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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning June 1, 2011, and ending May 31, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Grand Commandery Knights Templar of Montana
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 824
 City or town, state or country, and ZIP + 4
Conrad, MT 59425-0824

D Employer identification number
81 0141225

E Telephone number
406 271 2237

F Group Exemption Number ►

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ► **Modified cash**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **yorkrite.org/mt**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

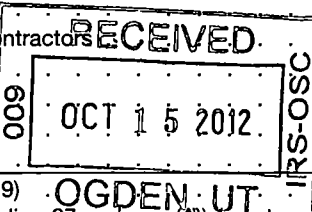
		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	1	Contributions, gifts, grants, and similar amounts received																																		
	2	Program service revenue including government fees and contracts																																		
	3	Membership dues and assessments																																		
	4	Investment income																																		
	5a	Gross amount from sale of assets other than inventory																																		
	5b	Less: cost or other basis and sales expenses																																		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																		
	6	Gaming and fundraising events																																		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																		
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																		
6c	Less: direct expenses from gaming and fundraising events																																			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																			
7a	Gross sales of inventory, less returns and allowances																																			
7b	Less: cost of goods sold																																			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																			
8	Other revenue (describe in Schedule O)																																			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																			
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																		
	11	Benefits paid to or for members																																		
	12	Salaries, other compensation, and employee benefits																																		
	13	Professional fees and other payments to independent contractors																																		
	14	Occupancy, rent, utilities, and maintenance																																		
	15	Printing, publications, postage, and shipping																																		
	16	Other expenses (describe in Schedule O)																																		
17	Total expenses. Add lines 10 through 16																																			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																		
	20	Other changes in net assets or fund balances (explain in Schedule O)																																		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2011)

SCANNED NOV 02 2012



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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	18,599.46	22 16,464.04
23	Land and buildings		23
24	Other assets (describe in Schedule O)	397,082.96	24 397,082.96
25	Total assets	415,682.42	25 413,547.00
26	Total liabilities (describe in Schedule O)	2899.89	26 3,234.39
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	412,782.53	27 410,312.61

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Charitable & Fraternal activities

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Awards for members, youth groups and public		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	1026.49
29	Paid Life Membership returns		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	4807.67
30	Publication & Annual Session for members, National Dues		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	8462.00
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	14,296.16

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		☒
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		☒
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ▶ _____		
42a The organization's books are in care of ▶ _____ Telephone no. ▶ _____		
Located at ▶ _____ ZIP + 4 ▶ _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		☒
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		☒
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		☒
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		☒

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Bradford L. Huffman, Grand Secretary/Recorder

Type or print name and title

Date

10-3-2012

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Grand Commandery Knights Templar of Montana

Employer identification number

81-0141225

Montana Grand Commandery, Knights Templar
Balance Sheet
As of May 31, 2012

10/03/12

	<u>May 31, '12</u>
ASSETS	
Current Assets	
Checking/Savings	
KT Checking	16,464 04
Total Checking/Savings	<u>16,464 04</u>
Total Current Assets	16,464 04
Fixed Assets	
KT Property & Equipment	<u>19,070 00</u>
Total Fixed Assets	19,070 00
Other Assets	
KT Education Loan Fund	154,549 57
KT Loans receivable	108,008 00
Paid Life Membership KT	115,455 39
Total Other Assets	<u>378,012 96</u>
TOTAL ASSETS	<u>413,547.00</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Due Charites KTEF	-66 41
Due Holy Land Trip Fund	1,542 80
Due other Funds KT	658 00
Triennial Fund KT	<u>1,100 00</u>
Total Other Current Liabilities	<u>3,234 39</u>
Total Current Liabilities	<u>3,234.39</u>
Total Liabilities	3,234.39
Equity	
Opening Bal Equity	428,455 43
Retained Earnings	-15,672 90
Net Income	<u>-2,469.92</u>
Total Equity	<u>410,312.61</u>
TOTAL LIABILITIES & EQUITY	<u>413,547.00</u>

Name of the organization

Employer identification number

Grand Commandery Knights Templar of Montana

81 0141225

10/03/12

Montana Grand Commandery, Knights Templar**Budget vs. Actual**

June 2011 through May 2012

	Jun '11 - May '12	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Due PLM Fund	270.00 ✓			
Grand Commandery, Inc	25,000.00 ✓	25,000.00	0.00	100.0%
Misc Income	140.00 ✓			
Per Capita due & Payable	0.00	3,860.00	-3,860.00	0.0%
Per Capita Dues	7,962.35 ✓	9,204.00	-1,241.65	86.5%
Transfer from UBS PLM account	5,218.07 ✓			
Total Income	38,590.42	38,064.00	526.42	101.4%
Expense				
Apron & Jewel	526.49 ✓	500.00	26.49	105.3%
Dan Pushee Web Site	0.00	100.00	-100.00	0.0%
Grand Officer Travel	1,500.00 ✓	1,500.00	0.00	100.0%
Holy Land Expense	0.00	1,650.00	-1,650.00	0.0%
KT Magazine	250.00 ✓	250.00	0.00	100.0%
Miscellaneous Expense	424.18 ✓	200.00	224.18	212.1%
Office Expense	25,250.00 ✓	25,100.00	150.00	100.6%
Per Capita Expense	7,532.00 ✓	8,000.00	-468.00	94.2%
PLM Payments	4,807.67 ✓			
PLM Transfer to UBS PLM account	270.00 ✓			
Youth Group Donation	500.00 ✓	500.00	0.00	100.0%
Total Expense	41,060.34	37,800.00	3,260.34	108.6%
Net Ordinary Income	-2,469.92	264.00	-2,733.92	-935.6%
Net Income	-2,469.92	264.00	-2,733.92	-935.6%

Line 11 526.49
 1500.00
 4807.67
 6834.16

Line 16 424.18
 76.49 (Per Capita)
 7532.00 Per Cap
 8032.67

Name of the organization

Employer identification number

Grand Commandery Knights Templar of Montana

81 0141225

Montana Grand Commandery, Knights Templar
Profit and Loss
 June 2011 through May 2012

10/03/12

	<u>Jun '11 - May '12</u>
Ordinary Income/Expense	
Income	
Due PLM Fund	270 00
Grand Commandery, Inc	25,000 00
Misc Income	140 00
Per Capita Dues	7,962 35
Transfer from UBS PLM account	5,218 07
Total Income	<u>38,590 42</u>
Expense	
Apron & Jewel	526 49
Grand Officer Travel	1,500 00
KT Magazine	250 00
Miscellaneous Expense	424 18
Office Expense	25,250 00
Per Capita Expense	7,532 00
PLM Payments	4,807 67
PLM Transfer to UBS PLM account	270 00
Youth Group Donation	500 00
Total Expense	<u>41,060 34</u>
Net Ordinary Income	<u>-2,469.92</u>
Net Income	<u><u>-2,469.92</u></u>