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1206

OMB No. 1545-1150

Form **990-EZ**

Short 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 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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning July 1, 2011, 2012, and ending June 30, 20 12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Davis Cemetery Association		D Employer identification number 74-2219751
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 117 Oak Stone Drive		E Telephone number 512-541-4119
	City or town, state or country, and ZIP + 4 Jarrell, TX 76537-1690		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (13) ◀ (insert no.) 4947(a)(1) or 527

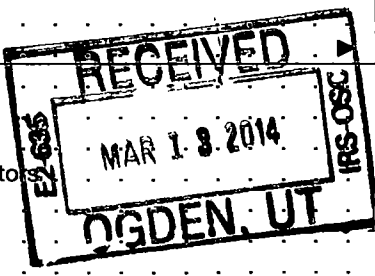
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 ▶ \$ 0

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																													342.02	
	2	Program service revenue including government fees and contracts																												0		
	3	Membership dues and assessments																													0	
	4	Investment income																													56.84	
	5a	Gross amount from sale of assets other than inventory					5a	0																							0	
	b	Less: cost or other basis and sales expenses					5b	0																							0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c																						0	
	6	Gaming and fundraising events																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)					6a	0																								0
	b	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)					6b	0																								0
c	Less: direct expenses from gaming and fundraising events					6c	0																								0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)							6d																							0	
7a	Gross sales of inventory, less returns and allowances					7a	0																								0	
b	Less: cost of goods sold					7b	0																								0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c																							0	
8	Other revenue (describe in Schedule O)																														0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														398.86	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													0	
	11	Benefits paid to or for members																													0	
	12	Salaries, other compensation, and employee benefits																													0	
	13	Professional fees and other payments to independent contractors																														0
	14	Occupancy, rent, utilities, and maintenance																														130.00
	15	Printing, publications, postage, and shipping																														83.00
	16	Other expenses (describe in Schedule O)																													0	
17	Total expenses. Add lines 10 through 16																														213.00	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													185.86	
	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)																													15664.95	
	20	Other changes in net assets or fund balances (explain in Schedule O)																													0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																														15850.81



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0423247877 APR 4 2014

OK

G5 15

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

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, loans, tax shelter, and controlled entities. Includes checkboxes for 'Yes' and 'No' and input fields for amounts.

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 only

All section 501(c)(3) organizations 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	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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 title of each employee paid more than \$100,000	(b) 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 	Date 030714
	H. A. Davis, Jr. Secretary/Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no	
	Firm's address ▶				

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

2012

**Open to Public
Inspection**

Name of the organization

Davis Cemetery Association

Employer identification number

74-2219751

The Associations only objective is to maintain the cemetery, established in the 1878, as a final resting place for the community members.

No Sales or membership Fees are collected. It is maintained by volunteer labor and funds. The Association was formed in 1983.

Area with horizontal dashed lines for providing additional information.

RESOLUTION

1 - rec
1 - BCL

Resolution of the officers in the Tri County Masonic Temple Association located in Donora, Pa Washington County.

WHEREAS, on December 27, 2004 the Belle Vernon Masonic Building Corporation located at 223 Main Street Belle Vernon, Pa. 15012 has changed it's name to the Tri County Masonic Temple Association.




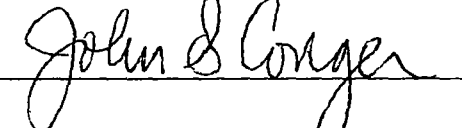
WHEREAS, on December 27, 2004 the Donora Masonic Temple Association located at 760 Thompson Avenue, Donora, Pa. 15033 has merged with and into the Tri County Masonic Temple Association.

WHEREAS, all property, monetary money and investments from the Donora Masonic Temple Association will be combined into the Tri County Masonic Temple Association.

WHEREAS, the Federal ID number will be retained from the Belle Vernon Masonic Building Corporation which is 25-1326512 .

WHEREAS, the Federal ID number of the Donora Temple Association will no longer be valid.

NOW, THEREFORE, BE IT RESOLVED, that the officers of the Tri County Masonic Temple Association, hereby adopt and submit this resolution this date January 26, 2005.

Richard C. Black	president		sign
Thomas A Budd Sr.	vice president		sign
Will R. Maurer	secretary		sign
John S. Conger	treasurer		sign

TRI COUNTY LODGE MASONIC TEMPLE ASSOCIATION
760 THOMPSON AVENUE
DONORA, PA 15033
Mailing address
P. O. Box 626
Donora Pa. 15033-0626
% John S. Conger

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