nur	mber of individuals employed in calendar year 2011 (Part V, line 2a) .		5	10
ਬੂ	6 T	otal nur	mber of volunteers (estimate if necessary)		6	800
⋖	7a T	otal unr	elated business revenue from Part VIII, column (C), line 12		7a	
	<b>b</b> N	let unre	lated business taxable income from Form 990-T, line 34		7b	
				Prior Ye		Current Year
_	8 (	Contribu	tions and grants (Part VIII, line 1h)	7	3274.25	60310.76
Revenue			service revenue (Part VIII, line 2g)		0274.20	0
Š			ent income (Part VIII, column (A), lines 3, 4, and 7d)		8451.03	
æ			The state of the s			146.71
			/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2336.71	139676.71
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21	4061.99	200134.18
			nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
			paid to or for members (Part IX, column (A), line 4)		0	0
es			other compensation, employee benefits (Part IX, column (A), lines 5–10)	12	9991.06	73726.10
Š			onal fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses			draising expenses (Part IX, column (D), line 25) ▶ 0			
ш	17 (	Other ex	penses (Part IX, column (A), lines 11a-11d-11f-24e)	15	5475.28	167772.54
	18 T	otal exp	penses. Add lines 13-17 (must equal Part X, column (A), line 25)	28	5466.34	241498.64
	19 F	Revenue	less expenses. Subtract line 18 from line 12	-7	1404.35	-41364.46
28			(2)	ginning of Cur	rent Year	End of Year
sets or	20 T	otal ass	ets (Part X, line 16)	113	1966.39	1069591.35
Ass	21 T		oilities (Part X, line 26)		1474.29	310071.75
Net Ass Fund Ba	22 N		ts or fund balances. Subtract line 2) from tine 20 17		0492.10	759519.60
	art II		ture Block			***************************************
_			ry, I declare that I have examined this return, including accompanying schedules and stateme	nte and to th	a boot of	my knowledge, and belief it in
			Declaration of preparer tother than officer) is based on all information of which preparer ha			my knowledge and belief, it is
			Alla Character and the control of th	13	2-1-1	<u> </u>
Sig	ın l	Sign	adure of officer	<u>                                 </u>	<u> </u>	<del></del>
He			res Heighton Evalles dues	Dat	•	
HE	16	<u>[2</u>				
		<del>/</del>	e or print name and title			lean.
Pa	id	1	pe preparer's name Preparer's signature Date	<i>f.</i> ,	Check	
	eparer	Louis I	Beckman our Western 6/	26/12	self-em	ployed 535-34-3490
	e Only	Firm's n		Firm	s EIN ▶	91-1720665
		Firm's a	ddress ► 7701 W 4th Ave. J 101, Kennewick, WA 99336	Phor	e no.	509-735-1014
Ма	y the IRS	discus	s this return with the preparer shown above? (see instructions)			🗸 Yes 🗌 No
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions. Cat. No.	11282Y	•	Form <b>990</b> (2011)

Form 99	0 (2011) Page
Part I	<b>-</b>
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The Lodge supports a variety of programs and activities designed to meet community and member needs.
	Youth activities, scholarships, drug awareness and recognition of veterans are examples of Lodge activities
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b
7	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	grante and anosane to one to a component of an array and the same and the same array are same as the same array and the same array are same as the same array are same array a
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	N/A
	••••••
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
7.0	NA
	<u></u>
	•
	•
	•
	•
	•
	•
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	N/A
	•
	•
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program conting eveness

ail	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓_
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_		✓
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		1
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		✓
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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	11b		1
С	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	11c		1
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 IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
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		/
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		1
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		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	Checklist of Required Schedules (continued)			
24	Did the average time was at more than \$5,000 of greats and other assistance to any sovernment or averagination		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization 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 Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	-	1
26	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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1
			000	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. 🗆
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	ĺ	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı.		V
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>✓</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<b>✓</b>	
4a	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			١.
	account)?	4a	l	✓
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b></b>	<b>✓</b>
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		_
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>7</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>✓</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	L	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		✓
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	Ň		
а	Did the organization make any taxable distributions under section 4966?	9a		1
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them.)	12a		1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		<b>V</b>
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?	13a		1
u	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 which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<b>h</b>	If "Vee " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	. 14h	, 7	./

	O (coll)			rage C
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>	•	<u>.                                    </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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?		1	
3	any other officer, director, trustee, or key employee?	2		<b>-</b>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<b></b> -	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			Ė
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	<b>✓</b>	-
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<b>-</b>	├
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	_	ode.	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	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?	10b		<b>/</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	]
b	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	100		1
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		₩
·	describe in Schedule O how this was done	12c	1	1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	L	<b>✓</b>
b	Other officers or key employees of the organization	15b		✓
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	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	ı	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		✓
Secti	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	or inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
20	organization: ► Carolyn Walery, 351 E Rose, Walla Walla, WA 99362	OI III	•	

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 employee."
- 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.

☐ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related	box,	unles er and	Pos neck ss pe	rson Irrect	e than or is both or/trust employ	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation from the
	organizations in Schedule O)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) Greg Heimgartner									•	
Exalted Ruler	4			✓				0	0	0
(2) Timothy Stewart										
Leading Knight	2			1		<u> </u>		0	0	0
(3) Lacey Quiggle	.]									-
Loyal Knight	1			✓				0	0	0
(4) Heather Snider	.]									-
Lecturing Knight	11			✓				0	0	0
(5) Carolyn Walery	.]									
Secretary	20			✓				30162.34	0	0
(6) Keith Burghardt	.]									
Treasurer	2			✓				0	0	0
(7) James Patzkowski	.]									
Tiler	1			✓				0	0	0
(8) Chris Price	.]									
Esquire	2		Ш	1				0	0	0
(9) Noele Pemberton	.]									
Inner Guard	1			✓				0	0	0
(10) Burie Craven										
Chaplain	11			✓				0	0	0
(11) David Stalberger							_			
Trustee	3	<b>\</b>						0	0	0
(12) Bobby Hodge										-
Trustee	3	✓				L		0	0	0
(13) Larry Cunnington	]									
Trustee	3	✓					L	0	0	0
(14) Doug McMasters										
Trustee	3	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)						
	(A)	(B)	(do n	ot ch		ition more	a than c	one	(D)	(E)	(F)	
	Name and title	Average	Average (do not check more than or box, unless person is both				<sub>han</sub> Reportable Reporta					
		hours per week	.   0111001 4214 4 411001017 4 4 0 1 1				or/trust	tee)	compensation from	compensation related	from amount of other	
		(describe	유표	Ins	읔	<u>\$</u>	ᆲ	ğ	the	organization		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-M	ISC) from the	
		related organizations	CE	tion	•	뤛	Pe €		(W-2/1099-MISC)		organization and related	
		in Schedule	` tg :	al tr		) ye	Ę.				organizations	
		O)	8	uste		"	ens				ľ	
				ğ			ated					
(15)	<del></del>							╁				
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(24)		-			i							
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(25)												
		l .	<u> </u>	l	l							
1b	Sub-total			٠	•		•		30162.34			
C	Total from continuation sheets to Part	VII, Sectio	n A									
d	Total (add lines 1b and 1c)							<b>•</b>	30162.44			
2	Total number of individuals (including but	t not limited	to th	iose	list	ted	above	e) w	ho received m	ore than \$10	00,000 of	
	reportable compensation from the organ							•			,	
											Yes	No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	ust	ee.	kev e	emo	olovee, or high	est comper		
•	employee on line 1a? If "Yes," complete											1
4	For any individual listed on line 1a, is the							.n a	and other comm	oncation fro		•
4	organization and related organizations											
	<del>-</del>	_	all p	100,	JUUL	) ( )	1 10	٥,	complete Sci	ledule J 101		Ţ
	individual		• •	•			•	•				<u> </u>
5	Did any person listed on line 1a receive of											ب
	for services rendered to the organization	/ If "Yes," C	compi	ete	Sci	neal	ile J i	tor s	sucn person	· · · ·	5	<u> </u>
Section	on B. Independent Contractors											
1	Complete this table for your five highest											
	compensation from the organization. Rep	oort compe	nsatio	on fo	or tl	ne c	alend	dar y	year ending wit	h or within t	he organization's tax	(
	year.											
	(A)		_						(B)		(C)	
	Name and business add	Iress							Description of s	ervices	Compensation	
None									_			
								T		<del></del>		
								$\vdash$		——— <del>-</del>	<del></del>	
			_					$\vdash$				
	Total number of independent contractor	re (includi	na hi	ıt ~	O <sup>†</sup>	lumit			nose listed sh	ove) who		
2	received more than \$100,000 of compen							Ju	iose listed ap	ove) wild		
	received more man \$100,000 or compen	sauon nom	ale 0	ıyal	ıızd	riOi l						

Part	VIII	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a	Federated campaigns .		1a	alay 0			1	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	584316.26				
S, E	С	Fundraising events		1c	0				
ar /	d	Related organizations .		1d	0				
s, C	е	Government grants (contributi		1e	0				
ion S	f	All other contributions, gifts, g							
the the		and similar amounts not included	above	1f	1694.50				
걸	g	Noncash contributions included in I	nes 1a-	1f: \$	0				
Contributions, Gifts, and Other Similar Ar	h	Total. Add lines 1a-1f .			>	60310.76			
					Business Code				
Program Service Revenue	2a								
æ	b								
ice	С								
Sen	d								-
Ē	е								
ográ	f	All other program service r	evenu	е.					
<u>_</u>	g	Total. Add lines 2a-2f .			•	0			
	3	Investment income (inclu							
		and other similar amounts)				146.71			
	4	Income from investment of ta				0			
	5	Royalties			▶				
			(i) Real		(ii) Personal				
	6a	Gross rents			35547.41				
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)				35547.41			
	7a		Secunti	es	(II) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses .							
	C	Gain or (loss)						1	
	d	Net gain or (loss)	• •		<u></u> ▶	0			
9	8a	Gross income from fundrai	oina						
ent	Od	events (not including \$	siriy						
Revenue		of contributions reported on	line 1	<u></u>					
_		See Part IV, line 18							
Other	ь	Less: direct expenses		-					
0		Net income or (loss) from f			events . >	0			
		Gross income from gaming			010110				
		See Part IV, line 19			54107.50				
	ь	Less: direct expenses		_					
	С	Net income or (loss) from g				36323.28			
	10a	Gross sales of invento							
		returns and allowances		a	10241.04				
	b	Less: cost of goods sold		. b					
	С	Net income or (loss) from s			entory ►	52572.65			
		Miscellaneous Revenue	•		Business Code				
	11a	Lodge Activities			13032.98				
	b	Miscellaneou			2197.39				
	C								
	d	All other revenue							
	е	Total. Add lines 11a-11d .				15230.37			
	12	Total revenue. See instruc	tions.		▶	200134.18			

## 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 response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0								
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	30162.34								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o								
7 8	Other salaries and wages	43563.76								
9	Other employee benefits	6977.20 13669.70								
10 11	Fees for services (non-employees):	13669.70								
a b c	Management	3500.00								
d e	Lobbying	0	-							
f g	Investment management fees	0								
12 13	Advertising and promotion	0 1658.42								
14 15	Information technology	0								
16 17	Occupancy	31059.43								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		·						
19 20	Conferences, conventions, and meetings . Interest	2429.79 26.53								
21 22	Payments to affiliates	0 22418.25								
23 24	Insurance	10554.62								
	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 b	Schedule attached	75135.16								
c d										
e 25	All other expenses	241498.64								
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 following SOP 98-2 (ASC 958-720)	0								

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	11391.51	1	19417.00
	2	Savings and temporary cash investments	78970.36	2	21826.62
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	476.55	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	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			
	l _	employees' beneficiary organizations (see instructions)	0	6	0
	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	12276.42	8	11308.27
	9	Prepaid expenses and deferred charges	7175.48	9	7319.34
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1475506.04	400077.70	40	
	b	Less: accumulated depreciation	420077.72		397659.47
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	601668.69	12	612060.65
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1131966.39	16	1069591.35
	17	Accounts payable and accrued expenses	19466.09	17	21076.79
	18	Grants payable	0	18	0
	19	Deferred revenue	43395.50	19	8382.50
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
jat		· •	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	278612.70	05	280612.46
	26	Total liabilities, Add lines 17 through 25	341474.29	25 26	310071.75
	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete	341474.23	20	310071.73
es		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	0	27	0
अव्	28	Temporarily restricted net assets	0	28	0
Ð	29	Permanently restricted net assets	604168.69		614560.65
٦		Organizations that do not follow SFAS 117, check here ▶ □ and			
Ž		complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds	0	30	0
šše	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds .	186323.41	32	144958.95
	33	Total net assets or fund balances	790492.10	33	759519.60
	34	Total liabilities and net assets/fund balances	1131966.39	34	1069591.35

Form 9	90 (2011)			Pa	age <b>1</b> 2	
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		• • •		· <u>L</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	11		2001	34.18	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3	<del></del>		1364.46 0492.10	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7595	19.60	
Par	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<b>√</b>		
b					1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c	1		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	kplain in				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were				

✓ Consolidated basis □ Both consolidated and separate basis

За

3b

Form **990** (2011)

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

☐ Separate basis

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number **BPOE 287** 91-0142870 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . N/A 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a **b** Total acreage restricted by conservation easements . . . . . . . . . c Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Assets included in Form 990, Part X . .

Schedule	n	/Earm	OOM)	2011
scneaule	u	(Form	9901	2011

Par	<u> </u>								
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and of	ther reco	ords, chec	k any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	ırams	
b	☐ Scholarly research			е					
С	☐ Preservation for future generations	3							**********
4	Provide a description of the organization		collections	and expl	ain how t	hev further	the on	ganization's ex	empt purpose in Part
	XIV.							ga2a	ompr parpood mir are
5	During the year, did the organization	solic	it or receive	donatio	ns of art	historical t	reasure	s or other sim	nilar
-	assets to be sold to raise funds rather								
Part	IV Escrow and Custodial Arra								
	line 9, or reported an amoun	_			_	,	u		o
1a	Is the organization an agent, trustee,					or contribu	tions o	r other assets	not
	included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P								<u> </u>
_	Too, oxplain the arrangement in the	<b></b>	v and comp.		onoming t	<b>u</b> D:0:			Amount
С	Beginning balance						10	<del></del>	
d	Additions during the year						10		<del></del>
e	Distributions during the year						16		
f	Ending balance						11		
2a	Did the organization include an amoun								. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in Pa			art A, III	6211 .		• •		. Lites Lino
	Endowment Funds. Complete			zation a	newarad	"Vee" to I	Form 0	On Part IV lin	20.10
I ai	Endowment runds. Comple		Current year		or year	(c) Two yea			
1a	Beginning of year balance	(-/		(5)	,	(0) 1 110 ) 04	- Duon	(a) Thiod yours be	ton (b) I our yours back
_	Contributions								
b				1					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
_	programs					_			
f	Administrative expenses								
g	End of year balance	Ļ		L		L			
2	Provide the estimated percentage of t	he cu	ırrent year er	nd baland	ce (line 1g	ı, column (a	ı)) held	as:	
а	Board designated or quasi-endowmer			%					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e pos	session of th	ne organ	ization tha	at are held	and ad	ministered for	the
	organization by:								Yes No
	(i) unrelated organizations								. 3a(i)
	(	-							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organi								. 3b
4	Describe in Part XIV the intended uses								
Part	VI Land, Buildings, and Equip	men	t. See Forn	n 990, F	art X, lin	e 10.			
	Description of property		(a) Cost or of (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land			0		192044.33			192044.33
b	Buildings			0		1001921.47		800900.64	201020.83
С	Leasehold improvements			0		0		0	0
d	Equipment					281540.24		276945.93	4594.31
е	Other			0		0		0	0
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part	X, column	(B), line 10	)(c).)	•	397659.47

Part VII Investments—Other Securit  (a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Rela		ino 12
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(4)		
(1)	1	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(8)		
(8) (9) (10)	<b>&gt;</b>	
(8) (9) (10) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
(8) (9) (10)		(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990.	Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990.	Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990 (1) (2)	Part X, line 15.	(b) Book value
(8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990 (1) (2) (3)	Part X, line 15.	(b) Book value
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990 (1) (2) (3) (4)	Part X, line 15.	(b) Book value
(8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5)	Part X, line 15.	(b) Book value
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Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	N/.A
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part		<sup>r</sup> Retu	m_
1	Total revenue, gains, and other support per audited financial statements	1	N/A
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	_	
_C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	т.	
1	Total expenses and losses per audited financial statements	1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		:
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	-	
d	Other (Describe in Part XIV.)	_	
e	Add lines 2a through 2d	2e 3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
•			
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.)	-	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	XIV Supplemental Information		
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con	Part IV	, lines 1b and 2b; this part to provide

Schedule D (Form 990) 2011

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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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**Employer identification number** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

**BPOE 287** 91-0142870 Part IX, Line 24a Schedule of Other Expenses **Badges & Pins** 126.30 Bulletin 3,794.20 Key Cards 76.00 Software Support 1,347.68 Lodge Supplies 1,910.19 Miscellaneous 2,517.69 1,260.79 Postage Per Capita 15,994.00 95.88 Repairs & Maintenance 9,066.68 **Property Taxes** 9,615.26 **Business Taxes** 3,168.87 Telephone 1,317.76 **Credit Card Fees** 1,088.24 Lodge Activities 6,815.82 **Scholarships** 8,500.00 Reading Room Expense 1,196.28 Cash short 159.92 7,263.00 Licenses **Polly Garland Award** 163.44 75,478.60 Part VI, line 11b