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2015
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SCANNED

Form	. 99(		Return of Organization Exempt From Inco	me Ta	3X	OMB No 154	<del></del>
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Códe (e benefit trust or private foundation)	xcept blad	ck lung	201 Open to F	_
Depart Intern	rtment of the	Treasury Service	➤ The organization may have to use a copy of this return to satisfy state repo	rting requi	rements.	Inspect	ion
<u>A</u>	For the 20		nder year, or tex year beginning APRIL 1 , 2012, and ending	MAF	CH 31	, 20 13	
_	Check if ap		C Name of organization BPOE OF THE USA #692		D Employe	er identification m	umber
_	Address ch	٠ .	Ooing Business As  Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		E Telephor	84-0147068	
_	Namo chan Initial return	•	POB OX 986		c icopio		
=	rewn Terminated	' I	City, town or post office, state, and ZIP code			970-728-6362	
=	Amended ro	num	TELLURIDE, CO 81435		G Gross re	celpts \$	189,185
3,	Application	pending	F Name and address of principal officer: DOUG MILLER	H(a) is this	a group return (	or at lates? ( Yes	Ø No
			PO BOX 986, TELLURIDE, CO 81435			ctudec? 🗹 Yes	
	Тах-ехопо		□ 601(c)(3) □ 501(c)( 8 ) < (Insert no.) □ 4947(a)(1) or □ 527	ł		list. (see instructio	
	Website: •		☐ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation		p exemption	of logal domicile:	1156 CO
		Summ			T M Call	or regar consens.	<u> </u>
			scribe the organization's mission or most significant activities:				
_	1	•	TY SERVICE		**********		
Governance			900pii(1000ppiin-pqpqqqqqqqqqq				
Ē						**************	
Š			s box > if the organization discontinued its operations or disposed of			its net assets.	
6			of voting members of the governing body (Part VI, line 1a)	• • •	3		5
١٤			her of Individuals employed in calendar year 2012 (Part V, line 2a)	•	5		<u>5</u>
Activities			ber of volunteers (estimate if necessary)		6		25
۲			elated business revenue from Part VIII, column (C), line 12		. 7a		43,542
- 1			ated business taxable income from Form 990-T, line 34	<u> </u>	. 7b		
				Prior Y	621	Current Y	687
و			ions and grants (Part VIII, line 1h)		22,368		31,330
Revente			service revenue (Parl VIII, line 29)		8,489		160
٤			nt Income (Part VIII, column (A), lines 3, 4, and 7d)	4,011		29,239	
-			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,756 104,624		85,951 146,680
ᅥ			id similar amounts paid (Pari IX, columnity De FIGED		5,401		8,932
	14 B	enefits	paid to or for members (Part IX, dolumn (A), line 4)		0		9,552
.			other compensation, employee behalis (Far IX, golumn (A), lines (5) (0)		49,502		58,935
2	16a P	rofessio	nal fundraising tees (Part IX, column (A), Time 11e) . 2015		0		
Expensor	b To	otal fun	traising expenses (Part IX, column (B), line 25)		<b>不是是</b>	的形式的	
₽	17 0	ther exp	penses (Part IX, column (A), lines 11a-00-611-248 117		112,204		94,901
			enses (Part M. Column (M. inne 11a-000) 112-44 enses. Add lines 13-17 (must equal Part M. column (A. line 25)		167,107		162,768
_	19 R	evenue	less expenses. Subtract line 18 from line 12		(62,483) Wrent Year	End of Ye	(16,088)
BE	20 To	-101 000	ets (Part X, line 16)		,145,5979		·····
됑			ilities (Part X, line 26)		4,669		1,492,754 9,588
Ě			s or fund balances. Subtract line 21 from line 20		1,451,310		1,483,166
Pa		-	ure Block				
Unc	der penaltie	s of perju	y, Jodians that I have examined this return, including accompanying schedules and statements. Declaration of properly (objective) officer) is based on all information of which preparer in	nts, and to	the best of a	my knowledge and	belief, it is
trus	, correct, a	nd compl	the Declaration of preferry (OU)er, then officer is based on all information of which preparer h	as any knov	neage.		
٠.	- 11	===	1 NIN IFFER		_/0/	1//3	
Sig	, ,	Sign	Drus MILLER PRESIDENT	U	ate	•	
Her	"	Type	or print name and title			<del> </del>	
_			e preparer's name Preparer's signature Date		10000	PTIN	
Pai		PAMEL	A REGAN Timela Regan 109.	5. 2013	Check sett-em	PO024	50746
	parer e Only	Firm's n			m's EIN ▶	26-28583	
UJI	Comy	Firm's a	Mess > 251 BUCKTHORN ROAD, NEW CASTLE, CO 81647	Ph	one no.	970-274-15	75
viay	the IRS		this return with the preparer shown above? (see instructions)				B 🔲 No
or I	Paperwor	k Redu	tion Act Notice, see the separate instructions. Cm. No.	11282Y		Form S	90 (2012)
					<i>K</i> .	, 0	
					9/1	1-1	
					$\sim$ 1	¥	

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0 (2012)				Page 2
Statemen	t of Program Servi	ce Accomplishments a response to any question in this Par	+ III	🗆
	the organization's mi		<u> </u>	· · · · · · · · · · · · · · · · · · ·
OPFATE FOR TH	E BENEFIT OF MEMB	ERS AND PERFORM CHARITABLE WORK	WITHIN THE COMMUNITY	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
		***************************************		
Did the emply	tien undertake any s	ionificant mouram consess during the v	ear which were not listed on the	
prior Form 990	mon undertake any s or 990-EZ?			Yes 🛮 No
It "Yes." describ	e these new services	s on Schedule O.	_	
Did the organiz	ation cease conduc	cting, or make significant changes in		_
				Yes 🛭 No
			- 45 (	annanad bu
expenses. Secti	on 501(c)(3) and 501	(c)(4) organizations are required to repo	in the amount of grants and allocation	ons to others
(Code:	) (Expenses S	3.300 including grants of \$	) (Revenue \$	)
	FOR EDUCATIONAL	ASSISTANCE		
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		***************************************		
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			) (Revenue 5	)
MEDICAL HOUS	NG, FOOD AND OTHE	R CHARITABLE ASSISTANCE		
		**************************************		
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	34444 84444 8444 8444			
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	*********	***************************************		***************
(Code:	) (Expenses S	2.788 including grants of S	) (Revenue \$	)
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		***************************************	***************************************	
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				······································
Other program se	ervices (Describe in S	Schedule O.) g grants of \$ ) (Revenue		
	Did the organize prior Form 990 of it "Yes," describe the organize services?  If "Yes," describe the organizes services?  If "Yes," describe the organizes section to the organizes section that the organizes sec	Did the organization undertake any sprior Form 990 or 990-EZ?  If "Yes," describe these new services Services?  If "Yes," describe these changes on Sescribe the organization's program expenses. Section 501(c)(3) and 501 the total expenses, and revenue, if all (Code:	Did the organization undertake any significant program services during the y prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in services?  If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of it expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the total expenses, and revenue, if any, for each program service reported  (Code: ) (Expenses \$ 3.300 including grants of \$ SCHOLARSHIPS FOR EDUCATIONAL ASSISTANCE  (Code: ) (Expenses \$ 4,525 including grants of \$ MEDICAL HOUSING, FOOD AND OTHER CHARITABLE ASSISTANCE	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Form 99			P	age 3
Part	V 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)? // "Yes," [complete Schedule A	1	163	<del>~</del>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<del>`</del>
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		<del>-</del>
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		1
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		<b>✓</b>
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 unvestment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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, for escrow or custodial account liability: 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, VII, VII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	1	
	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	115	1	
•	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		1
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	110		1
1		11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128		1
Ь	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 and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		I.
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140	-	1
_	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or emity 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 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing 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? // "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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	

	20 (2012)		1	Pege 4
Part	Checklist of Required Schedules (continued)		_	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	r—	Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l	/
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	<del>                                     </del>		<del>                                     </del>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, tine 3, 4, or 5 about compensation of the		ļ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	1	1
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		È
	\$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25			,
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24B 24b		<b>✓</b>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	<del>                                     </del>	<del>                                     </del>
	to delease any tax-exempt bonds?	24c		i
	Oid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		
þ	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u>/</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	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		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	337	英色	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<b>1928</b>		<b>322</b>
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>Y</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	j	<b>*</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ا ۔ ۔ ا		,
	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<b>√</b>
32	complete Schedule N. Part II	32		<b>\</b>
33	Old 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, Part II, III, or IV, and Part V, line 1	34		1
35a	Old the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Old 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 association 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 n,	_		1
	Part VI	37		<u> </u>
38	Old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	/	
	131 HONE, MILEOLITI 320 HIGHS BIG LOCALIFICATION CONTINUES CONTINU		990	(2012)

Form 99	<u>· · ·</u>	
Part		Page 5
	Check if Schedule O contains a response to any question in this Part V	п
40		Yes No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	
ь С	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
2в	Fotor the number of employees assessed as form and a	1c /
20	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 14	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>西斯尼亚岛</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b / 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a /
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b 7
<b>4a</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)?	4a 🗸
ь	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.	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	58 /
p	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b /
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del>  30   -   -   -   -   -   -   -   -   -   </del>
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a /
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
	gifts were not tax deductible?	6b /
7	Omenizations that may receive deductible contributions under section 170(c).	
a	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?	78
ь	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	70 /
	required to file Form 8282?	
d	W IV-A FINALIAMA IND HIMINOT DI PORTES DECE INCLI MUNIMI NO YOU	7e /
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	71 1
f	Did the organization received any dates, pay premiums, directly or indirectly, on a personal benefit contract?  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 1998-C?	79
9	to the standard of the standar	7h
þ		
8	Did the supporting grasnization, or a donor advised total marketing by	
	omanization have excess business holdings at any time during the year	8 100 100 100
. 9	Conceded organizations maintaining donor advised runos.	9a
a	and the motor one tayable distributions under section 4900	9b
b	Did the organization make a distribution to a donor, donor advisor, or related person?	870 WE 1883
10	o	
A	Living and capital contributions included on Part VIII, line 12	
ь	Grass receipts, included on Form 990, Part VIII, line 12, for public use of class last the	
11	Section 501(c)(12) organizations. Enter:	
8	O and income from members or shareholders	
t	Gross income from other sources (UO not rect amounts as a 11b)	
	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts, is the organization filling Form 990 in illeu of Form 1041?  Section 4947(a)(1) non-exempt interest received or accrued during the year.	129
12	Section 4947(a)(1) non-exempt chambel trusts, is the 4947(a)(1) non-exempt chambel trusts, is the 4947(a)(1) non-exempt chambel trusts. Is the 4947(a)(1) non-exempt chambel trusts.	
		130
13	Section 501(c)(29) qualified nonprofit relative the section for than one state?  Is the organization licensed to issue qualified health plans in more than one state?  Is the organization licensed to issue qualified health plans in more than one state?	138
:	Is the organization licensed to issue qualified reality plans in Mills in M	(2) (2)
	the organization is licensed to issue qualified read years	
	the second of bond	148
	for ladger taxaing sparting tilling the for	14b
14	Bill the organization receive any payments for indoor talking service an explanation in Schedule O .	Form 990 (20

Form f	90 (2012)			Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
Sant	Check if Schedule O contains a response to any question in this Part VI	<u></u>	<u> </u>	<u>. [2]</u>
360	MITA GOVERNMING BODY CITIE WILLIAM STATEMENT		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	PHE	5.50
	If there are material differences in voting rights among members of the governing body, or			E.
	if the governing body delegated broad authority to an executive committee or similar			邂
	committee, explain in Schedule O.			
b			媵	
2	Old 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	(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		1
4	Old the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	<b> </b>	<u> </u>
78	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, stockholders, or persons other than the governing body?	7ь		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	75.00	33.2	Park!
	the year by the following:	1255	8	
a	The governing body?	8a	1	
b	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
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.	
			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	ļ.,	<b>├</b>
118		118	7000	2000
b				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>/</b>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<del>-</del>
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		7
14	Did the organization have a written document retention and destruction policy?	14		1
15	Old 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?		緻	
8	The organization's CEO, Executive Director, or top management official	15a	تنتينا	を 1
_	Other officers or key employees of the organization	15b		7
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	愛		<del>€</del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	题	W.	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	163	50-70 C	V SEFE
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		Ų.	
	organization's exempt status with respect to such arrangements?	16b	224	1
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	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.	1 501(0	:)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f intere	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization:			
		Form	990	2012)

Form 990 (201)	, Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A.	Check if Schedule O contains a response to any question in this Part VII
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the n's tax year.
• List al	ll of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

- 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.

Cheek this have if neither the proportion per any related experienting companyed any output officer, director, as trustee

Check this box if neither the organization	nor wry relate	9.9.	#1112			on po	100	TCG EITY COTTO	Company and colo	, or abside.
	l		•	2)			ł	1		
W	(B)	(do o			more Non	than o	ne	(0)	(E)	F
Name and Title	Average	DOK.	nles	s pe	rson	is both an		Reportable	Reportable compensation from	Estimated
	hours per week (list any	_	_	_		or/trust		compensation	related	amount of other
	hours for	Individual truston or director	inethuliana trustee	Officer	Koy employed	음률!	Former	the	organizations	componsation
	related organizations	85	Ę.	ij	3	20	룓	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	6 g	퓚		ş	8			i	and related
	line)	9	ž	ł	8	3	i			organizations
	1	•	3		l	Highest compensated omployee		{		
		_	-	┢	-	-			<del>                                     </del>	<del></del>
(1) JACK EAGLETON	4									
TRUSTEE		1	L		L		_	0	0	
(2) ERICK MOSHER	4	]		i						
TRUSTEE		1	L	L	L			0	0	
(3) GEORGE GREENBANK	4		İ				ı			
TRUSTEE		1		L_			L.	0	0	
(4) STEPHEN BETZ	4				1	1		]		
TRUSTEE		1		L				0	0	
(5) DOUG MILLER	4			Ì			İ			
TRUSTEE		1			乚	L		0	0	
(6) PAUL RUUD	4						1	ł	Ì	
EXALTED RULER		1	L	L		<u> </u>	L	0	. 0	
(7) BEN DONOFRIO	2				l	i '	1	ļ		
LEADING KNIGHT		✓			L.		_	0	0	
(8) MARK NIEBRUEGGE	2				Π				ł	
LOYAL KNIGHT	i	1		_				0	0	
(9) ADAM RALEIGH	2		T	Г	Ī	1	Г			
LECTURING KNIGHT		1	Ĺ.			<u> </u>	L	0	0	
(10) CAREY NIEBRUEGGE	4	1			Π		1			
SECRETARY		1	L		<u>L</u>	<u> </u>	<u> </u>	3,000	0	
(11) CINDY WYSZYNSKI	4		Γ	Π						
TREASURER		1			l	1	<b>.</b>	200	0	
(12) KENNY VANN	2				Π	Π	Π	<u> </u>		
ESQUIRE		1	<u> </u>	L			١.		0	
(13) ANDREW EAGLETON	2	I	Γ		Γ		Г	1		
CHAPLAIN		1								L
			$\overline{}$	1	Т	1	1			1
(14)	<b>!</b>	J	ĺ	1		1	1		1	

04B 035

لك	VII Section A. Officers, Directors, Trus		<u> </u>		<b>%</b>	_					1
	(A) Name and title	(B) Average hours per week (list any	box, e	nies	eck a pe i a d	roon	than o is both or/bust	nan lee)	(D) Reportable compensation from	(E) Reportable compensation from related	
		nours for related organizations below dotted line)		Institutional trustee	Officer	Kay amployee	Highosi componsated amployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15)											
16)											
17)											
18)											
19)											
20)											
21)											
23)											
24)									-		
5)	***************************************										
1b c	Sub-total		, .				•	<b>▶</b>	3,200	3,200	
d	Total (add lines 1b and 1c)			-				<b>&gt;</b>	3,200	3,200	
2	Total number of individuals (including but reportable compensation from the organic		to th	058	liste	ed a	bove	e) w	ho received mo	ore than \$100,00	00 of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	Schedule J	for su	ch i	ndı	vidu	al .				3 /
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive or for services rendered to the organization?	r accrue co:	mpen omple	sati te S	on i	fron edu	n any le J f	un ors	related organiz	ation or individu	
ectio	n B. Independent Contractors						_				
1	Complete this table for your five highest of compensation from the organization. Replyear.										
	(A) Name and business addr	ess							(B) Description of se	rvices	(C) Compensation
					_		_	_			
				_							
2	Total number of independent contractor received more than \$100,000 of compensations							the	ose listed abo	ve) who	
				_		_			·····	(CAS FICE	Form 990 (20)

arı	VIII	Statement of Reve		_					
		Check If Schedule O	contains a			(A) Total revenue	(B) Related or	(C) Unrelated business	(D) Revenue excluded from tax
<u>.</u> [	1		-0.7 A				exempt function revenue	WASHING	under sections 512, 513, or 514
ē	18	Federated campaigns		18		ALCO LANGE			7.00
end Other Similar Amounts	b	Membership dues .		1b	22,750				
ξĮ	C	Fundraising events .		10			7.0		
Ē	đ	Related organizations		1d					4 C C C C C
Ē	e	Government grants (con		10					
2	f	All other contributions, gi			ļ	MALE TO			
ğ		and similar amounts not inc		_1f	B,580				
핅	8	Noncash contributions includ		11: S					
	h	Total Add lines 1a-1	<u> </u>	<u> </u>	Business Code	31,330		AND THE PERSON NAMED IN	BANK THE STREET
	_					11.000	<b>姚杨</b>	10000000000000000000000000000000000000	SOUTH SALES
	28	MISCELLANEOUS			900099	160	160	<del></del>	
	Ь				} <u>-</u>				
	C				<u> </u>		<del></del>		<del></del>
8	d				<del></del>		<del> </del>		
Priogram Service neverine	e	All other process			<del></del>	<del></del>	<del> </del>	<del> </del>	<del></del>
3	Ţ	All other program sen		Θ.	L	450		27 12 90 W 410	CONTRACTOR CONTRACTOR
1	3	Total. Add lines 2a-2 Investment Income		-disard	ende internet	160	The state of the s	DELTAIN RECEIPT PROPERTY	CONTRACTOR CONTRACTOR
	3	and other similar amo				29,239	[	[	29,
-	4	Income from investmen	•	nnt h	and nunceeds	23,233		i	
- 1	5	Royalties	( OI WEA-GACII	ipi u	> Process		<del> </del>	<del> </del>	
	9	noyanes	(i) Real	<u> </u>	(ii) Personal	WC1872508	10 SELECTION 13	7594130721	
- [	0-	Compa conta	<u> </u>	3,199			100		
- 1	68	Gross rents	<u>_</u>	3, 100					
- 1	ь	Less: rental expenses		100					
-	C	Rental income or (loss) Net rental income or (		3 <u>,199</u>	<u> </u>	23,199	23.199	2.340 (5.51) # CCC %	ELIVER PLANTS
	d 7a	Gross amount from sales of	(1) Securit	35	(i) Other	350000000000000000000000000000000000000		SPACE PARTY IN	5. Val 36 20 5
	,,,	assets other than inventory							
	h	Less: cost or other basis				THE PLANT			
- 1	•	and sales expenses .				1976			
	_	Gain or (loss) .				LO STATE			
1					•	COMPANY TANCO	A 3-27 September 2	E SERVICE SECTIONS	
-	d	Net gain or (loss) .		•	<del></del>	The state of the s	31/2/2014	FERNING TH	
.	8a	Gross income from fu	ndrajeno						
	Oa	events (not including \$			•	的學是這			
		of contributions reporte	d on line 1c	7					
: 1		See Part IV, line 18		" a	30,659				Charles St.
	ь	Lass direct expenses		h	16,234				
	_	Net income or (loss) to		eina .		14.425		CONTRACTO AND SALE	14.4
	с 9а	Gross income from qa				(B-1)2 T-1-10 (B-1)		F 4 19 2 F 19 19	PER PART OF A STATE OF
	70	See Part IV, line 19 .			7040			30000	
-				a b	7019	<b>经</b> 。在1000年		<b>西部以为</b>	<b>第二章 医</b>
1		Less: direct expenses Net income or (loss) fr				4785	MATERIAL PROPERTY.	ST. THE NAME OF STREET	4
١,		Gross sales of in					Children (		270 30 30
1		returns and allowance	-	~~ 8	70.045		TO SEE BY		<b>NOTICE</b>
1	•	Less: cost of goods s		ь	`35,373	THE PARTY	<b>作在企业</b>	<b>11.2 2.3 2.3 2.3 3.3</b>	
Į		Net income or (loss) fr				43,542		43,542	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
-		Miscellaneous R							<b>企业的</b>
1	118					UNIVERSE PARTY OF THE PARTY OF		* Arternal Street, 198	A STATE OF THE PERSON AS IN THE PERSON A
1	b	***************************************	•••••	····					
1		***************************************		· }					
	C	All other miles		}					
1	ď	All other revenue .		Ĺ	<del></del>		2100	No. 11 Telephone	NA PRODUCTION
	e	Total. Add lines 11a-1	110		🕨		CONTRACTOR	Entire than a series at	TO BUSE PURE SERVE ACT

P	art IX Statement of Surviv				
Sec	art IX Statement of Functional Expense stion 501(c)(3) and 501(c)(4) organizations must conclude the contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII.	5			
_	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII.	omplete all column	Allatha		Page 1
Do.	not include amounts reported on lines 6b, 7b, and 10b of Part VIII.	onse to any questi	on in this Desired	ions must complete	Cohuma (A)
	9b, and 10b of Part VIII.	Total expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21	1	Program service expenses	Management and general expenses	(D) Fundralsing
2	Grants and other positions. See Part IV, line 21			1 P. 1	operass 
_					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	8,63	2		
4	Deliging ball to or for mombers		1		A STATE OF THE STA
5	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)	51,180			
7	Other salaries and wages			<u>}</u>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,755			
11	Fees for services (non-employees):	.,,,,,,,			
8	Management			}	
b	Legal				
c d	Accounting				
a	Professional fundraising services. See Part IV, line 17	9,482	CHARGE SE	CHARLES CHERRY (CA)	
Ť	Investment management fees	1,542	CHESTING CATA-STREET CATE	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (C.)				
12	Advertising and promotion	1,713			
13	Office expenses	3,141			
14	Information technology	<del></del>			
15 16	Royalties	<del></del>		<del></del>	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	L		<del> </del>	<del></del>
22	Depreciation, depletion, and amortization . Insurance				
23 24	Other expenses, Itemize expenses not covered				
24	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.)			<b>公共</b>	KASE STEEL STEEL
8	REPAIRS AND MAINTENANCE	9,631 4,160	<del> </del>		
b	JANITORIAL LODGE ACTIVITIES	11,758		<del> </del>	
đ	PER CAPITA-GRAND LODGE	3,152			
e	All other expenses	50,324			
25	Total functional expenses. Add lines 1 through 24e	162,768	ļ	<b></b>	<del></del>
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				
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	1	Form 990 (2012)

۲e	irt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part		<u> </u>	<u> </u>
		· · ·	(A) Beginning of year		(B) End of year
1	1	Cash-non-interest-bearing	2,390	1	5,93
1	2	Savings and temporary cash Investments		2	
-	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net	495	4	8,87
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>新疆5</b>	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
200	7	Notes and loans receivable, net		7	<u> </u>
3	8	Inventories for sale or use		8	<u></u>
ı	9	Prepaid expenses and deferred charges	3,453	9	4,57
Ì	10a	Land, buildings, and equipment: cost or			
-1		other basis. Complete Part VI of Schedule D 108 1,325,75	6		<b>EX.</b>
-	ь	Less: accumulated depreciation 10b 288,14	<u> 1,039,723</u>		1,037,61
-1	11	Investments—publicly traded securities		11	53,33
	12	Investments—other securities. See Part IV, line 11	403,918	_	408,28
	13	Investments-program-related. See Part IV, line 11		13	<u> </u>
	14	Intengible assets		14	
₹	15	Other assets. See Part IV, line 11	ļ	15	ļ
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,455,979		1,518,60
1	17	Accounts payable and accrued expenses	4,669	_	9,58
١	18	Grants payable		18	<u></u>
1	19	Deferred revenue	<u></u>	19	<u> </u>
1	20	Tax-exempt bond liabilities		20	<u> </u>
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to current and former officers, directors, trustees, key amployees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	COURT SELECTION AND A LABOR.	22	
			<del></del>	23	<del> </del>
1	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	24	<del></del>
١.	24	Unsecured notes and loans payable to unrelated third parties	ļ	-24	<del> </del>
	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	
1	26	Total (labilities, Add lines 17 through 25	4,669	26	9,58
+	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		200	
		complete lines 27 through 29, and lines 33 and 34.		27	
	27		<del></del>	28	<del></del>
	28	Temporarily restricted net assets	<del></del>	29	
1	29	Permanently restricted net assets.	2.04.04.4.04.2.2.04.2	23	Converse Const
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
1	20	•		20	
1	30	Capital stock or trust principal, or current funds	1,451,310	30	1,509,02
Ľ	31	Paid-in or capital surplus, or land, building, or equipment fund			<del></del>
1	32	Retained earnings, endowment, accumulated income, or other funds .		32	4 686 83
	33	Total net assets or fund balances	1,451,310		1,509,02
- 1 -	<u> 34</u>	Total liabilities and net assets/fund balances	1,455,979	<u> </u>	1,518,60 Form 990 (201)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI  1 Total revenue (must equal Part VI), column (A), line 12). 1 Total expenses (must equal Part VX, column (A), line 25). 2 Total expenses (must equal Part VX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets of fund balances at beginning of your (must equal Part X, line 33, column (A)). 4 1,451,310 5 Net unrealized gains (losses) on investments 5 Consider services and use of facilities 6 Donated services and use of facilities 7 Prior period adjustments 9 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O). 9 \$ 57,532 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,492,754  Port XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII.  1 Accounting method used to prepare the Form 990: Cash   Accrual   Other	Form 99	0 (2012)			Peq	<sub>20</sub> 12
1 Total revenue (must equal Part VIII, column (A), line 12). 1 145,660 2 Total expenses (must equal Part IX, column (A), line 25). 2 152,768 3 Revenue less expenses. Subtract line 2 from line 1 3 (15,689) 4 Net assets or fund balances at beginning of your (must equal Part X, line 33, column (A)). 4 1,451,310 5 Net unrealized gains (losses) on Investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 7 9 Structure 10 10 1,492,754  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A). Inne 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Cilinvestment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Port XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII.  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.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yea," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis  Were the organization of sinancial statements audited by an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  Sa 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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain with in Saberbala and especiate a		Check if Schedule O contains a response to any question in this Part XI	<u>.</u>			
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund belances at beginning of year (must equal Part X, line 33, column (A)).  Net unrealized gains (losses) on investments.  Donated services and use of facilities.  Prior period adjustments.  Prior period adjustments.  Net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Port XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII.  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.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:  Separate basis Consolidated basis. Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Ploth consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Ploth consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis and the ploth of the service of the year were audited on a separate basis.  If "Yes," check a box below to indicate	1	Total revenue (must equal Part VIII, column (A), line 12)	1		14	6,680
Net assets or fund balances at beginning of yoar (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A). line 25)	2		16	2,768
Net unrealized gains (losses) on investments  Donated services and use of facilities  Onated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  The changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  The changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  The changes in net assets or fund balances (explain in Schedule O)  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements on one of the year were compiled or reviewed on a separate basis. Consolidated basis.  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.  Consolidated basis.  Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did n	3		3		<b>(1</b> E	,088)
Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  9 57,532  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line 33, column (B))  10 1,492,754  Port XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII.  1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 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?  1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both:  Separate basis Consolidated basis Both consolidated and separate basis  c if "Yes," tolk ne udit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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?  5 If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,45	1,310
Prior period adjustments	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, tine 33, column (B)) 10 1,492,754  Port XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  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?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c if "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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?.  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, tine 33, column (B)).  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII.  1 Accounting method used to prepare the Form 990:    Cash	8	Prior period adjustments	8			
Port XII   Financial Statements and Reporting   Check if Schedule O contains a response to any question in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9		5	7,532
Check if Schedule O contains a response to any question in this Part XII.    Accounting method used to prepare the Form 990:   Cash   Accrual   Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
Check if Schedule O contains a response to any question in this Part XII.  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?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis. Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis. Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the eudit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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-1337.  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			10		1,49	2,754
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☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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?.  5 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b			ona	3.55		30
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Schedule O.  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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b		·		2c	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?			iain in			32
the Single Audit Act and OMB Circular A-133?.  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b				好題	3.5	33.5
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	3а		orth in	1 1		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		•	• •	3a		✓_
	Þ			1		
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ans			<u> </u>

SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection RPOE OF THE USA #692 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 20 Total acreage restricted by conservation easements . . . . . . . . . 2Ь Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1e If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: . . . . **>** \$\_\_\_\_\_ (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . . . .

Cat. No 52283D

Schedule D (Form 990) 2013

b Assets included in Form 990, Part X .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schadule	y D (Form 990) 2013							D	2
	III Organizations Maintaining	Collection	of Art High	orical T	re actures	~ O#	or Similar Aco		ge 2
3	Using the organization's acquisition, (collection items (check all that apply):								
	Public exhibition		ا م	7 1020	or exchange		ome		
a b	Scholarly research			Other					
_	Preservation for future generations	•	• (				******		•
_	_			:- h 11		L			
4	Provide a description of the organizat XIII.		-		•	_	•	it purpose in F	Pan
5	During the year, did the organization assets to be sold to raise funds rather							☐ Yes ☐	No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	-		n 990, P	art IV, line	9, or r	eported an amo	unt on Form	
18				•					Afa
b	If "Yes." explain the arrangement in Pa							☐ Yes ☐	NO
						-	Am	ount	
C	Beginning balance					10	<del> </del>		
ď	Additions during the year				• • •	10	<del></del>	<del></del>	
0	Distributions during the year					1e			
f						1f	<u> </u>	<u> </u>	Nia
28	Did the organization include an amou							☐ Yes ☐	ND
	If "Yes," explain the arrangement in P  Endowment Funds.	art XIII. Chec	k nere ir tne e	chiauaceo	n nas oeen	provide	om Part Am .		
Fal	Complete if the organization	answered	"Yes" to For	n agn F	Part IV line	10			
	Complete if the organization	(a) Current y		or year	(c) Two years		(d) Three years back	(e) Four years b	ack
10	Beginning of year balance	<del></del>	<del>-  </del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
18	Contributions	<del></del>	<del></del>						
Þ	Net investment earnings, gains, and		<del></del>						
С	losses								
ð	Grants or scholarships	ļ <u> </u>							
8	Other expenditures for facilities and programs								
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of	the current ye	ear end balanc	e (line 1	, column (a	)) held a	3S.		
а	Board designated or quasi-endowme	nt 🕨	%						
ь	Permanent endowment	%							
c	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and	2¢ should eq	ual 100%.						
3a	Are there endowment funds not in th	e possessio	n of the organ	ization th	at are held	and ad	ministered for the		
	organization by:								No
	(i) unrelated organizations							3e(i)	
	(II) related organizations			· ·				3a(ii)	
ь	If "Yes" to 3a(ii), are the related organ	uzations liste	d as required	on Sched	dule R? .			3b	
4	Describe in Part XIII the Intended use		nization's end	owment i	funds.				
Par	Land, Buildings, and Equipolation Complete if the organization		"Yes" to For	m 990. I	Part IV. line	11a. S	See Form 990. (	Part X. line 10	<b>)</b> .
	Description of property	(a) Co	ost or other basis investment)	(b) Cost	or other basis other)	(c)	Accumulated appreciation	(d) Book value	
	Land			T	250,000		## #25 <b>8</b>	250	0,000
ь	Buildings				1,017,298		249,135		3,161
_	Leasehold improvements								
ď	Equipment								
	Other			1	58,460		39,011	19	,449
	Add lines 1a through 1e. (Column (d)	must equal F	orm 990, Part	X, colum		)(c).)	▶		,610
							Sche	dula D (Form 990)	

Schedule D (Form 990) 2013

Schedule D (Fo					Page 3
Part VII	Investments - Other Securities	S.			
	Complete if the organization ans				
	<ul><li>(a) Description of security or categor (including name of security)</li></ul>	y	(b) Book value		thod of valuation. d-of-year markst value
(1) Financial	derivatives				
(2) Closely-I	reld equity interests				
	T-TERM INVESTMENTS	······································	455,144	END-OF YEAR MA	RKET VALUE
(B)					
(C)					
(D)					
(E)					
(F)			<u> </u>		
(G)			<u></u>		<del>.</del>
(H)					
	b) must equal Form 990, Part X, col. (B) line 12 ) 🕨		455,144	Section of the sectio	
Part VIII	Investments-Program Relate	d.		44. 0. 5	000 D + 1/4 (I - 40
	Complete if the organization ans	swered "Yes" to Fo			
	(a) Description of Investment		(b) Book value		ithod of valuation 3-of-year market value
(1)			<del></del>	<b></b>	<del></del>
(5)			· · · · · · · · · · · · · · · · · · ·		<del></del>
_(3)			<u> </u>		
(4)		<del></del>	<u> </u>		
			<del> </del>		
			<del> </del>		<del></del>
			ļ		
_(8)					
(9)	15 - 200 Feet V - 1 60 Feet (2) B		<del> </del>	PART DESCRIPTION	
	nust equal Form 990, Part X, col (B) line 13.)		l	HOLDER STREET	THE PERSON OF TH
Part IX	Other Assets.  Complete If the organization ans	and #Wast he Co.	- 000 Dart Rt line	11d Con Earm	000 Port V line 15
		a) Description	in 990, Part IV, line	TIO. See Form	(b) Book value
		al prescription			(0) 0000 14400
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	Other Liabilities.	OI. (B) III (B)	· · · · · · ·	· · · · · ·	<u></u>
Part X	Complete if the organization ans	wered "Vec" to For	m 990 Part IV line	11a or 11f See	Form 990 Part Y
	line 25.	Meier les foioi	in Joo, i dir iv, mie	110 01 111. 000	TOM SSO, FEIT A,
		(b) Book value	avir non-ros	166534	
(1) Federal in	(a) Description of liability	10) 000, 1200			
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	med and form 000 Part Y and (B) fine 25 1 ha	<del> </del>			
	must equal Form 990, Part X, col. (B) line 25.)	de she save -fit- f- : *-	The second of	DIAMETER STATE	To the Land of the
	incertain tax positions. In Part XIII, provi				

·AU	EDULE G	Suppleme	ntal Informatio	on Regardi	ng Fundra	dsing or Gaming	Activities	OMB No. 1545-0047	
••••	Complete If the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or organization entered more than 615,000 on Form 990-EZ, line 6s.					or 19, or if the	2012		
Department of the Treasury Internal Revenue Service  Attach to Form 990 or Form 990-EZ; Internal Revenue Service  Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.  Name of the organization							vim novilarm990.	Open to Public Inspection	
					Employer Identi				
POI	OE OF THE USA #692, TELLURIDE				<del></del>		1-0147068		
Pai						vered "Yes" to F	orm 990, Part IV	, line 17.	
1		O-EZ filers are n				wino activities. C	heck all that apply.		
a	☐ Mail solicit	-			_	on of non-governs	, , ,	•	
b		d email solicitatio	ns		_	on of government	•		
d	=			9 1	j Special :	undraising events	•		
2a			ten or oral agre	ement with	any individ	dual (including offi	cers, directors, tn.	stees	
b	If "Yes," list th		I individuals or	entities (fun		•	undraising service lents under which	s?	
	(i) Name and addre or entity (flu		(ii) Activity	custody o	draiser have r control of xutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount pad to (or retained by) organization	
_		<del></del>		Yes	No	<u> </u>		<del></del>	
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3	registration of		inization is regr	stered or ik	enseo (o :	SOICIT CONTRIBUTION	is or has been no	lified it is exempt fro	
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or P	sperwork Reduction	Act Notice, see the !	nstructions for For	m 990 or 990-	EZ.	Cat. No. 50083H	Schedule G	(Form 990 or 990-EZ) 20	

048.040

_	art II	Fundraising Events. Co than \$15,000 of fundrais gross receipts greater the		ion answered "Yes" to and gross income or	o Form 990, Part IV, Ilin Form 990-EZ, lines 1	Page 2 ne 18, or reported more I and 6b. List events with
9			(a) Event e1  BLUEGRASS FEST (avent type)	(b) Event #2 MISC FUNDRSRS (overd type)	(c) Other events NONE (total number)	(d) Total events (add col. (e) through col. (cj)
Revenue	1	Gross receipts	25,680	4,979		30,659
	3	Less: Contributions Gross income (line 1 minus line 2)	25,680	4,978	-	
	4	Cash prizes	59,535	4,878		30,659
	5	Noncash prizes				
BUSBS	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	11,377	7,091		18,468
Q Q	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net Income summary. Subtr	act line 10 from line 3, co	olumn (d) . <u></u>	<b>&gt;</b>	(18,468) 12,191
Pa	1 111	Gaming. Complete if the than \$15,000 on Form 9	e organization answer 90-EZ, line 6a	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more
۵			A			
2			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garring (add col (a) through col (ci)
Revenu	1_	Gross revenue			(c) Other gaming	
1	2		(a) Bingo		(c) Other gaming	col (a) through col (c))
7		Gross revenue	(a) Bingo		(c) Other gaming	col (a) through col (c))
1	2	Gross revenue	(a) Bingo 9,784		(c) Other gaming	col (a) through col (ci)
1	2	Gross revenue	(a) Bingo 9,784 2,234	bingo/progressive bingo		9,784 2,234
1	2 3 4	Gross revenue	(a) Bingo 9,784 2,234		(c) Other gaming  Yes % No	9,784 2,234
1	2 3 4 5	Gross revenue	(a) Bingo 9,784 2,234 2,234  20 Yes100 % No	✓ Yes 100 %  No	☐ Yes%	9,784 2,234
1	2 3 4 5	Gross revenue	(a) Bingo 9,784 2,234 2,234 20 100 % No Id lines 2 through 5 in co		☐ Yes% ☐ No	9,784 2,234
Direct Expenses Revenue	2 3 4 5 6 7 8	Gross revenue	(a) Bingo  9,784  2,234  2,234  40  2 Yes 100 %  No  Id lines 2 through 5 in co	✓ Yes 100 %  No  No  lumn (d)  ing activities: COLOR in each of these states	☐ Yes	9,784  2,234  40  (2,274)  7,510

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a-1. 4	e G (Farm 990 or 990-EZ) 2013			Page 3
:	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other	entity	✓ Yes	
l	formed to administer charitable gaming?		☐ Yes	
	The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events book records:	13a 13b s and	· · · · · · · · · · · · · · · · · · ·	100 %
	Name ► VARIOUS INDIVIDUALS			•••••
	Address >	<b></b>		
_	Does the organization have a contract with a third party from whom the organization receives g revenue?			s 🗹 No
	amount of gaming revenue retained by the third party > S  If "Yes," enter name and address of the third party.	ne		
	Name ►			•••••
	Address ▶			·······
•	Garning manager information:			
	Name ► TRUSTEES OF THE LODGE			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☑ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming procedular the state gaming license?		☐ Ye	s ☑ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizat spent in the organization's own exempt activities during the tax year > S	ions or	•	
art	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to additional information (see instructions).			and
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SCHEDULE O (Form 990 or 990-EZ)

## 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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2012 Open to Public Inspection

Name of the organization	Employer Identification number
BPOE OF THE USA #692	84-0147068
FORM 990, SECTION B, LINE 11: BOARD MEMBERS REVIEW FORM 990 PRIOR TO SUBMISSION TO	THE IRS
FORM 990, SECTION C, LINE 19: ALL DOCUMENTS, FINANCIAL STATEMENTS AND OTHER DATA A	ARE AVAILABLE TO MEMBERS UPON
REQUEST	
<del></del>	
FORM 990, PART XI, LINE 9: CHANGES IN NET ASSETS	
CTOCK INVESTIGATE	
STOCK INVESTMENTS	***************************************
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For Demonstrate Particular Act Notice and the Instructions for Form 200 or 200 F7	Cabadala O (Ca-000 as 000 CD 0000

