

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### 990 Form

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

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

OMB No 1545-0047

2011

Department of the Treasury

benefit trust or private foundation)

Open to Public

A	For t	he :	2011 calend	dar year, or tax year beginning 04-01, 2011, and endi			3-31, 20 12
			plicable	C Name of organization B.P.O.E. USA #2145	9		Employer identification no
_	Addres			Doing Business As		- "	93-0482037
=	Name (		•		oom/suite		Telephone number
	Initial r		•	1701 CENTENNIAL BLVD	COMPSUNG	ַן <u>'</u>	(541) 747-2145
=	Termin			City or town, state or country, and ZIP + 4			358,183
=	Amend			SPRINGFIELD, OR 97477-3365		٦	·
				F Name and address of principal officer DAVID OLHEISER			Gross receipts \$
Ц,	Арриса	ation	pending	1701 CENTENNIAL BLVD, SPFD, OR 97477	H(a) Is this a great affiliates?	oup retu	m for
	T						
		<del></del> -	status	2145		ich a list	t (see instructions)
	Websit				H(c) Group exer		
				Corporation Trust Association Other L Year of formation 196	M State	of legal	domicile OR
Pa	rt I		Summar				
	1		-	ribe the organization's mission or most significant activities THIS IS A FRATERNA	AL, CHARIT	ABLE	AND SERVICE
A C G		-		TION THAT PROVIDES	-		
c G t o		-	SOCIAL A	ND CHARITABLE EVENTS FOR ITS MEMBERS AND THE COMMUNITY.			
iy Ve	١.		St 1 41. 1				
ŗ	2			ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of			1
l n Ia	3			oting members of the governing body (Part VI, line 1a)		3	9
е n	4			ndependent voting members of the governing body (Part VI, line 1b)		4	9
s с _ е	5			er of individuals employed in calendar year 2011 (Part V, line 2a)		5	12
&	6			er of volunteers (estimate if necessary)		6	193
				ted business revenue from Part VIII, column (C), line 12		7a	0
	4	<u>d</u>	Net unrelate	d business taxable income from Form 990-T, line 34	<u> </u>	7b	0
R					Pnor Year		Current Year
9	8			s and grants (Part VIII, line 1h)			59,427
9	9		-	vice revenue (Part VIII, line 2g)	87	,017	25,839
n u	10			ncome (Part VIII, column (A), lines 3, 4, and 7d)		117	
8	11			ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 1/18		,271	94,582
	12			ie - add lines 8 through 11 (must equal Part VIII column (A) (ma 12)	192	, 405	179,911
	13			similar amounts paid (Part IX, column (A), (ipes 1-3)			0
E	14			d to or for members (Part IX, column (A) (I) (Pe 4)			0
х Р	15			ner compensation, employee benefits (Part IX, column (A), lines 5-10)	85	,559	87,568
е	16			fundraising fees (Part IX, column (A), line 11e).			0
n s		b 1	Fotal fundra	ising expenses (Part IX, column (D), line 25)			
9 S	17	′ (	Other expen	ses (Part IX, column (A), lines 11a-11d, 1-24e)		,089	·
	18	} 7	Fotal expens	ses Add lines 13-17 (must equal Part IX, collumn (A), fine 25)		, 648	
	19	) F	Revenue les	s expenses Subtract line 18 from line 12	(10	,243	(2,588)
Net Asset	21			<u> </u>	unning of Current Y	ear	End of Year
or a	<b>S</b> 120			(Part X, line 16)		,573	
Fund Bal-	21			es (Part X, line 26)	·····	,914	43,725
ance		1 2		or fund balances Subtract line 21 from line 20	315	, 659	312,829
Pa			<u> </u>	re Block			
				lare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl laration of preparer (other than officer) is based on all information of which preparer has any knowledge	tedge and belief, it	IS	
	`	Т	· V	Mar Ad Solo and		1	
ĮŲ,	_		کیم	Virala & Hegues			1/24/2012
39	11		- 5	e of officer		Date	/
He	e.			Y HAGUES, SECRETARY			
SCANGED		Ш		print name and title			
			1	eparer's name Preparer's signaturer L A 5105- Date	Check X	ıf P	TIN
Pai				te K Ortiz Manual F. Chla 07-24-2012	self-employe	d	P00894616
	par		Firm's name		ırm's EIN		
Us	e Or	ıly	Firm's addres		hone no		
			<u>L</u>	Springfield OR 97478		54	11-744-8083
May	the I	RS	discuss this	s return with the preparer shown above? (see instructions)			🔀 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

'Form	n 990 (2011) B.P.O.E. USA #2145 93-0482037	<sup>2</sup> age <b>2</b>
Pai	rt'llie Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	. 🗆
1	Briefly describe the organization's mission	
	THIS IS A FRATERNAL, CHARITABLE, AND SERVICE ORGANIZATION THAT PROVIDES	
	SOCIAL AND CHARITABLE EVENTS FOR ITS MEMBERS AND THE COMMUNITY.	
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 by	
	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	
	granto and anocations to entere, the total expenses, and revenue, if any, for each program corrido reported	
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	١
	PUBLICATION AND DISTRIBUTION OF THE FRATERNAL BULLETIN WHEREIN APPROXIMATELY 770 ARE	- '
	DISTRIBUTED EACH MONTH. THE BULLETIN IS PREPARED ENTIRELY BY MEMBER VOLUNTEERS	
	DIDITION DACK MONTH. THE BOUNDING TO FIGURE DISTRIBUTION OF THE PROPERTY OF TH	
45	(O-1- ) (F )	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$ LODGE SUPPORTED MEMBER ACTIVITIES WHICH INCLUDE A DINING ESTABLISHMENT, BINGO, MUSIC,	- '
	LOTTERY, AND VARIOUS OTHER ENTERTAINMENTS. ADDITIONALLY, NEEDED ASSISTANCE IS PROVIDED FOR	
	ANY MEMBER OF THE ELKS AND THEIR FAMILY.	
	ANI MEMBER OF THE ELRS AND THEIR FAMILI.	
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$	_ )
	MANY COMMUNITY SUPPORTED ACTIVIES ARE INCLUDED IN THE SERVICES PROVIDED. MAJOR ASSISTANCE IS	
	AVAILABLE TO THE COMMUNITY'S NEEDY FAMILIES IN THE FORM OF FOOD, SHELTER, AND MEDICAL	
	EXPENSES. THERE IS A SCHOLARSHIP PROGRAM, A DRUG AWARENESS PROGRAM, A K-9 PROGRAM WHICH	
	ASSISTS IN PROVIDING DOGS TO THE POLICE FORCE, AND A PROGRAM IN AMERICANISM.	
		_
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Part IV

**Checklist of Required Schedules** 

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	
_	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		İ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		X
•	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	_		
8		7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.5
9	complete Schedule D, Part III	8	_	X
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	ا م		3.7
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	9395%	Kirin k	X
• •	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,"		NA.	James.
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f		X
12a				
	Schedule D, Parts XI, XII, and XIII	12a		X
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outlisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		Х
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	Ī		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	I		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	l	_X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	l		
	If "Yes," complete Schedule G, Part III.	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		

Part IV

Checklist of Required Schedules (continued)

Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X 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 23 Х 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 24a Х Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 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? 25b 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 X 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 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV....... Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . . 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 Х Х b Did the organization receive any payment from or engage in any transaction with a controlled entity within the X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X FFA

#### Part V Statements Regarding Other IRS Filings and Tax Compliance Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . . . . . . . . . Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . . Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a 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. . . . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?......... X 6a 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? 6a Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6h Organizations that may receive deductible contributions under section 170(c). 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? Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....... 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 X Sponsoring organizations maintaining donor advised funds. X b X 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?... If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . 13a 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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....

Did the organization receive any payments for indoor tanning services during the tax year?

14a

X

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 9 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 Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? . . . . . . . . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Х 7a 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) No 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? X 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? 15a X X 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 16a X b If "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 take steps to safequard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website ▼ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JERRY HAGUES (541)747-2145 1701 CENTENNIAL BLVD Springfield, OR 97477-3365

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

E ~	$\alpha \alpha \alpha$	(2011)	
rorm.	990	120111	1

Part VII

B.P.O.E. USA #2145

93-0482037

Page 7

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

Check if Schedule O contains a response to any question in this Part VII
--

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 nor any related organization compensated any current officer, director, or trustee

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	age Position						Reportable	Reportable	Estimated
	hours per week	I GO NOT CHECK MORE THAN ONE I						compensation from	compensation from	amount of
	(describe	1						the	related organizations	other compensation
	hours for	officer and a director/trustee)						organization	(W-2/1099-MISC)	from the
	related organizations	I t d		o,	к			(W-2/1099-MISC)		organization and related
	ın Schedule	d u r	n r s u	1	Э	gmp	ı			organizations
	0)	v t c	ı t	c	e m	h p l	e m			
		deo	uе	e r	P	t s e	Г			
		u r ao	t i		o y	a e				
		1 1	o n		é	đ				
4			a I		,					
(1) BILL KELLOGG										
3RD YEAR TRUSTEE/CHAIRMAN	15.00			X				0	0	0
(2) BRANDON MATHEWS										-
LECTURING KNIGHT	5.00			Х				O	0	0
(3) CARL MATHEWS										•
ESQUIRE	20.00			X				0	0	0
(4) CARLA KELLOGG										
ALTERNATE OFFICER	30.00			X				0	0	0
(5) CLINT COBERT										
ORGANIST	10.00			X				0	0	0
(6) DAVID OLHEISER						1				
EXALTED RULER	24.00			X				0	0	0
(7) JERRY HAGUES										
TREASURER	14.00			X				0	0	0
(8) JIM ALAMEDA										
LEADING KNIGHT	32.00			X				0	0	0
(9) KEN MCENTIRE										
SECRETARY	40.00			X				7,000	0	0
(10)LOLA HOITING										
TILER	13.00	<u> </u>		X				0	0	0
(11)MARK MCCULLOUGH										
LOYAL KNIGHT	4.00		_	X		ļ		C	0	0
(12)MICKI MATHEWS										
INNER GUARD	10.00	<u> </u>		X		ļ	<u> </u>	С	0	0
(13)NANCY ALAMEDA										
CHAPLIN	20.00			X		<u> </u>		0	0	0
(14)PAM TAYLOR							İ			
2ND YEAR TRUSTEE	5.00			X					0	0

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			-	C)			(D)	(E)			
	Name and Title	Average hours per	(do n	ot che		ition ore tl	han one		Reportable compensation	Reportable	1	mated	
		week	box, i	untes	s pers	on is	both an		from	compensation from related	1	ount of other	
	•	(describe	office	r and	direc	tor/tr	ustee)		the	organizations	comp	ensation	1
		hours for	l t d	l t	ļ	K e	Hce	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)		ım the nızatıon	
		related organizations	dur	s u			gmp	L W	(11-21033-11100)			related	
		ın Schedule	v t c	t s	C	e m	h p l	e			orgar	nizations	3
		O)	d e o	u e t	e T	p	s n y				l		
			aо			ó y	a e						
			i r	n		é	ď			,			
				a I									
. ,	POSITION OPEN												
	TH YEAR TRUSTEE		ļ		X	<u> </u>	↓		0	0			0
	SUSAN ANDERSON								_				_
	ST YEAR TRUSTEE	30.00	<u> </u>	_	X	<u> </u>	<u> </u>		C	0	ļ		0
(17)													
(18)					i	H			<del>-</del>	<u> </u>	<b>†</b>		
							<u> </u>						
(19)						Г							
			ļ			L	<u> </u>						
(20)													
(24)			-		-	<u> </u>	<del> </del>			<u> </u>			
(21)							}						
(22)		<u> </u>			-		<del>}</del>			<u> </u>			
(22)													
(23)							<del>                                     </del>			-	-		_
(24)												-	
				L		_	<b>}</b>						
(25)													
1b	Sub-total	L			L	<u> </u>		_			<del> </del>		
c	Total from continuation sheets to Part VII, Section												
	Total (add lines 1b and 1c)								7,000				0
2	Total number of individuals (including but not limited t							nore		I	1		
	reportable compensation from the organization			•	_					0			
				_								Yes	No
3	Did the organization list any former officer, director or			-		-							
	employee on line 1a? If "Yes," complete Schedule J fo										3		X
4	For any individual listed on line 1a, is the sum of repo											ł	
	organization and related organizations greater than \$							e J f	or such		-		<del>.</del>
	ındıvıdual					-		• •	• • • • • • • • •	• • • • • • •	4		X
5	Did any person listed on line 1a receive or accrue con	-		-			-		on or individual				
_	for services rendered to the organization? If "Yes," co	mplete Sch	edule J	for	suc	h pe	rson	•	<del></del>	<u> </u>	5		X
	tion B. Independent Contractors  Complete this table for your five highest compensated	l		4				است	45 \$400.00	0.4			
1	compensation from the organization. Report compens	-											
	year		Calcii	uai	yea	CIII	unig w		within the organia	Lation's tax			
	(A)								(B)		(0		
	Name and business address								Description of s	ervices	Compen	sation	
									<del>                                     </del>				
		<del></del>							-				
2	Total number of independent contractors (including bi	ut not limited	d to the	sel	iste	d ab	ove) w	/ho					
	received more than \$100,000 of compensation from t					-	•						

Form 990 (2011)

December   Court   C	Part \	/III	Statement of Revenu	е						
1a Federated campages			•					Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Description   Description		1a	Federated campaigns		1a					312, 516, 51 514
Content   Cont		١.			I	57 389				
	Contri-		•							
Continued   Convenient grants (contributions)   Te	•	l .	<del>-</del>		-	2,034				
	Grants	`` ا	<del>-</del>							
and similar amounts not included above		•	=		16					
Moncash contributions included in lines 1a-1f \$   59,427		<b>'</b>			4.5	4		l		
N Total. Add lines 1a-1f	Amounts	_				-				
Discretion   Dis				-			E0 427			
Program   Prog		"	Total. Add files fa-11	• • • • •	• • • •		39,421			
Degram   Services		22 RV DONATIONS					4 604	A 604		
C   COTTERY   Solution   Solution   Color										<del> </del>
BINGO		_			—					
F   All other program service revenue.   g   Total. Add lines 2a-2f		_			—				<del></del>	<del>                                     </del>
f All other program service revenue.   g Total. Add lines 2a-2!	rtova nao	_	BINGO		—	900099	4,403	4,405		<del> </del>
g Total. Add lines 2a-2f									<del> </del>	
3   Investment income (including dividends, interest, and other similar amounts)   63   63     4   Income from investment of tax-exempt bond proceeds   5   7   8   8   8   8   8   8   8   8   8							25 920			<del> </del>
and other similar amounts)						1	25,639			
1   1   1   1   1   1   1   1   1   1		3			63	63				
10, Real   (i) Real   (i) Personal		۱,					83			· <del> </del>
(i)   Real   (ii)   Personal					-	, L				<del> </del>
See   See		"	Royalties		,					<del> </del> ,
b Less rental expenses			Cross route				i	l		
C Rental income or (loss)		i	· · · · · · · · · · · · · · · · · · ·	10	, 225	662				
d Net rental income or (loss)   11,107   11,107   11,107			, <u> </u>	10	225	992				
7a Gross amount from sales of assets other than inventory   b Less cost or other basis and sales expenses								11 107		-
Second content of the second content of t			Γ				11,107	11,107		<u> </u>
b Less cost or other basis and sales expenses		7a		(i) Securiti	es	(II) Other				
and sales expenses			·							
C Gain or (loss)   C   C Gain or (loss)   C   C   C   C   C   C   C   C   C		b								
Net gain or (loss)   Net gai	0	_ ا	· · · · · · · · · · · · · · · · · · ·							
8a Gross income from fundraising events (not including \$ 2,034 of contributions reported on line 1c) See Part IV, line 18	t		· · · · L							
events (not including \$ 2,034 of contributions reported on line 1c) See Part IV, line 18	_			• • • • •	• • • •					<del>                                     </del>
Revolution       of contributions reported on line 1c)         See Part IV, line 18	r	0a	•	2 03				İ		
See Part IV, line 18	R	ļ			<u> </u>					
b Less direct expenses	е		·-	•						
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19	•	١ ,								
9a Gross income from gaming activities       111,699         b Less direct expenses       b 104,317         c Net income or (loss) from gaming activities       7,382         10a Gross sales of inventory, less returns and allowances       a 148,935         b Less cost of goods sold       b 73,955         c Net income or (loss) from sales of inventory       74,980         Miscellaneous Revenue       Busness Code         11a LODGE SUPPORT       900099       639       639         b SPECIAL EVENTS       900099       88       88         c REIMBURSE FUNDRAISERS       900099       5       5         d All other revenue       900099       381       381         e Total. Add lines 11a-11d       1,113       1,113		ı								<b> </b>
See Part IV, line 19		I	• •	_	، دان ا					<del>                                     </del>
b Less direct expenses	•	) Ja				111 600				
c Net income or (loss) from gaming activities										
10a Gross sales of inventory, less returns and allowances			•				7 302	7 202		- <del> </del>
returns and allowances		ŀ		ng activities	• • • i		7,362	7,362		+,
b Less cost of goods sold b 73,955  c Net income or (loss) from sales of inventory ▶ 74,980 74,980  Miscellaneous Revenue Business Code  11a LODGE SUPPORT 900099 639 639  b SPECIAL EVENTS 900099 88 88  c REIMBURSE FUNDRAISERS 900099 5 5  d All other revenue		10a			_	140 035				
C Net income or (loss) from sales of inventory       74,980       74,980         Miscellaneous Revenue       Business Code         11a LODGE SUPPORT       900099       639       639         b SPECIAL EVENTS       900099       88       88         c REIMBURSE FUNDRAISERS       900099       5       5         d All other revenue       900099       381       381         e Total. Add lines 11a-11d       1,113       1,113		١,			_					
Miscellaneous Revenue         Busness Code           11a LODGE SUPPORT         900099         639         639           b SPECIAL EVENTS         900099         88         88           c REIMBURSE FUNDRAISERS         900099         5         5           d All other revenue         900099         381         381           e Total. Add lines 11a-11d         1,113         1,113							74 980	74 980		<del> </del>
11a LODGE SUPPORT       900099       639       639         b SPECIAL EVENTS       900099       88       88         c REIMBURSE FUNDRAISERS       900099       5       5         d All other revenue       900099       381       381         e Total. Add lines 11a-11d       1,113       1,113		⊢ٿ		- Inventor	<b>y</b> .	Ť	,500	74,500		<del> </del>
b SPECIAL EVENTS 900099 88 88 88   c REIMBURSE FUNDRAISERS 900099 5 5   d All other revenue		112		<del></del>			639	630		<del> </del>
c REIMBURSE FUNDRAISERS       900099       5       5         d All other revenue       900099       381       381         e Total. Add lines 11a-11d       1,113       1,113		1		<del></del>						<del> </del>
d All other revenue										<del>                                     </del>
e Total. Add lines 11a-11d							381			<del> </del>
										<del>                                     </del>
		1	• •				179,911	120,484		d o

### Part IX Statement of Functional Expenses

Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b), and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	-	experises	Berjeral experises	expenses
•	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
-	the United States See Part IV, line 22				
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		<u>-</u> .		
5	Compensation of current officers, directors,			- wii	<u> </u>
•	trustees, and key employees	7,000			
6	Compensation not included above, to disqualified	7,000	<del></del>		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			!	
7	Other salaries and wages	68,497			
8	Pension plan accruals and contributions (include	30,131			
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,441	<del></del>		
10	Payroll taxes	8,630			
11	Fees for services (non-employees)	5,000			
	Management	1			
b	Legal	-			
c	Accounting	1,500			
d	Lobbying			-	
e	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other	8,871		-	
12	Advertising and promotion	2,769			
13	Office expenses	18,345			
14	Information technology	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
15	Royalties				
16	Occupancy	27,061			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,365			
20	Interest	-			
21	Payments to affiliates	11,636			
22	Depreciation, depletion, and amortization	344			
23	Insurance	4,856			
24	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)				
а	MUSIC	3,650			
b	BULLETIN	4,367			
С	LODGE EXPENSE	4,180			
d	JEWELRY	987			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	182,499	0	0	0
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)				

	990 (20	,		93-04820	)37 Page
art	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8,442	1	9,053
	2.	Savings and temporary cash investments	157,075	2	165,300
	3	Pledges and grants receivable, net		3	
İ	4	Accounts receivable, net		4	
- 1	5	Receivables from current and former officers, directors, trustees, key			
-		employees, and highest compensated employees. Complete Part II of			
- 1		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
.		employees' beneficiary organizations (see instructions)	***************************************	6	
'	7	Notes and loans receivable, net		7	
,	8	Inventories for sale or use	8,564	8	6,38
	9	Prepaid expenses and deferred charges	332	9	
	10a	Land, buildings, and equipment cost or			···-
		other basis Complete Part VI of Schedule D   10a   904 , 681			
	b	Less accumulated depreciation 10b 728,865	176,160	10c	175,81
	11	Investments - publicly traded securities	<del></del>	11	· · ·
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	-
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	350,573	16	356,55
_	17	Accounts payable and accrued expenses	6,106	17	6,20
	18	Grants payable	-,	18	
	19	Deferred revenue	26,418	19	35,60
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key		+	<del></del>
		employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
.	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	2,390	25	1,91
	26	Total liabilities. Add lines 17 through 25	34,914	26	43,72
$\dashv$		Organizations that follow SFAS 117, check here ▶ 💢 and complete		<del>  -</del>	
F		lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets	242,192	27	240,14
,	28	Temporarily restricted net assets	73,467	28	72,68
n		Permanently restricted net assets		29	
n d	29			+	
n d B	29	•		1 1	
n d B	29	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
n d B a		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	- dut	30	
n d B a I	30	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  Capital stock or trust principal, or current funds		30	
n d Balance	30 31	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  Capital stock or trust principal, or current funds		31	
n	30	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  Capital stock or trust principal, or current funds	315,659	+ + + + + + + + + + + + + + + + + + + +	312,82

Form	990 (2011) B.P.O.E. USA #2145	93-048203	7	P	age 1
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · · · · · ·	<u></u>	<u></u>	. X
		1.1			
1	Total revenue (must equal Part VIII, column (A), line 12)			179,	911
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		182,	499
3	Revenue less expenses Subtract line 2 from line 1	. 3		(2,	588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			315,	659
5	Other changes in net assets or fund balances (explain in Schedule O)				242
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	·			
		. 6		312,	929
<b>D</b>	column (B))	.   0	<del></del>	312,	529
Pai	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 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	Ì
	Schedule O				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
			$\vdash$		<del> </del>
D	Were the organization's financial statements audited by an independent accountant?	• • • • • • •	2b	L	X
С	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?		2c	X	
	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				

Both consolidated and separate basis

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

issued on a separate basis, consolidated basis, or both

Consolidated basis

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Separate basis

X

3a

3b

Sched	lule D,(Form 990) 2011 B. P.O.E. USA #2	2145				93-04820	37	Page 2	
Pa	rt III Organizations Maintaining	Collections of	Art. Historical 1	reasures or	Oth				
3	Using the organization's acquisition, accession						(00/11/1	idea)	
	collection items (check all that apply)	,,	, c		J.J				
а	Public exhibition	d ∏ Loa	n or exchange progr	ams					
b	Scholarly research	e  Oth		41110					
c	Preservation for future generations	0 0	··			<u> </u>			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in									
Part XIV.									
5		receive donations of	art historical treasu	res or other simil	lar				
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
	Part IV, line 9, or reported an amou	_	_	answered res	1010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a				r other assets no	·+				
			•				☐Yes	□No	
b	If "Yes," explain the arrangement in Part XIV a				• •				
_			ownig tubio	Г		Amou	ınt	<del></del> -	
С	Beginning balance			ŀ	1c	Amou			
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on For			L			Yes	□No	
ь	If "Yes," explain the arrangement in Part XIV	000, T dit X, iiilo 2			• •	• • • • • • • • •	□ 163		
	rt V Endowment Funds. Complete	of the organization a	inswered "Yes" to Ed	rm 990 Part IV	line 1	0	_		
- 4	Lindowine it i unus, complete	(a) Current year	(b) Prior year	(c) Two years back	<del></del>	(d) Three years back	(e) Four years	- back	
1a	Beginning of year balance	(2) 041011 9041	(b) i noi you	(c) The years back	<u>`</u>	a, moe years back	(o) Four years	3 Daux	
b	Contributions				-+			i i	
c	Net investment earnings, gains, and losses							<u> </u>	
d					-+				

Other expenditures for facilities

Board designated or quasi-endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

Temporarily restricted endowment

Administrative expenses End of year balance .

Permanent endowment

(i) unrelated organizations

and programs

organization by

b

		3a(ii)						
b	b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?							
4								
Pa	rt VI Land, Buildings, and Equipmen	t. See Form 990, Part >	(, line 10	_				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land	175,000			175,000			
b	Buildings	729,681		728,865	816			
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e (Column (d) must equal Fo	orm 990. Part X. column (	B), line 10(c) )	<del>.</del> <b>.</b>	175.816			

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

Are there endowment funds not in the possession of the organization that are held and administered for the

Yes

3a(i)

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	derivatives			·
	eld equity interests	•		
(3) Other				
(A)				
(B)				
(C)		_		
(D)				
(E)	<del></del>			
(F)				
(G)				
(H)				
<u>(l)</u>				
	b) made equal to em esse, i are xe, sor (b) mile 12 )	<u> </u>		
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)	<del>_</del>			
(6)				
(8)				<del></del>
(9)				
(10)				
Part IX	Other Assets. See Form 990, Part X,	line 15		
		a) Description		(b) Book value
(1)				<del> </del>
(2)				
(3)		<del></del>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ın (b) must equal Form 990, Part X, col (B) lir	no 15 \		
Part X	Other Liabilities. See Form 990, Part		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability			
	Income taxes	(b) Book value		
	LL LIABILITIES	1,914		
(3)		2,324		
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
(11)	b) must equal Form 990, Part X, col (B) line 25)	1,914		
	SC 740) Footnote In Part XIV provide the text	<del> </del>		

Part II

		than \$15,000 of fundraising gross receipts greater than		d gross income on Forr	m 990-EZ, lines 1 and 6t	b. List events with			
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events Add col (a) through			
R		•	(event type)	(event type)	(total number)	col (c))			
e v	_								
e n	1 2	Gross receipts	-						
u e	_	contributions							
•	3	Gross income (line 1 minus							
		line 2)				· —			
	4	Cash prizes							
D									
ן ר	5 Noncash prizes								
e c	e	Pont/fooility costs							
t	6	Rent/facility costs							
Ε	7	Food and beverages							
X P	_								
e n	8	Entertainment							
s e	9	Other direct expenses							
s		'							
	10	Direct expense summary Add line				( )			
Pa	rt III	Net income summary Combine lin  Gaming. Complete if the				more			
		than \$15,000 on Form 990	_	100 101 0111 000,1 41	tiv, mio 10, or reported	more			
<⊕>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
e n				bingo/progressive bingo		- (a) through (c)			
e nu e	1	Gross revenue	4,405		107,294	111,699			
D L				-					
re	2	Cash prizes							
-rect Ex	3	Noncash prizes							
×p									
è i	4	Rent/facility costs							
e s	5	Other direct expenses	2,249		102,068	104,317			
	6	Volunteer labor	X Yes 100.00 %  No	☐ Yes % ☐ No	X Yes 100.00 %				
	7	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Cor	nbine line 1, column d, and	d line 7	▶	7,382			
9	Ent	ter the state(s) in which the organiza	ation operates gaming acti	vities OR.					
а		the organization licensed to operate			• • • • • • • • • • • • • • • • • • • •	🔀 Yes 🗌 No			
b		If "No," explain							
10a	We	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes 🔀 No							
		Yes," explain	, , , , , , , , , , , , , , , , , , , ,						
	_								

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

scnec	B.P.O.E. USA #2145	93-048	2037	Page 3
11	Does the organization operate gaming activities with nonmembers?		. X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_	_
13	formed to administer charitable gaming?	· ; · ·	. 🗌 Yes	X No
a	Indicate the percentage of gaming activity operated in The organization's facility	120	100.00	
b	An outside facility	-	100.00	00 % %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	. [135	L	
	records			
	Name KEN MCENTIRE			··· <u> </u>
	Address ▶ 1701 CENTENNIAL BLVD SPRINGFIELD, OR 97477			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
L	revenue?	• • • •	.   Yes	X No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name •			
	Address ►			
16	Gaming manager information			
	Name & OT TAME CODED			
	Name CLINT COBERT		<del> </del>	
	Gaming manager compensation ▶ \$			
	<u> </u>			
	Description of services provided ► MAINTAINS RECORDS, COUNTS & DEPOSITS MON			
17	Mandatory distributions			
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		. Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
	spent in the organization's own exempt activities during the tax year ▶\$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Pa			
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also	complete	e this	
	part to provide any additional information (see instructions).		<del>.</del>	
	<del></del>			
			_	
			<del></del>	

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

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

B.P.O.E. USA #2145 93-0482037 01. Officer, directors, etc. family relationship (Part VI, line 2) BRANDON MATHEWS, CARL MATHEWS & MICKI MATHEWS - FAMILY RELATIONSHIP JIM ALAMEDA & NANCY ALAMEDA - FAMILY RELATIONSHIP BILL KELLOGG & CARLA KELLOGG - FAMILY RELATIONSHIP 02. Organizational document changes (Part VI, line 4) BYLAWS WERE REWRITTEN. 03. Form 990 governing body review (Part VI, line 11) FORM 990 GOES TO THE SECRETARY AND BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. 04. Other officer or key employee compensation (Part VI, line 15b THE VOTING MEMBERS DETERMINED THE SECRETARY SHOULD BE COMPENSATED FOR WORK DONE. THIS WAS ACCOMPLISHED IN A DEMOCRATIC MANNER AND PUT TO A FINAL VOTE IN WHICH THE VOTING MEMBERS PARTICIPATED. 05. Governing documents, etc, available to public (Part VI, line 19) FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. 06. Explanation of other changes in net assets or fund balances (Part XI, line 5) DIFFERENCE IN INTEREST, FISCAL YEAR VS CALENDAR YEAR.

Form 4562

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

and the same and the	
Attachment Sequence No	179

Name(	s) shown on return			Business o	r activity to which	this form relates			Identifying number
B.F	2.O.E. USA #2145		i	FOF	RM 990	- 1			93-0482037
Par		e Certain Pro	perty Unde					-	<u> </u>
<b></b>	Note: If you have any liste					ırt I			
1	Maximum amount (see instructions	5)						1	
2	Total cost of section 179 property	placed in service	e (see instructio	ns)				2	
3	Threshold cost of section 179 prop	erty before redu	iction in limitation	on (see ir	structions)			3	
4	Reduction in limitation Subtract lin	e 3 from line 2	If zero or less,	enter -0-				4	
5	Dollar limitation for tax year Subtra	act line 4 from lii	ne 1 If zero or I	less, ente	er -0- If marr	ed filing			
	separately, see instructions		<u></u>		<u> </u>	<u> </u>		5	
6	(a) Description of pro-	operty		(b) Cost (bu	usiness use only	(c) Ele	cted cost		
7	Listed property Enter the amount	from line 29 .			7				
8	Total elected cost of section 179 p			, ,				8	
9	Tentative deduction Enter the small	aller of line 5 or	line 8					9	
10	Carryover of disallowed deduction	from line 13 of y	our 2010 Form	4562 .				10	
11	Business income limitation Enter	the smaller of bu	isiness income	(not less	than zero) o	or line 5 (see inst	ructions)	11	
12	Section 179 expense deduction A	dd lines 9 and 1	0, but do not er	nter more	than line 11			12	
13	Carryover of disallowed deduction	to 2012 Add lin	es 9 and 10, les	ss line 12	2 . ▶ 1:	3			
	Do not use Part II or Part III below	v for listed prope	erty Instead, us	e Part V					
Par	t II Special Depreciation	n Allowance	and Other I	Deprec	iation (D	o not include l	isted pro	perty	) (See instructions )
14	Special depreciation allowance for	• • •	• •		• • •				
	during the tax year (see instruction	s)						14	
15	Property subject to section 168(f)(							15	
16	Other depreciation (including ACR						· · · ·	16	344
Par	t III MACRS Depreciation	on (Do not inc	clude listed prop	perty)(S	ee instructio	ns )			
				ction A		· · · · · · · · · · · · · · · · · · ·			
17	MACRS deductions for assets place			•				17	<u> </u>
18	If you are electing to group any as	•	_	•					
	asset accounts, check here							L	
	Section B - Assets	(b) Month and	vice During 20 (c) Basis for depr		ear Using th	ne General De	preciati	on Sy	stem
	(a) Classification of property	year placed in service	(business/investm only-see instruc	ent use	(d) Recovery period	(e) Convention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property	,							
b	5-year property						<u></u>		
С	7-year property								
d	10-year property								
e	15-year property				ļ. <u> </u>				
f	20-year property				<u> </u>				
<u>g</u>					25 yrs		S/L		
h	Residential rental				27 5 yrs	MM	S/L		
	property				27 5 yrs	MM	S/L		
i	Nonresidential real				39 yrs	MM	S/L		
	property		1	<u>,                                      </u>	l	MM	S/L		
	Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System								
20a	Class life				<u> </u>		S/L	-	
<u>b</u>	12-year				12 yrs		S/L	-	
c	40-year				40 yrs	MM	S/L	-	
Pai	rt IV Summary (See instru								<del></del>
21	Listed property Enter amount from						• • •	21	
22	Total. Add amounts from line 12, and on the appropriate lines of you							22	344
23	For assets shown above and place								<u> </u>
	portion of the basis attributable to		-	-		3			