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## 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)

2012

OMB No 1545-1150

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending . 20-2 B Check if applicable D Employer identification number Address change Name change Room/suite Initial return Terminated F Group Exemption Amended return Number ▶ Application pending G-Accounting Method ☐ Accrual Other (specify) H Check ► 1 If the organization is not ≝l≅Website: ▶ required to attach Schedule B Jax-exempt status (check only one) - 501(c)(3) 501(c) ( ◄ (insert no ) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) 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 Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 2 3 3 4 Investment income 5a Gross amount from sale of assets other than inventory . . . . Less: cost or other basis and sales expenses . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 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 Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) . . . . . . 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members . . . . . . . . 11 Salaries, other compensation, and employee benefits . 12 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance . . . . 14 15 Printing, publications, postage, and shipping . . . . 15 16 Other expenses (describe in Schedule O) . . . 16 Total expenses. Add lines 10 through 16 . . . 17 17 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 19 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012) Cat No 10642

Pa	irt II Balance Sheets (see t	the instructions f	or Part II)					
	Check if the organizatio	n used Schedule	O to respond to ar	ny question in this F	<u>Part</u> II	<u> </u>		
					(A) Beginning of year	(B) End of year		
22	Cash, savings, and investment	ts			1.200	1560		
23	Land and buildings			L	205,000 1	23 405 000		
24					14,500	1 26,860		
25	Total assets				231660	25 233 420		
26	Total liabilities (describe in Sc	chedule O)		[	10:600	26 12360		
27	Net assets or fund balances	(line 27 of column	(B) must agree with	n line 21)	21,60	27 221.060		
Par	rt III Statement of Program					Expenses		
	Check if the organizatio		O to respond to ar	ny question in this I	Part III 📋	(Required for section		
Wha	at is the organization's primary exe	empt purpose?				501(c)(3) and 501(c)(4)		
Desc	cribe the organization's program	service accomplis	shments for each o	f its three largest pr		organizations and section 4947(a)(1) trusts; optional		
as n	measured by expenses. In a cleasons benefited, and other relevant	ar and concise m	anner, describe the	e services provided	, the number of	for others)		
28	sono benented, and other relevant	. Information for ea	ten program title.					
20								
			<b></b>					
	(Cronto ¢	\ If this amazint	maludas farares era			00-		
29	(Grants \$	) ii this amount	includes foreign gra	ints, check here .	· · · P 🗀 🏻	28a		
29								
	(Grants \$	\ If this amount	includes foreign are	nte chook-horo		29a		
30	<u> </u>	) ii this amount	ıncludes foreign gra	ints, check po NC	T APPEY	298		
30					TO			
				<b>E</b> 0	1(C)8	_		
	(Grants \$	) If this amount	ıncludes foreign gra	ents check here	HOD But F	ldl.		
31						30a		
31 Other program services (describe in Schedule O)						04.5		
	(Grants \$	) If this amount	includes foreign are	Grants \$ ) If this amount includes foreign grants, check here ▶ □ <b>Total program service expenses</b> (add lines 28a through 31a)				
32	(Grants \$ Total program service expens	) If this amount es (add lines 28a t	includes foreign gra	ints, check here .	<b>▶</b> □	31a		
	Total program service expense	<b>es</b> (add lines 28a t	hrough 31a)			32		
	Total program service expense t IV List of Officers, Directors,	es (add lines 28a t , Trustees, and Key	hrough 31a) Femployees List each	n one even if not comp	▶ pensated (see the ins	32 tructions for Part IV)		
	Total program service expense	es (add lines 28a t , Trustees, and Key	hrough 31a)	n one even if not comp	▶ pensated (see the ins	32		
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Form **990-EZ** (2012)

Part	<ul> <li>Ciner Information (Note the Schedule A and personal benefit contract statement requirements</li> <li>Instructions for Part V) Check if the organization used Schedule O to respond to any question in this</li> </ul>			
	- instructions for Fart v) Check if the organization used Schedule O to respond to any question in this	ran	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	33		
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)	34		V
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)?	35a		~
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 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	35b 35c		7
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	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b	<u> </u>	<u> </u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			1
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
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	40b		V
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	}		
е	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	40e		
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of $\triangleright$ 500- $\downarrow$ 100 mpS000 Telephone no. $\triangleright$ Located at $\triangleright$ 9/2 $\downarrow$ 2IP + 4 $\triangleright$ 4/3	~/^ /	77	
ь	Located at ► 2/2 ZIP + 4 ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	505	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	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.	1		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
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		. 1	<b>▶</b> □
	<u> </u>		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	ت
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	44b		4
c	Did the organization receive any payments for indoor tanning services during the year?	44c	L	1
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	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├	1
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)	45b		

						· ·	1.03	1.10		
46 D	id the organization engage, directly or i	ndirectly, in political o	campaign activities on	behalf of or I	n opposit	1				
	candidates for public office? If "Yes,"	<u> </u>	, Part I		• • •	. 46		<u> </u>		
Part VI										
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines									
	50 and 51			hin Dawl VII						
	Check if the organization used So	nedule O to respond	a to any question in t	nis Part VI	· · · · ·	<del>· · · ·</del>		<u>.                                      </u>		
4= 5				!		<b>.</b>	Yes	No		
	id the organization engage in lobbying ear? If "Yes," complete Schedule C, Pa		section 501(n) election	n in ellect di	uring the			1		
•	•					47	1			
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	the organization make any transfers to an exempt non-charitable related organization?									
		es," was the related organization a section 527 organization?								
	mployees) who each received more tha									
	improyectly will call received more than	T		(d) Health b						
	(a) Name and title of each employee	<b>(b)</b> Average hours per week	(c) Reportable compensation	contributions to employee (e) Estimated amount of						
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred other compection			npensa	tion		
		1								
		<u> </u>	<del>                                     </del>		-					
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			DO NOT	<del> PPLY  </del>						
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			501(C	18	***					
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		-		İ						
f T	otal number of other employees paid of	ver \$100,000	>	•						
	Complete this table for the organization		ensated independent	contractors	who eacl	n received	more	e than		
	100,000 of compensation from the org									
(a) No	ame and address of each independent contractor p	aid more than \$100,000	(b) Type of sen	/ICE	(c	) Compensat	tion			
(a) No	and address of each independent contractor p	aid more than \$100,000	(5) 1) po 0, 00.			,				
		<u></u>								
		n	NOT APPLY							
			`							
			TO			· · - · ·				
			501(C)8	Adl			/			
			200,	7766		14/				
	otal number of other independent cont			1.4047()						
	Old the organization complete Schedule					<b>►</b> □ <b>v</b> •		M-		
	onexempt charitable trusts must attach			· · · · ·		► ∐ Ye		No		
Under pen	alties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other th	s return, including accompa an officer) is based on all in	inying schedules and statem formation of which preparer	ents, and to the l has any knowled	best of my k de	nowledge an	id belief	i, it is		
————	ct, and complete. Declaration of property (office the		Tomación or union propor	1 017						
Cian	Overal we of officer	Hon. Fred P. Hill	12/x/	Jel Date	<del></del> _					
Sign	Signature of officer Grand - Auditor Date  3452 Evanston Avenue									
Here										
	<del></del>	Preparer's signature	<del></del>	ate	T	1 PTIN				
Paid	Print/Type preparer's name	Freparer 5 signature	0	21.0	Check _	J if				
Prepar		<u> </u>		T	self-emple	byeu				
Use O		<del></del> -			's EIN ▶					
May the	Firm's address ► IRS discuss this return with the prepar	er shown above? See	Instructions	Phor	ne no	► □ Ye		No		
iviay tite	ino discuss uns return with the prepar	- 3110 MII ADOVE: 366	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- ⊔ re	э ∟ ்	No		

Form **990-EZ** (2012)

LODGE NAME:
WILLIAM B. POLLARD
SILVER LEAF LODGE #456

# WORK-SHEET INFORMATION FOR FORM990 DEC. 31, 12 MINIHAHA TEMPLE 61-1584592

FORM 990

DETAIL	TOTAL INCOME: CONTRIBUTION INCOME PROG. SERV. REVENUE	DEBIT	CREDIT
	MEMBERSHIP AND DUE	EST	\$1,450.00
	INTEREST INCOME	EST	\$0.00
	RENTAL INCOME		
	RENTAL EXPENSE		
	INVESTMENT INCOME		
	INVESTMENT EXPENSE		
	SALE OF ASSETS		
	SPECIAL EVENT - INCOME		
	SPECIAL EVENT - EXPENSE		
	GROSS SALES		\$183,094.00
	COST OF SALES	\$79,008.00	
	OTHER INCOME LOTTO		\$0.00
	OTHER EXPENSE		
	MISC-SALES		
	EXCESS	\$105,536.00	

TOTAL PART ONE \$184.544.00 \$184.544.00

### BALANCE SHEET PART IV

### ASSESTS:

CASH	EST.	\$1,560,00	INCL. TEMPLE
OPEN		\$0.00	
INVENTORY		\$1,200,00	
PREPAID INS	SURANCE	\$1,300.00	
INVESTMENT	T-BLDG/ EQUIP	\$0.00	
LAND AND E	UILDINGS	\$205,000.00	
FURN&FIXTU	JRES	\$12,000.00	
OTHER ASSE	TS.	\$0.00	
TOTAL ASSE	STS:	\$221,060,00	

LIABILITIES
ACCT. PAYABLE
NOTES
OTHER CURRENT LIA.

MORTGAGE \$12,360.00
UNRESTRICTED FUNDS \$1,560.00
TEMPORARITY RESTRICTED \$14,500.00
PERMANENTLY RESTRICTED \$192,640.00

TOTAL PART 1V \$221,060.00

#### EXPENSES:

	22 GRAND ALLOCATIONS	\$1,150.00
	23 SPECIFIC ASSISTANCE	\$0.00
	24 PUR. A TO Z & LLC OTHERS	\$0.00
	25 ADVERTISE	\$209.00
	26 SALARIES OTHERS	\$14,965.00
	29 TOTAL TAXES	\$15,538.00
	31 LINEN	\$2,447.00
	32 ACCOUNTING	\$250.00
	33 SUPPLIES	\$2,457.00
	34 CABLES ENTAINMEEST.	\$10,023.00
i	35 POSTAGE SHIPPING	\$0.00
	36 OCCUPATION & UTILITIES	\$15,775.00
	37 MAINTENANCE-REPARS	\$3,682.00
	38 FIRE / SECURITY	\$3,073.00
	39 LODGE AFFAIRS	\$5,785.00
	43 LODGE TAX	\$1,432.00
	INS, BOND. LICENSE	\$3,216.00
	INTEREST	\$1,584.00
	SERVICE & WASTE	\$2,610.00
	TAXES INCLUDES SALES	INC. 29
	ENTERTAINMENT	INC. 34
	MISC.	\$0.00
	OTHER PURS	\$11,481.00

TOTAL

\$98.677.00

HON. FRED P. HILL
GRAND AUDITOR/TAX CONSULTANT
3452 EVANSTON AVE
CINCINNATI, OHIO 45207