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Form **990** 

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

2011

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

				11, and end	ing MA	Y 31	, 20 12		
В	Check if	applicable:	C Name of organization FRATERNAL ORDER OF EAGLES #538			D Employe	er identification number		
	Address	Address change Doing Business As FRATERNAL ORDER OF EAGLES #538					23-7593065		
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	ber and street (or P.O. box if mail is not delivered to street address) Room/suite					
$   \boxed{2} $	Initial ret	um	568 S. 2ND STREET		541-267-6613				
	Terminat		City or town, state or country, and ZIP + 4				<del></del>		
_	Amende		COOS BAY, OR 97420			<b>G</b> Gross re	ceints \$		
_			F Name and address of principal officer:		M(a) la thra		for affiliates? Yes No		
_	whiten	on parong	Traine and address of principal effect.				icluded? Yes No		
÷							list. (see instructions)		
<u>'</u> _		mpt status:		) or 527	<del></del>		•		
<u> </u>	Website			•		exemption			
				L Year of form	ation: 1903	M State	of legal domicile: OR		
	art I	Summ	······································						
	1	•	escribe the organization's mission or most significant activi	nties:					
æ			HELPING PEOPLE						
ä		RAISING	MONEY FOR CHARITY						
E			······································						
Governance	2		is box > If the organization discontinued its operations	•	of more than	1 25% of i	its net assets.		
<u>ن</u> م	3		of voting members of the governing body (Part VI, line 1a)				599		
8	4	Number	of independent voting members of the governing body (Pa	rt VI, line 18	o)	4	0		
ŧ	5	Total nur	mber of individuals employed in calendar year 2011 (Part V	', line 2a)		5	14		
Activities &	6	Total nur	mber of volunteers (estimate if necessary)			6	599		
•	7a	Total unr	related business revenue from Part VIII, column (C), line 12			7a	0		
	Ь	Net unre	lated business taxable income from Form 990-T, line 34			7b	0		
	1				Prior Y	ear .	Current Year		
Revenue	8	Contribu	tions and grants (Part VIII, line 1h)			25082	24245		
	9		service revenue (Part VIII, line 2g)						
8	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		951	39			
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11			157553	133673		
	12		enue—add lines 8 through 11 (must equal Part VIII, column (	•		184060	157957		
_	13		nd similar amounts paid (Part IX, column (A), lines 1-3) .			5104	7132		
	14					3104	7134		
_	15		other compensation, employee benefits (Part IX, column (A), I	 inon F 10)		130802	121664		
Expenses	1				<u> </u>	130002	121004		
ĕ	16a				31 7	A STATE OF THE PARTY OF THE PAR	, ,,-		
X	_b		draising expenses (Part IX, column (D), line 25)		~1,	1 de la contraction de la cont	2.41.7		
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			73190	65294		
	18		penses. Add lines 13-17 (must equal Part-IX, column (A), lin	ne 25) .		209099	194090		
	19	Revenue	less expenses. Subtract line 18 from line 12	<u></u>		(-25039)	(-36133)		
Net Assets or Fund Belances			h   h   h   1   2013   c. l		Beginning of Co	rrent Year	End of Year		
age age	20		sets (Part X, line 16)			594357	558224		
¥ g	21	Total liab	ollities (Part X, line 26)			0	0		
22	22		ts or fund balances. Subtract-line-21-from-line-20	<u> </u>	<u> </u>	594357	558224		
P	art II	Signa	ture Block						
			ury, I declare that I have examined this return, including accompanying sch				my knowledge and belief, it is		
tru	ie, correc	t, and comp	lete. Declaration of preparer (other than officer) is based on all information of	of which prepa	rer has any know	ledge.			
			1 m Jefm			1-1	1-13		
Sign		Sign	nature of officer		Da	rte			
He	ere	1 7	Erry R Junes Herie Socreta	14					
		Тур	e or print name and title	/					
D-	id.	Print/Ty	/pe preparer's name Preparer's signature		Date	Charle [	PTIN		
Pa		_				Check   self-emp			
	epare	1	nama 🕨	<u>_</u>	e:_	n's ⊟N ▶	· 1		
US	se Onl	יי עי	address >			one no.			
Ma	v the IF		s this return with the preparer shown above? (see instructi	ons)			Yes No		
	<del>-</del>		ection Act Notice, see the separate instructions.		. No. 11282Y	• • •	Form <b>990</b> (2011)		
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Part				
1	Briefly describe the organization's mission	response to any question in this Par	<u> </u>	<u>    </u>
•	THE FRATERNAL ORDER OF EAGLES, A		NIZATION. UNITES FRATERNALLY IN	THE SPIRIT
	OF LIBERTY, TRUTH, JUSTICE AND EQUA			
	PROMOTING PEACE, PROSPERITY, GLAS	DNESS AND HODE		
2	Did the organization undertake any sign			
	prior Form 990 or 990-EZ?			Yes 📝 No
_	If "Yes," describe these new services on			
3	Did the organization cease conducting	g, or make significant changes in	how it conducts, any program	
	services?			Yes ☑ No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)	Price accomplishments for each of its	s three largest program services, as	measured by
	grants and allocations to others, the total			ne amount or
	grants and anotations to others, the total	are oxperious, and revenue, it arry, for e	acii program scrvice reported.	
4a	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	<del></del>
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
			••••••	
	***************************************			
	••••••			
			•••••••••••	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	(4-4			/
	***************************************			
	<u> </u>			
4d	Other program services (Describe in Sci		- <b>f</b>	
-40	(Expenses \$ including €  Total program service expenses ▶	grants of \$ ) (Revenu	B Ø )	
4e	i viai prvyrani 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
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		<u>·</u>
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		<b>√</b>
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		i	_
_	"Yes," complete Schedule D, Part I	6		<b>\</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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, VIII, 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		✓_
	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		✓
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<b>√</b>
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		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
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			
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
	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		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Form 99	0 (2011)		F	age 4
Part	Checklist of Required Schedules (continued)		V	- <del></del>
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	Yes	No
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		<u>,</u>
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
С	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		1
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		1
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		1
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	29 30		1
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 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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, Part VI	37		1
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

13a

14a

14b

13b

13c

Form 99	0 (2011)		1	Page 5
Part '	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
4_			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
·	reportable gaming (gambling) winnings to prize winners?	1c	1	ł
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 2a		j	
b	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)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	<b>/</b>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
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			1
	account)?	4a		✓
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.			١.
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b> </b>	<b> </b> ✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		1
-	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	<del>•</del>		╀
	gifts were not tax deductible?	6b		<b> </b>
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
а	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	1	<b>✓</b>
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>.</b> -	1	١.
e	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? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<b></b>	<del> </del>	•
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	j		
	organization, have excess business holdings at any time during the year?	8	1	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		ļ	
a	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]	4		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1	1	
	against amounts due or received from them.)	1	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	·	<del> </del>	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand . . . . . . . .

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

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

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

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,		for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
Soction	Check if Schedule O contains a response to any question in this Part VI	• •	• •	
Secu	DITA. GOVERNING BODY and Management		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?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Did the organization have members or stockholders?	6	<b>✓</b>	
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?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14	_	
	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:			
а	The governing body?	8a	<b>✓</b>	
þ	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	_
	on D. Tollows (Tills Gooder, D. Joqueste in all Labor Labor Fernance III) and in the labor		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	1
b	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		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	ļ	✓
14	Did the organization have a written document retention and destruction policy?	14		✓
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	<u> </u>	1
b	Other officers or key employees of the organization	15b		1
16a				<u> </u>
_	with a taxable entity during the year?	16a	_	<b>/</b>
b	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	<u></u>	<u> </u>
	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ OREGON		·	
17 18	List the states with which a copy of this Form 990 is required to be filed ► OREGON  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	(c)(3)s	only
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest p	olicy.
	and financial statements available to the public during the tax year.	اد غير	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► TERRY JONES - 568 S. 2ND STREET - COOS BAY, OR 97420 541-267-6613	or the	Э	

Form	ഹഹ	/OO1	11
-CXIII	220	1201	11

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

Check this box is field in the organization for	l located	Joig	41144	_	<del>(i)</del>	ompo.	100	led any carren		, 01 (100100).	
(A)	(B)		Position		(D)	(E)	<b>(</b> E)				
Name and Title	Average	(do not check more than					Reportable	(E) Reportable	(F) Estimated		
Name and The	hours per		box, unless person is both ar officer and a director/trustee)				compensation	compensation from	amount of		
	week (describe					: <u>9</u>		from the	related organizations	other compensation	
	hours for	Former Highest compension employee May employee Officer Institutional trustee or director		organization (W-2/1099-MISC)	from the						
	related organizations	다 다 교	ĝ		큫	<u>8</u> 8	-	(W-2/1099-MISC)		organization	
	in Schedule	ੇ <u>ਜ਼</u>	el tr		ě	Į Ĕ				and related organizations	
	O)	8	l trustee		-	Highest compensated employee					
			l°			8		]			
(1) JIM LEE									:		
JR. PAST PRESIDENT	5			✓	<u> </u>			0	0	0	
(2) HENRY MOELLER					l				ŀ		
PRESIDENT	20	<u> </u>		✓				0	0	0	
(3) BRYAN VERMILLION	]				l			1			
VICE PRESIDENT	5			✓				0	0	0	
(4) LARRY BINGHAM	1	Į.									
CHAPLAIN	5			✓	<u></u>			0	0	0	
(5) TERRY JONES	]	ŀ						1			
SECRETARY	40			1	<u> </u>				0	0	
(6) ED HARTMAN	]										
TREASURER	20			✓				0	0	0	
(7) WILLIAM LANDLES	]				ŀ				1		
CONDUCTOR	5	<u> </u>		✓				0	0	0	
(8) CHAVEL DE LA CRUZ	]										
INSIDE GUARD	5		L	✓				0	0	0	
(9) JOHN RIDER	]										
OUTSIDE GUARD	5	<u> </u>	<u> </u>	✓	<u> </u>			0	0	0	
(10) ROY WAGNER	1				l		l				
TRUSTEE	10	<u> </u>		✓				0	0	0	
(11) JIM BRENDE	]			ŀ			l				
TRUSTEE	10	<u> </u>		✓				0	0	0	
(12) WAYNE MAYER							ĺ				
TRUSTEE	10		L	✓	<u> </u>			0	0	0	
(13) BOB SAPP				1					ŀ		
TRUSTEE	10		<u> </u>	✓	Ц_			0	0	0	
(14) JIM MAHON	]										
TRUSTEE	10	1		<b>√</b>		I		0	0	0	

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	<b>yee</b> s			lighes	st C	ompensated E	mployees (co	<u>ontinue</u>	d)		
			ł		•	C) ition								
	(A)	(B)			eck	more	than c		(D)	(E)			(F)	
	Name and title	Average hours per	o loca, dinoco porcon lo con an				Reportable compensation	Reportable compensation to						
		week	-	T = 1	_			, <u> </u>	from	related			ther	
		(describe hours for	충	State	Officer	ey e	ighe oldr	Former	the organization	organization (W-2/1099-MI			ensatio m the	n
		related organizations	Individual trustee or director	함	֓֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Key employee	st co	*	(W-2/1099-MISC)				nization related	
		in Schedule	, pr	물		8 8	ğ						zation	
		O)	8	nstitutional trustee			Highest compensated employee				1			
				Ľ		$ldsymbol{ld}}}}}}}$	8.							
(15)		1												
(40)			_	┡	_	<u> </u>		<u> </u>		<u> </u>				
(16)		{		ļ	]			1						
(17)				┢				$\vdash$		-	$\dashv$			
7		1												
(18)		1		t										
(19)														
		ļ		╙	╙	_	L	ļ	<u> </u>		$\dashv$			
(20)		-						ļ						
(21)		<del> </del>	<del> </del>	<del> </del>	⊢	┢	<b>-</b>	┢			-			
(21)		1				ļ				1				
(22)		1		$\vdash$		$\vdash$		┢┈			_			
		1												
(23)														
			<u> </u>	┖	<u> </u>			<u> </u>						
(24)									}					
***				↓_	<b> </b>	1	1	┞	ļ		$\dashv$			
(25)		-{		1		l			ŀ					
1b	Sub-total		1	<u> </u>	<u> </u>	<u> </u>	l	┡	0		-			
C	Total from continuation sheets to Part			•	•			•	0		0			<del></del>
ď								<b>•</b>	0		0			0
2	Total number of individuals (including bu						above	e) w	vho received m	ore than \$10	0,000	of		
	reportable compensation from the organ													
													Yes	No
3	Did the organization list any former of							emp	ployee, or higl	hest comper	ısated			
	employee on line 1a? If "Yes," complete							•				3_	₩	<b>/</b>
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	IDIE 150	COL	npe רא	nsatio	ona "	and other company	pensation πα	m the			İ .
	individual							·3,				4		- <i>_</i> '
5	Did any person listed on line 1a receive	or accrue c	ompe	nsa	tion	ı fro	m any	y ur	nrelated organi	zation or indi	vidual		$\vdash$	<del>  `                                   </del>
	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	ensati	on f	or t	he c	calenc	dar	year ending wi	th or within t	ne orga	anizati	on's t	ax
	year.							<del></del>						
	(A) Name and business add	dress						1	(B) Description of:	services	C	(C) Compen		
								╁						
N/A								T						
			<del></del>					1						
2	Total number of independent contract							o ti	hose listed at	ove) who				
	received more than \$100,000 of compen	sation from	the c	orga	niza	atior								

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
2 2	1a	Federated campaigns 1a					
	ь	Membership dues 1b	16395				
عَ قِ ا	C	Fundraising events 1c					
\$ [ ]	d	Related organizations 1d					
9 월	e	Government grants (contributions) 1e	<u> </u>				
ᇙᇙ	f	All other contributions, gifts, grants,					
世を	•	and similar amounts not included above	7850				
흡정	_	Noncash contributions included in lines 1a-1f: \$	7030				
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a-1f		24245			
	- "	Total Add lines 1a-11	Business Code	24243			
Ž	20		- Dustriess Code				,
) Š	2a	•••••••••••					
Program Service Revenue	b					ļ	
Ž	C	***************************************					<del></del>
အီ	d		<u> </u>				
ran	e	All other programme and in the control of	<u> </u>				<del></del>
. g	f	All other program service revenue.	L				
	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	3	and other similar amounts)		20			
	4	Income from investment of tax-exempt be		39			
	l	•	•				<del></del>
	5	Royalties	(ii) Personal				
	60	<u> </u>	(1) (1001.2				
	6a	Gross rents Less: rental expenses					
	b	Rental income or (loss)					
	ر د	Net rental income or (leas)			-	l i	-
	d   7a	Net rental income or (loss)  Gross amount from sales of (1) Securities	(ii) Other				
	14	assets other than inventory	(ii) Other				
	ь	Less: cost or other basis					
		and sales expenses .					
		Gain or (loss)					
	G		▶	i		l	,
	d	Net gain or (loss)					
9	8a	Gross income from fundraising					
_	~~	events (not including \$					
<u>8</u>	]	of contributions reported on line 1c).				•	
F		See Part IV, line 18 a	252066				
Other Rever	Ь	Less: direct expenses b					
0		Net income or (loss) from fundraising		64305		•	-
		Gross income from gaming activities.	evans . P	04000		<u> </u>	
	•••	See Part IV, line 19 a					
	Ь	Less: direct expenses b	<del></del>				
		Net income or (loss) from garning acti					·
	1	Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·			
		returns and allowances a	180887				
	Ь	Less: cost of goods sold b	<b></b>				
	~	Net income or (loss) from sales of inv		69368			
	⊢ٿ	Miscellaneous Revenue	Business Code		<u> </u>	<u> </u>	
	11a			-		[	
	ь					<u> </u>	
	c			············			
	ď	All other revenue			· · · · · · · · · · · · · · · · · · ·		
	e	Total Add lines 11a-11d					
	12	Total revenue. See instructions.	•	157957			

#### 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	7132						
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							
<b>4 5</b>	Benefits paid to or for members	3198						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	·			,			
7	Other salaries and wages	88622						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	<u></u>						
10	Payroll taxes	29844						
11	Fees for services (non-employees):							
а	Management							
þ	Legal							
C	Accounting							
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g 12	Other	594	<del></del>					
12 13	Advertising and promotion	4987						
14	Information technology	4907		<u> </u>				
15	Royalties		<del></del>	l <u></u>				
16	Occupancy	31530						
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	3017						
20	Interest							
21	Payments to affiliates	8753						
22	Depreciation, depletion, and amortization .							
23	Insurance	9646						
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.)							
_	Association Dues/PFO	30						
a b	Music	4037		<del></del>	<del>                                     </del>			
C	Bank Charges	1343						
d	Licenses	1357			<del> </del>			
e	All other expenses	1337						
25	Total functional expenses. Add lines 1 through 24e	194090			1			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)							

	art	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9400	1	9400
	2	Savings and temporary cash investments	156959	2	128762
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	İ	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	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
δ.		employees' beneficiary organizations (see instructions)	1	6	•
Assets	7	Notes and loans receivable, net		7	
& S	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	· · · · · · · · · · · · · · · · · · ·			
		other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b	427998	10c	420062
	11	Investments—publicly traded securities		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)	594357	16	558224
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
89	22	Payables to current and former officers, directors, trustees, key			
₫	1	employees, highest compensated employees, and disqualified persons.			
Liabilitles		Complete Part II of Schedule L		22	
<b>=</b>	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		25	
	26	Total liabilities. Add lines 17 through 25		26	
or Fund Balances	ŀ	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
or Fu		complete lines 30 through 34.			
	30	-		30	
<b>8</b>	30 31	Capital stock or trust principal, or current funds		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances	594357		558224
	34	Total liabilities and net assets/fund balances	594357		558224
		The same of the same state of			

m 990 (201	<u>n</u> .	Page	12
art XI	Reconciliation of Net Assets		<del></del>
	Check if Schedule O contains a response to any question in this Part XI		

Form 9	90 (2011)		Pe	ige <b>12</b>	
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	• •		
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)		194090 (-36133)		
3					
4			594357 0		
5					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))		55	8224	
Par	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  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			✓_	
b	Were the organization's financial statements audited by an independent accountant?			<b>✓</b>	
C	terms with the control of the contro				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
đ	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		/	
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	<u></u>	
		For	m <b>99</b> 0	(2011)	