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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 627, 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. . 20 A For the 2012 calendar year, or tax year beginning , 2012, and ending C Name of organization D Employer identification number B Check if applicable. 15, Forfarns Onder of Holice, Inc 54-1182145 Address change Name chance and street (or P O. box, if mail is not delivered to street address) Telephone number Indial return 540-891-0491 Terminated City or town, state or country, and ZIP + 4 **Group Exemption** Amended return redericksburg 1/A Number ▶ Application pending H Check ► ☐ if the organization is not G Accounting Method: Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) — ☐ 501(c)(3) 🔯 501(c) (🞖) ◀ (insert no) ☐ 4947(a)(1) or 527 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. 7,267 1 2 Program service revenue including government fees and contracts 2 .307 3 3 4 4 5a Gross amount from sale of assets other than inventory 5a b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Ð 50 C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 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). . . Less: direct expenses from gaming and fundraising events . . . 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 . . . 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 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 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . . . 13 Professional fees and other payments to independent contractors õ 13 C 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping . Œ 16 16 Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 . 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 Net Assets 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 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. 106421

Par	t II Balance Sheets (see the instructions for I	Part II)				
	Check if the organization used Schedule O t	to respond to an	y question in this	Part II	<u> </u>	<u> 🔀</u>
			1	(A) Beginning of year	((B) End of year
22	Cash, savings, and investments			43,/38	22	38,718
23	Land and buildings			336,800	23	336,800
24	Other assets (describe in Schedule O)				24	
25	Total assets		[379.938	25	375518
26	Total liabilities (describe in Schedule O)		[9,872	26	8.778
27	Net assets or fund balances (line 27 of column (B)	must agree with	line 21)	30,066	27	3/06.740
Part	III Statement of Program Service Accomplis	shments (see the	e instructions for F	Part III)		Expenses
	Check if the organization used Schedule O t	to respond to an	y question in this	Part III 🙎 💢	(Rea	ured for section
What	501(c	c)(3) and 501(c)(4)				
Desc		nizations and section (a)(1) trusts, optional				
as m		thers)				
28	of law enforcement.	thering t	for Approxi Acility for	members	2 00 a	Ø 19
			nts, check here .		28a	8/8
29	Cops And Kids provides shoppi	ing tunds	for Approx	imAlely	1	1
	150 local neely children At	t Christma	<u>J.</u>			
	7			·····		14 7 00
	(Grants \$) If this amount incl				29a	14/84
30	Dutress ford - provide Assi	- , /	riajural or	decenso	1	1
	1AW enforcement officers An		Amilies. F	or 2012,		
	two denations were made					1000
			nts, check here .	· · · • • • • •	30a	1,000
31	Other program services (describe in Schedule O) .				.	C.,
20	(Grants \$) If this amount incl			··· • • • • • • • • • • • • • • • • • •	31a	500
	Total program service expenses (add lines 28a thro				32	/S//C/
Part	List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O			•	tructi	ons for Part IV)
	Check if the organization used schedule of		(c) Reportable	(d) Health benefits.	+ -	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	other compensation	
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Part				~	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	140	
	detailed description of each activity in Schedule O	33		V	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		1	_ _	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	ŀ	i i	م . ا	
	change on Schedule O (see instructions)	34		1	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		ار. ا	l	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V	
С	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					
30	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	36	\vdash	ŕ	
b	Did the organization file Form 1120-POL for this year?	37ь		V	
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? .	38a	[[
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
39	Section 501(c)(7) organizations. Enter:	1	1 1	1	
а	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:	1			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			l	
Ь	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		1 1		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		<u> </u>	
·	organization managers or disqualified persons during the year under sections 4912,	1			
	4955, and 4958]			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	Ì			
	reimbursed by the organization	l	[]		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ļ	į l		
	transaction? If "Yes," complete Form 8886-T	40e		1	
41	List the states with which a copy of this return is filed VirginiA				
42a	The organization's books are in care of ► Curt Wehtmann Telephone no. ► 54			• • • • • • •	
	Located at ► 3700 Fallwood Lane Fredericksburg, UA ZIP+4 ► 23 At any time during the calendar year, did the organization have an interest in of a signature or other authority over	403	-73		
ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	
	If "Yes," enter the name of the foreign country: ▶	420			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		l	
	and Financial Accounts.	\		1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1 1	~	
	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		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year				
			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			V	
_	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a			
Ь	completed instead of Form 990-EZ	44b	1	سرز	
С	Did the organization receive any payments for indoor tanning services during the year?	440 44c	\vdash	V	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1			
-	explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
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 1		

								Yes	s No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o						6	V
Part		Section 501(c)(3) organizations		· · · · · · · · · · · · · · · · · · ·					
		All section 501(c)(3) organization		stions 47–49b and	1 52, and co	mplete th	e tables	for li	nes
		50 and 51	•						
		Check if the organization used Sci	hedule O to respond	I to any question in	this Part VI				. 🗆
								Ye	s No
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						7	
40	-							В	┼──
48		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a								a	
EV.		is," was the related organization a se plete this table for the organization's							
50		oyees) who each received more than							
	empi	byees) who each received more than		1	~~	benefits,	e, enter	140116	·
	(a)	(a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted to position (Forms W-2/1099-MIS		contributions to emp		nployee (e) Estimated amount deferred other compensation			
	-								
			1		ļ		l		
									
				1					
					 	_	-		
1	Total	number of other employees paid ov	er \$100,000	. ▶					
51		plete this table for the organization			t contractor	s who each	n receive	ed mor	re than
•		,000 of compensation from the orga							
(2)	Nama a	nd address of each independent contractor na	non than \$100 000	(b) Type of service		(c) Compensation			
(a) Name and address of each independent contractor paid mo				(0) 1900 0. 32		,-,			
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d	Total	number of other independent contra	actors each receiving	over \$100.000	. •	<u> </u>	 -		
52		he organization complete Schedule	•		s and 4947(a\(1\			
JŁ		xempt charitable trusts must attach				, , ,	► □ Y	es 🗆	No
Under		of penury, I declare that I have examined this							
		d complete Declaration of preparer (other than						and bene	,
	T	1 / Just 1) ah inn			T /	tau 7.	20/3	,	
Sign	{	Signature of officer Date							
Here		Wort Wehrman Treasurer							
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Do:-		Print/Type preparer's name	Preparer's signature	70	Date	Check	if PTII	v	
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	arer Only	Firm's name		·	Fin	m'sEIN ▶			
use	Only	Firm's address ▶				one no.			
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions			► <u></u> Y	es 🗌	No

Form 990-EZ (2012)

Page 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number

48 "Pot of Gold", so/so Raffle At Lodge Membership Meetings #10 Scholarship 18500 Per Capita TAX 42,273 Cops And Kids #12,789 Officer Distress Fund A875 T #16 Licensing Fee, Corporation Commission Fee, Bank Fees #26 Mortgage Scholarship, One Scholarship was Awarded estion in law enforcement tal of Lodge Hall to Menbers and to the Funds generated Are exempt programs of the Lodge.