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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)

ONS No :545-0047 2012

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the 2	2012 calen	dar year, or tax	year beginn	ing 4/0)1	, 201	12, and	ending	3/3	31		2013	
В	Check if ap	plicable	C								O Employ	er klentii	fication Number	a
	Adales	s change	BPOE NO.2	353						1	88-	00999	912	
	X Name	_	PO BOX 36							ţ	E Telepho			
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	Termi	ated	}							j	_			
		ied return									G Gross			80,915.
	Applica	ation ponding	F Name and add	ress of principa.	officer DO	NA HOES	LY		t t	t(a) is thus a				Yes X No
			SAME AS C	ABOVE					,	(db) Are all.	affiliates incl ettach a list	uded? (see mst	Tuchons)	Yes No
1	Tarea	npt status	1 501(c)(3)	X 501(c) (8) 4 (ii	nsert no)	4947(a)(*)	or	527				,	
J	Websi	te: > N/	A						,	e(c) Group e	xemption nu	amber 🏲	•	
K	Form of	חסולבל יחשם א	Corporation	Trust	Association	Other -		L Year o	of Formation	n 1966	Ms	tate of le	gal domicile	NV
Pa	rt f	Summar												
	1 Br		be the organiza	tion's missio	n or most :	significant a	Clivities	PROV	TDE S	ERVIC	ES FOR	THE	COMMIN	TTY
_	3.1		NATIONAL (_ =-=-	- 34.5.7.	
Activities & Governance					*****	_ === = -			<u> </u>		2222			
2	-													
<u>ş</u>	2 Ch	eck this bo	ox > if the	organization	discontinu	ed its opera	tions or di	sposed	d of mor	e than 2	5% of its	net ass	sets	
Ö,	3 Nu	mber of vo	ting members	of the govern	ang body (I	Part VI, line	1a) .					3		181
প্ৰ ত	4 Nu	mber of in	dependent voti	ng members	of the gove	erning body	(Part VI, I	ine 1b)).			4		0
E E	, 5 To		of individuals				art V, line	2a)				5		3
₹	6 To		of volunteers									6		50
Ą	1		ed business rev			• •				-		7a		0.
	b Ne	t unrelated	l business taxa	ble income fr	om Form 9	990-T, line 3	4	-			-	7 b		0.
	1									P	rior Year		Curren	t Year
)		and grants (Pa		-						23,3	22.		21,618.
Ę	9 Pr	ogram sen	rice revenue (P	art VIII, line :	2g)	-			•		9,5	65.		10,051.
Revenue			icome (Pait VII								8	88.		1,234.
Œ.	11 Ot	ner revenu	e (Part VIII, co	iumn (A), line	es 5, 6d, 8d	c, 9c, 10c, a	nd 11e).				18,8	47.		28,706.
	12 To	tal revenue	e – add lines 8	through 11 (must equal	Part VIII, c	olumn (A)	line 1	2)		52,6	22.		61,609.
	13 Gi	ants and s	imilar amounts	paid (Part IX	(, column (A), lines 1-3	3)		-			T		
İ	14 Be	nefits раю	to or for memb	ers (Part IX,	column (A	i), line 4).	-	-						
	15 Sa	lanes, oth	er compensatio	n, employee	benefits (P	art IX, colu	mn (A), lin	es 5-1	0)		9,5	36.		9,340.
Expenses	16a Pro	ofessional	fundraising fee	s (Part IX, co	lump (A). I	ine liel						1		
ě	ĺ		sing expenses (•			150		•	—				
푔	į		-			4 m 1 m	VEU-			ļ				
_			es (Part IX, co					7일	-		48,5			46,576.
			es Add lines 13								<u>58.0</u>			55,916.
ا	19 P.e	venue less	expenses Sul	otract line 18	from line 1	30L W 1	2013	لما			-5,4	28.		<u>5,693.</u>
ts o					[11]			12		Beginnin	g of Curren	t Year	End of	Year
Barr			(Part X, line 15				n n n n	- [337,3		3.	47,294.
4.5	21 To	tal habilitie	s (Part X, line)	26)			V. UI		-		72,8	23.		77,099.
Ş.	22 Ne	t assets or	fund balances	Subtract line	e 21 from I	ine 20.					264.5	02	2.	70,195.
Pa	rt II	Signatur	e Block							<u> </u>			 	
Unde	r penalties .	ಶ ಒಂದಾಗ. ಕಿರು	ulare that I have ex-	rained to safetin	i, i kilidine acc	CIBDAOVERS SCI	edules and str	sternents	and to th	e hed at ma	knowledne	and hele	of it is true on	ract and
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1.1	11. 150	1	CALABA		91302-						Pilone no.	(818) 610-3	1600
			is return with th								:		X Yes	No
BA	A For Pa	perwork R	eduction Act N	otice, see the	e separate	instruction	5.		TEEA	C''3L 12/1	8/12	_	Form	990 (2012)

Form	990 (2012) BPOE NO.2353	{	8-0099	912	F	age 2
Par		Service Accomplishments				
		a response to any question in this Part III				П
1	Briefly describe the organization's mi					
•	_	HE COMMUNITY AND THE NATIONAL ORGANIZATION TO	SERVE	THE	NEED	S
	OF THE COMMUNITY.	n controller and the millowin orders and re-	_ ==::=	_===	===	
	of the composition.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
2	Dic the organization uncertake any sign	inficant program services during the year which were not listed on the prior				
-	Form 990 or 990-EZ?	inicast program services during the year which were not inited on the prior	Г	Yes	V	No
	If 'Yes,' describe these new services	on Sabadula O	i_] 163	i A	110
3	•	ng, or make significant changes in how it conducts, any program service	T	7	O	No
3	If 'Yes,' describe these changes on S	- · · · · · · · · · · · · · · · · · · ·	.es [Yes	M	No
4						
•	Section 501(c)(3) and 501(c)(4) organiz others, the total expenses, and rever	service accomplishments for each of its three largest program service ations and section 4947(a)(i) trusts are required to report the amount of granue, if any, for each program service reported	s, as meas ants and all	ocations	exper	1562.
4 a	(Code) (Expenses \$	including grants of \$) (Reve	enue \$)
	PROVIDE SERVICES FOR TH	HE COMMUNITY AND THE NATIONAL ORGANIZATION TO) SERVE	THE	NEEL	S
	OF THE COMMUNITY.					
		~ * * * * * * * * * * * * * * * * * * *				
4 b	(Code.) (Expenses \$	including grants of \$) (Revi	enue \$			_)
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4 c	(Code) (Expenses \$	including grants of \$) (Revi))

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Form 990 (2012) BPOE NO.2353

Part IV | 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)? If 'Yes' complete Schedule A	1		Х
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities or behalf of or in opposition to candidates for bublic office? If 'Yes,' complete Schedule C. Part I	3		X
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		
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		Х
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 investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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, cept management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Dic 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		Х
13	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, iX, or X as applicable			
	a Dio the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D Part VI	11 a	х	
	b 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	116		х
	c 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	11 c		Х
	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	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a rootnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII	12a		Х
	b 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	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the digenization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, it vesiment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F. Parts! and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and V	15		X
	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		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes' complete Schedule G, Part II	18		X
	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		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
1	b If 'Yes to line 20a did the organization attach a copy of its audited financial statements to this return?	20 b		

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Form 990 (2012)

Pa	rt IV Checklist of Required Schedules (continued)	1		
			Yes	No
21	Dic the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II.	21		х
22	D.d the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule i, Parts I and III.	22		х
23	Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. if 'No,'go to line 25	24a		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Dia the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25	a 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		
4	b 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 disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee likely employee, 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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			-
	a A current or former officer, director, trustee or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
•	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes' complete Schedule L, Part IV	28b		X
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes, complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose cf, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did 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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Parts II. III, IV, and V. line 1	34		x
35 :	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization 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 R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2012) BPOE NO. 2353 88-009991	2	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			\Box
		Yes	No
1 a Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable 1 a 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
c D c the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax State			
ments, filed for the calendar year ending with or within the year covered by this return.		•	
b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		v
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь		
4 a 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		х
b If "Yes," enter the name of the foreign country.	4 4		
See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transact on at any time during the tax year?	5 a		х
b Dig any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c It 'Yes,' to line 5a or 5b, did the organization file Form 8886 T?	5 c		-
•			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	-		
not tax deductible?	6 b		
7 Organizations 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?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization self-exchange, or otherwise dispose of tangible personal property for which it was required to file			Ţ.,
Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	_ :		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		}
hif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 3		
Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 [10a]			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(cX12) organizations. Enter			
		-	
b Gross income from other sources (Do not not amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . [12b]			-
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule C			
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? 'If No,' provide an explanation in Schedule O.	146		2005
BAA TEEA01C5L C8/C8/12	Form	990 (2012)

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Pai	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI	r jes ir	7	(X)		
Sec	ction A. Governing Body and Management	<u> </u>		12.5		
300	clion A. doverning Body and management		Yes	No		
1 :	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
1	b Enter the number of voting members included in line 1a. above, who are independent	1				
2	Did 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		Х		
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		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						
6 Did the organization have members or stockholders?						
7 a 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?						
í	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
	a The governing body?	8a	<u> X</u>			
1	b Each committee with authority to act on behalf of the governing body?	86	X	<u> </u>		
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х		
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode				
10:	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X		
!	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?	10 b				
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X			
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		<u></u>			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	<u> X</u>			
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
	c Did the organization regularly and consistently mon for and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c	X			
	Did the organization have a written whistleblower policy?	13		X		
	Did the organization have a written document retent on and destruction policy?	14		X		
	Did the process for determining compensation of the following persons include a review and approvar by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	a The organization's CEO Executive Director, or top management official SEE SCHEDULE. 0	15a	X			
1	b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15 b	X			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х		
i	bif "Yes did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b				
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6:04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply	ailable	e for	public		
	Own website					
19	the public during the tax year SEE SCHEDULE O	o⊁e to				
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	_				
BAA	SUSAN ELLEN BOHNET 2939 VAN DER MEER NORTH LAS VEGAS NV 89030 (702) 642-943		990 6	2012)		

88-0099912

Page 7

Part VII | Compensation of Officers, Directors. Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be 1 step. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 employees.'
- List the organization's five **current** nighest 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-M/SC) 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 incividual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

		(C)									
	(A) Name and Tute	(B) Average hours per week (bst	i me b	DE LAN	less;	そべての	r more i n is soft orithistics) 2)	(D) Reto lable compensation from the code teation	(E) Reportable compensation from related organizations	(F) Estimated amount of other companies to
		any nours for related organiza trors below dotted line)	andre teat a sales	Institutional trustic)-fice	Ke, ciaployes	Highest coop geordeb Briphtye -	Furmor	ਜ਼ਿਲ ਹੁਰੂਵਾ kation (ਅ 27-099 MISC)	related organizations (W-2/10994KISC)	from the organication and related organizations
(1)	ROBERT CARROLL	35									
	TRUSTEE	0	1		X				0.	0.	0.
(2)	DONA HOESLY	30			-			}			
	EXALTED RULER	0			X				0.	0.	0.
(3)	JAMES MENAGH	30			Ì				Ì		
	SECRETARY	0			X				2,000.	0.	0.
(4)	CAROL DAVIDSON	35_								į	
	LECTURE KNIGHT	0			X				0.	0.	0.
(5)	SUE ELLEN BOHNETT	30	}								
	TREASURER	0	ļ		X				1,800.	0.	0.
(6)	JEANETTE THOMPSON	10	Ì		1						
	INNER GUARD	0			X				0.	0.	0.
<u>(7)</u>	CHRISTOPHER WEST										
	ESQUIRE	0			X				0.	0	0
(8)	WILLIAM BOHNET	20						Ì			
	TRUSTEE	0			X				0.	0.	0.
(9)	MARGARET COY	20									
	TRUSTEE	0			X				0.	0.	0.
(10)	LES SMITH	20			•	- 1		1			
	LEADING KNIGHT	0			X				0.	0.	0.
(11)	LOU PARDY	20			i						
	TRUSTEE	0			X				0.	0.	0.
(12)	RON DOUGLAS	30			- 1					Ì	
	LOYAL KNIGHT	0			X				0.	0.	0.
(13)	STEVE HARRIS	30									
	TILER	0			X	_		_ }	0.	0.1	0.
(14)	MARK LANCASTER	30									
	CHAPLAIN	0			X	1	1	f	0.	0.	0.

Form 990 (2012) BPOE NO. 2353									88-0099912			је 8
Part VII Section A. Officers, Directors, Trus		Key	Em			es, a	and	d Highest Con	pensated Empl	oyees	(con	<u>t)</u>
(A) Name and title	Average hours per week	DCK	. ບາໄຕ	neck iss po id a a	27.6CP 5120J 111016 21,10U	than is both orthus	h an tee)	(D) Reportable companisation be arganization	(E) Reportable compensation from related one-practions	anto	(F) stimated art of oth spensation	124 10
	Hist any hours ror related organiza - bons telow rotted line)	ir girodor ir girodor	histotona trusteo	Officer	Koy employee	cina akeo Tidasi (co abensalad	Former	กับ ซาเซีย เพระว	related organizations (%-2/1099-VISC)	ari Org	om the anization o related anization	•
(15) MANDETTA BRAUNSTEIN TRUSTEE	30			Х				0.	0.			0.
(16)												
מח												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												-
(24)												
(25)												
1 b Sub-total .	_						•	3,800.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	пА					٠	-	3,800.	0.			0.
2 Total number of individuals (including but not limited :	c those I	isted	ods	ve) v	1 00	recer	ved			ensatio	n	<u>_</u>
from the organization > 0											V=	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such			key	em	ploy	ee, c	or h	ghest compensat	ed employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater	eportab	ie co	mpe	nsa If 'Y	ition res'	and	oth olet	er compensation le Schedule J for	from			
such individual 5 Dig any person listed on line 1a receive or accrue	compen	satio	n fr	om.	anv	unte	tate	ed organization or		4		<u>X</u>
for services rendered to the organization? If Yes, Section B. Independent Contractors	' comple	te So	hea	lule	J to	i Suc	h p	erson		5		<u> X</u>
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epeni the ca	dent	cor dar	nti aq year	clors	tha	it received more to	han \$100,000 of ganization's fax year.	,		
(A) Name and business addre	ss							Description (B)		Compe	c) nsatioi	n
												
												
2 Total number of independent contractors (including bull \$100,000 in compensation from the organization >		ied to	tho	se l	sted	abov	ve)	wno received more	ther			
BAA		EEAO	1081	C1/2	24/13					Form	990 (2	2012)

Form 990 (2012) BPOE NO.2353
Part VIII Statement of Revenue

	Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRARTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . 1 a b Membership dues 1 b 11,970 . c Fundraising events 1 c d Related organizations . 1 d e Government grants (contributions) 1 e f Al other contributions, quits, grants, and similar amounts not included above 9,648 . q Noncash contributions included in lins 1a f S				
	h Total. Add lines 19-1f	21,618.			
PROGRAM SERVICE REVENUE	Business Code				
9	2a ENF	3,843.	3,843.		
3	b CHARITY/SPEEDWAY c SMP	2,862.	2,862. 2,132.		
SER	d PER	1,214.	1,214.		
RAM	e				
8	f All other program service revenue				
_	g Total. Add lines 2a-2f .	10,051.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bend proceeds 	1,234.	1,234.		
	5 Royalties				
	6 a Gross rents 21,013. b Less rental expenses 8,143. c Rental income or (loss) 12,870.		-		-
	d Net rental income or (loss)	12,870.	1		12,870.
1	7 a Gross amount from sales or (i) Secunities (ii) Offer assets other than inventory	12,010.			1 22,475.
4 4 2 4 1	b Less Lost or other basis and sales expenses c Gairn or (loss)		The Light was desirable to the second		
OTHER REVENUE	d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. b Less direct expenses b 3,548. c Net income or (loss) from fundraising events	3,073.			3,073.
	9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a 20,378. b Less cost of goods sold b 7,615. c Net income or (loss) from sales of inventory Mscellareaus Reverue Business Code	12,763.			12,763.
; l ;;	11 a Business Code	-			
Í	c				1
j	d All other revenue				
1	e Total. Add lines 11a-11d				
Į	12 Total revenue. See instructions	61,609	11,285.	0.	28,706.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			mplete column (A).	
	Check if Schedule O contains a i			······································	
Do 1 7b, 1	not include amounts reported on lines 6b. 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States See Part IV, line 22			·	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members,				
•	Compensation of current officers, directors, trustees, and key employees	3,800.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	4.152.	4,152,		
8	Persion plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)		•		
9	Other employee benefits	948.	948.		
10	Payroli taxes	440.	440.		
11	Fees for services (non employees):				
a	Management .				
t	Legal				
c	Accounting	1,106.	1,106.		
	Loopying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				·····
_	Other (If line 1 ig amt exceeds 10% of line 75, col- umn (A) amt list line 1 ig expenses on Sch 0) Advertising and promotion				
	Office expenses	F 102	F 102		
14		5,182.	5,182.		
15	Royalties				
	Occupancy				
	Travel				
18	Payments of fravel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,000.	2,000.		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
20	Interest				
	Payments to affiliates.				
	Depreciation, depletion, and amortization	561.	561.		
	Other expenses Itemize expenses not	6,478.	6,478.		····
24	covered above (List m-scellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ()			·	
a	CHARITIES	13,424.	13,424.		
	UTILITIES	13,300.	13,300.	<u>-</u>	
c	LODGE FUNCTIONS	3,046.	3,046.		· · · · · · · · · · · · · · · · · · ·
	REPAIR AND MAINTENANCE	1,098.	1,098.		
	A'I other expenses	381.	381.		
25	Total functional expenses. Add I nes 1 through 24e	55,916.	52,116.	0.	0.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				-
DAA	SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X

BAA

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 23,814 1 27,021. Cash - non-interest-bearing 2 198,250. 2 Savings and temporary cash investments 189,991 Pledges and grants receivable, net 3 810. Accounts receivable, net . 810 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and controuting employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Compete Part II of Schedule L. 6 Notes and loans receivable, net 7 Inventories for sale or use. 2,943 8 3,439. Prepaid expenses and deferred charges. 9 3,427 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 367, 50<u>4</u> b Less accumulated depreciation 116,340 10 b 10 c 249,730 117,774. investments - publicly traded securities 11 Investments - other securities. See Part IV. line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 17 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 337,325. 347, 294. Accounts payable and accrued expenses 17 111. 17 1,883. 18 Grants payable 18 19 Deferred revenue 13.723 19 11,412. 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties. 24 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 58,989 63,804. Total liabilities. Add lines '7 through 25 72,823. 26 77,099. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 27 28 Temporarily restricted net assets 28 Permanently restricted net assets. 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. . . 32 **264,502**. 270,195 33 Total net assets or fund palances 264,502. 33 270,195. 34 Total liabilities and net assets/funo balances 337,325. 347,294.

Forn	m 990 (2012) BPOE NO.2353	88-	0099912		Pa	ige 12	
	Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>					
1	Total revenue (must equal Part VIII, column (A), line 12).		1		61,6	509.	
2	Total expenses (must equal Part IX, column (A), line 25).		2		55, 9	916.	
3	Revenue less expenses Subtract line 2 from line 1		3		5,6	593.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	264,502.			
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	9 Other changes in net assets or fund balances (explain in Schedule 0) 9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	2	70,1	<u>0.</u> 195.	
Pai	rt XII Financial Statements and Reporting		4				
	Check if Schedule O contains a response to any question in this Part XII					П	
	The state of the s				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					100	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	•		2a	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both.	reviewe	ed on a				
	X Separate basis Consolidated basis Both consolidated and separate basis						
ŧ	b Were the organization's financial statements audited by an independent accountant?			2 b		х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a	separa	ete				
	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	a sudit				Ì	
	review, or compilation of its financial statements and selection of an independent accountant?		,	2 c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	រា				-	
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle		3a		х	
t	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red aud	lit	3 b			

Form **990** (2012)

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545 3047

Department of the Treasury internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

BP	DE NO.2353		88	3-0099912
Pai	1 Organizations Maintaining Dono	r Advised Funds or Other Simila	ar Funds or Accou	nts. Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Fund	Is and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		 	
4	Aggregate value at end of year			
5	Oid the organization inform a'l donors and dorare the organization's property, subject to the		ld in donor advised fun	ds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that gra of the donor or donor advisor, or for an	ant funds can be used y other purpose confer	only ring Yes No
Pa	HII Conservation Easements. Comp	lete 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., r	ecreation or education) Preserv	ation of an historically	important land area
	Protection of natural habitat	Presen	ation of a certified his	ioric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year	nelo a qualified conservation contribution in	the form of a conservati	on easement on the
			Heid	at the End of the Tax Year
	a Total number of conservation easements		2 a	
	b Total acreage restricted by conservation ease	ments	. 2b	
	c Number of conservation easements on a certi-	fied historic structure included in (a)	2c	
,	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on	a historic 2 d	
3	Number of conservation easements modified, translax year *	rsferred, released, extinguished, or terminat	ed by the organization d	uring the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspecti	on nandling of violation	ens, Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, and enforcing conservation ease	ments during the year	2
7	Amount of expenses incurred in monitoring, insperiences	ecting, and enforcing conservation easemen	ts during the year	
8	Does each conservation easement reported or and section 17C(h)(4)(B)(ii)?	n line 2(a) above satisfy the requirement	s of section 170(h)(4)(B)(i)
9	In Part XIII, cescribe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its revenue and to the organization's financial statements	l expense statement, and sthat describes the org	d balance sheet, and ganization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasur wered 'Yes' to Form 990, Part IV	es, or Other Simila , line 8.	r Assets.
1	a if the organization elected, as permitted under art, historical treasures, or other's milar assets he in Part XiII, the text of the footnote to its finar	ld for public exhibition, education, or resease	ro in furtherance of our	nd balance sheet works of iic service, provide,
İ	b If the organization elected as permitted under n storical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its re or public exhibition, education, or research d	venue statement and l r surtherance of public s	palance sheet works of art, ervice, provide the
	(i) Revenues included in Form 990, Part VIII.	line I		► \$
	(ii) Assets included in Form 990, Part X			►\$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	istorical freasures, or other similar assets for 116 (ASC 958) relating to these items	or financial gain, provide	the following
	a Revenues included in Form 990, Part Vill line			► \$
1	h Assets included in Form 990. Part X			> ¢

Schedule D (Form 990) 2012 BPOE	NO.2353			88-009		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition items (check all that apply)	, accession, a	nd other records, check a	any of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Otner	-			
c Prescryation for future gener	ations					
4 Provide a description of the organiz	ation's collect	ions and explain how the	y further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be ma	receive donations of a	rt, historical treasures, o organization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodial Arr			zation answered 'Yes' t	o Form 990, Part IV, Iir	ie 9, or	
reported an amount or	n Form 990	D, Part X, line 21.				
1 a is the organization an agent, true on Form 990, Part X?	stee, custodia	an, or other intermedian	y for contributions or ot	her assets not included	Yes	No
b if 'Yes' explain the arrangement	in Part Xill a	and complete the follow	ring table			
					Amount	
c Beginning balance.				1 c	····	
d Additions during the year				1 d		
e Distributions during the year			-	1 e		
f Ending balance				11	 	1.00-
2 a Did the organization include an a				1 - 5 - VIII	∐ Yes	No
b If 'Yes,' explain the arrangement	in Part XIII	Uneck here if the expla	ntion has been provided	in Part XIII	l	
Part V Endowment Funds. C	omolete if	iba arganization ar	newered 'Ves' to Fo	rm 000 Part IV by	10	
Fart V , Lindownient Funds. C	(a) Curren			(d) Three years	(e) Four year	ars
1 a Beginning of year barance	(-,	(2) (10) /0			+	
b Contributions .					 	
•					 	
 Net investment earnings, gains and losses 				<u>.</u>	}	
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance				1		
Provide the estimated percentage	e of the curre	ent year end balance (ir	ne 1g, column (a)) held	as		
a Board designated or quasi-endowm	ent ►	%				
b □ermanent endowment ►		•				
c Temporarily restricted endowmen	nt 🟲					
The percentages in lines 2a, 2b,	and 2c shoul	d equal 100%				
3 a Are there endowment funds not in to organization by:	he possession	of the organization that	are held and administered	a for the	Yes	No
(i) unrelated organizations					3a(i)	T
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(4), are the related of	-	•			3b	Ī
4 Describe in Part XIII the intended						
Part VI Land, Buildings, and	Equipment	t. See Form 990, P	art X, line 10			
Description of property		(a) Cost or other basis (investment)	basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land			112,385.		112	,385.
b Buildings	,		204,888.	201,796.	3	,092.
c Leasenold improvements						
d Equipment						
e Other			50,231.	47,934.	2	,297.
Total. Add lines 1a through 1e. (Colum	n (d) must e	qual Form 990, Part X,	column (B), line 10(c))			,774.
BAA				Sched	ule D (Form 990	3) 2012

88	-1	n	n	q	9	9	1	2	

(a) Description of security or category	(b) Book value	(c) Method of valuation	Cost or
(including name of security)	(-)	end-of-year market	value
(1) Financial derivatives			
(2) Closely-neld equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
	<u> </u>	<u></u>	
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	
(1)	+	end-or-year market	· Jule
(2)	+		
(3)			
(4)	 		
(5)	- 		
(6)			
(7)	 		······································
(8)	 		
(9)	- 		
(10)	<u> </u>		
	•		
Part IX Other Assets. See Form 990, Part X.	line 15. N/A		
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			<u> </u>
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column		<u> </u>	
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) RESTRICTED FUNDS	63,80		
(3) ROUNDING (4)		1.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
			
(11)			
(11) Total. (Column (2) must egos: Form 930, Part A, cul i mn (8) line (5)	63,80		

Schedule D (Form 990) 2012 BPOE NO. 2353	8-0099912 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return N/A
1 Total revenue, gains, and other support per audited financial statements.	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments.	1 1
b Donated services and use of facilities.	7
c Recoveries of prior year grants	7
d Other (Describe in Part XIII)	7
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	40
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities.	
b Prior year adjustments	- 1
c Other losses	-
d Other (Describe in Part XIII)	-
e Add lines 2a through 2d	Ze Ze
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII lines 2d and 4b. Also complete this part to provide at	V, lines 1b and 2b. Part V, ny additional information

Schedule D (Form 990) 2012

BAA

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-3947

2012

Open to Public Inspection

Department or 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.

Employer identification manbe Name of the organization 88-0099912 **BPOE NO. 2353** FORM 990 PART VI SECTION C LINE 19 THE INFORMATION IS AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE RETURN IS REVIEWED AND APPROVED BY THE ACCOUNTING COMMITTEE PRIOR TO FILING FORM 990. PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE POLICY IS MONITORED BY AN OVERSIGHT COMMITTEE. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT COMPENSATION IS STATED IN THE BYLAWS AND CAN ONLY BE CHANGED BY THE GOVERNING BODY OF THE ORGANIZATION. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE INFORMATION IS AVAILABLE ON REQUEST AT THE ORGANIZATION'S OFFICE.