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Form **990** 

# **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)

OMB No 1545-0047

2012

Department of the Tre	asury
Internal Revenue Sen	100

Open to Public

Inten	nal Re	evenue	e Service	The organization may have to use a copy of this return to satisfy state reporting	ng requirements		Inspection
<u>A</u>	For	the	2012 calend	ar year, or tax year beginning 04-01 , 2012, and end	ing	03-	31 ,2013
В	Chec	k if ap	plicable	C Name of organization B.P.O.E. USA #2145			Employer identification no
	Addre	ess ch	nange	Doing Business As	<del>-</del>		93-0482037
	Name	e char	nge	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E	Telephone number
	Initial	1 retun	n ;	1701 CENTENNIAL BLVD			(541)747-2145
$\bar{\Box}$	Tem	inated	,	City, town or post office, state, and ZIP code			355,210
П	Amer	nded r	return	SPRINGFIELD, OR 97477-3365		٥	Gross receipts \$
$\bar{\sqcap}$	Appli	cation	pending	F Name and address of pnncipal officer KATHY ARALDI			
			<b>7,13</b>	Same as C above	H(a) Is this a gro affiliates?	oup retu	m for . Yes X No
	Tax-c	exemn	ot status	501(c)(3)	H(b) Are all affile		
<u></u>		site.		v.elks.org 2145	If "No," atta	ich a lis	t (see instructions)
<u></u>			ganization X		<del></del>		
Ď,	art I	<del></del>	Summar		OO M State	or regar	domicie OR
					INT CHART	BADI	E AND CERUTOR
			-	be the organization's mission or most significant activities: THIS IS A FRATERY TION THAT PROVIDES SOCIAL AND CHARITABLE EVENTS FOR ITS		IADL	E, AND SERVICE
9			ORGANIZA	TION THAT PROVIDES SOCIAL AND CHARTTABLE EVENTS FOR ITS	MEMBERS.		
<b>₹</b>	2						
æ		•	Ob1: 4b b				
Š				ox Dif the organization discontinued its operations or disposed of more than 25% of i	1		
rodi				oting members of the governing body (Part VI. line 1a)		3	7
Sep				dependent voting members of the governing body (Part VI, line 1b)		4	0
				r of individuals employed in calendar year 2012 (Part V, line 2a)		5	14
AC				r of volunteers (estimate if necessary)		6	50
	- 1			ed business revenue from Part VIII, column (C), line 12		7a	0
3	_	b	Net unrelated	d business taxable income from Form 990-T, line 34	<del></del>	7b	0
				_	Prior Year	····	Current Year
$\mathcal{Q}_{\mathbf{q}}$				s and grants (Part VIII, line 1h)		,427	
æ <sup>2</sup>			-	vice revenue (Part VIII, line 2g)	25	<u>,839</u>	26,140
RevenSECANINE CANTIPS & GOOFFANCE	1			ncome (Part VIII, column (A), lines 3, 4, and 7d)		63	
œ	- 1	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,582	<del> </del>
	-			e - add lines 8 through 11 (must equal Part VIII, column (A), line 19) [ VED ]	179	,911	194,532
	- 1	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)			0
				I to or for members (Part IX, column (A), line 4)			0
S	1			er compensation, employee benefits (Part IX, column (A) lines 5-10)	87	,568	82,569
SUS	1			fundraising fees (Part IX, column (A), line 11e)			0
Expenses	.			sing expenses (Fart IA, Column (D), line 23)			
Ш	- 1 '		•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		,931	
			•	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>,4</b> 99	
	_   1	19	Revenue les	s expenses. Subtract line 18 from line 12	(2	,588	14,541
Fund Blances	٥ د			<del></del>	ginning of Current		End of Year
Blar	ı,			(Part X, line 16)		,554	·
E .	첫   <sup>2</sup>			es (Part X, line 26)		,725	<del>                                     </del>
				r fund balances Subtract line 21 from line 20	312	,829	338,250
	art l			Ire Block  are that I have examined this return, including accompanying schedules and statements, and to the best of my kni			
				lare that I have examined this return, including accompanying schedules and statements, and to the best of my kn Iaration of preparer (other than officer) is based on all information of which preparer has any knowledge	owiedge and beiter,	It IS	
	_		X	1 411			15 0.12
Sig	'n		A Y a	e of officer			-13-2013
			, –			Date	
He	re			A KELLOGG, SECRETARY			
			<del></del>	print name and title		ı ı	
_			1	eparer's name Prefarer's signature Date	Check 🗓		PTIN
Pa			Charlot	te K Ortiz ( Malotle L. Ma 5/25-C 08-02-2013	self-employ	ed	P00894616
	•	rer	Firm's name		Firm's EIN		
Us	e O	nly	Firm's addres		Phone no		
				Springfield OR 97478			44-8083
Mag	y the	<b>IRS</b>	discuss this	return with the preparer shown above? (see instructions)			⊠Yes ∐ No

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	THIS IS A FRATERNAL, CHARITABLE, AND SERVICE ORGANIZATION THAT PROVIDES SOCIAL AND CHARITABLE
	EVENTS FOR ITS MEMBERS.
	PARTO TON TTO MEMBERO.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	MANY COMMUNITY SUPPORTED ACTIVITIES ARE INCLUDED IN THE SERVICES PROVIDED BY THE ELKS. MAJOR
	ASSISTANCE IS AVAILABLE TO NEEDY FAMILIES IN THE COMMUNITY. AT CHRISTMAS TIME FOOD BASKETS
	ARE DISTRIBUTED ALONG WITH GIFTS FOR THE CHILDREN. THERE IS A COMMUNITY ASSISTANCE PROGRAM
	WHICH OFFERS HELP TO SPRINGFIELD RESIDENTS ONLY. INCLUDED IN THIS PROGRAM IS ASSISTANCE FOR
	SCHOOL UNIFORMS AND UNIFORMS FOR SPORTS TEAMS. THE SPRINGFIELD RESOURCE CENTER PROVIDES
	ASSISTANCE WITH MEDICAL EXPENSES, UTILITY BILLS, SCHOOL SUPPLIES AND SUCH. THIS PARTICULAR
	PROGRAM IS ADMINISTERED IN CONJUNCTION WITH THE SCHOOLS. ADDITIONALLY, THERE IS A SCHOLARSH
	PROGRAM, A DRUG AWARENESS PROGRAM, A K-9 PROGRAM WHICH ASSISTS IN PROVIDING DOGS TO THE
	BUILTING METHOTING ARITA CHATTELAN IN AMBUTOARIOM
	POLICE FORCE, AND A PROGRAM IN AMERICANISM.
	(Code) (Expenses \$
b	(Code) (Expenses \$
<b>b</b>	(Code) (Expenses \$
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	(Code) (Expenses \$
	(Code) (Expenses \$

# Form 990 (2012) Part IV C **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 on behalf of or in opposition to	_		<del></del> -
	candidates for public 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)			<u> </u>
•	and the second s	4		
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
Ü	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			٠,,
7	"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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			i
_	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	_X	
Ь				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	5			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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		X
15	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 IV	15		Х
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		Х
17	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
18	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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			l
	If "Yes," complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

	•	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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
24a	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, 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
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	Did 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		
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, key 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, 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, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	X	<u> </u>

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 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? Х 1c 2a 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 . . . . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 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? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . b Section 501(c)(12) organizations. Enter Gross income from members or shareholders . . . . . . . . Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 O 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Par	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 changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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	I		
	If the governing body delegated broad authority to an executive committee or similar	I		
	committee, explain in Schedule O	ŧ		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	I		
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:	1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		Ì	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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		
11a	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			37
12a	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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		<del>-</del> -
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	13		X
14	· · ·	14		
15	Did 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?	#		
•	The organization's CEO, Executive Director, or top management official	150		Х
a b	Other officers or key employees of the organization	15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ı		
····	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	:	х
Sec	tion C. Disclosure			
<del>555</del> 17	List the states with which a copy of this Form 990 is required to be filed   OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
-	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: ► CARLA KELLOGG (541)747-2145 1701 CENTENNIAL BLVD SPRINGFIELD, O	R 974	<del>1</del> 77 -	3365

-orm	aan	(2012)	

B.P.O.E. USA #2145

93-0482037

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

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

- 1a Complete this table for all persons required to be listed 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 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.

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per	(do no	ot chec			an one		compensation	compensation from	amount of
	week (list any hours for	'				both an		from the	related organizations	other compensation
	related					rustee)		organization	(W-2/1099-MISC)	from the
	organizations			0	к	Нсе	F	(W-2/1099-MISC)		organization
	below dotted line)	nrı dur ıse vtc ıet deo	nr su ts tte	f f c e	e y e m	off pensated	o r m e r			and related organizations
(1) BILL KELLOGG			<u>'</u>							
TREASURER	10.00			х				0	o	0
(2) BRANDON MATTHEWS						-				
LOYAL KNIGHT	4.00			Х				٥ ا	o	0
(3) CARLA KELLOGG										
SECRETARY		· '		X				0		0
(4) CLINT COBERT										-
ORGANIST	10.00			Х				0	o	0
(5) DALE CLANTON										
INNER GUARD	10.00			Х				o	0	0
(6) DAVE OLHEISER										
ALTERNATE OFFICER	30.00			X				o	0	0
(7) DON HINKLE										
2 YEAR TRUSTEE	9.00			X				0	o	0
(8) FIRLE ESTEP										
LECTURING KNIGHT	5.00			X				0	o	o
(9) JERRY HAGUES										,
SECRETARY	40.00			X				10,393	0	0
(10)JOESETTE TRIPLETT-SCHLOSSER										
3 YEAR TRUSTEE	5.00			X			L	0	0	0
(11)KATHY ARALDI										
EXALTED RULER	24.00			Х				0	0	0
(12)KEN MCINTIRE										
SECRETARY	30.00	L		Х				1,633		0
(13)LISETTE SPENCER										
ESQUIRE	20.00			Х				0	о	0
(14)LOLA HOITING										
TILER	13.00			X				0	o	0

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	and I	High	est	Comp	ens	ated Employees	continued)		
	, (A)	(B)			-	<b>&gt;</b> )			(D)	(E)	(1	=)
	Name and title	Average	14	ot ch	Pos		han one		Reportable	Reportable	Estim	
		hours per week (list any	1 '				nan one s both an	)	compensation from	compensation from related	amou	
		hours for	office	er and	direc	tor/tr	ustee)		the	organizations	comper	
		related	l t d		ò	к	Нсе	F	organization	(W-2/1099-MISC)	from	the
		organizations below dotted	dur	s u		e y	o m g m p h p l	r	(W-2/1099-MISC)		organi and re	
		line)	ı se	l t	C	1 5	e e o	m e			organiz	
			l e t			m P	s n y t s e	r				
			u r a o	;		0	a e t					
			1 7	o n		e e	e d					
				a I		•						
(15)MA	RK MCCULLOUGH											
LE	ADING KNIGHT	32.00	L		X				0	0		0
(16)MI	CKI MATTHEWS											
CH	APLAIN	20.00		L_	X				0			0
(17)PA	M TAYLOR					ŀ					l	
1_	YEAR TRUSTEE	30.00			X				0	0_		0
(18)SU	SAN ANDERSON											
	YEAR TRUSTEE	5.00			X		ļ		0	0		0
(19)										1		
				ļ							ļ	
(20)												
(21)				-			<del> </del>				-	
(41)											}	
(22)			-	1				-			<b></b>	
(23)				<del>                                     </del>		$\vdash$	1				-	
<b>\</b> ,				ļ		ľ						
(24)												
(25)												
						L_						
1b	Sub-total							<b>&gt;</b>				
С	Total from continuation sheets to Part VII, Section	on A .						<b>&gt;</b>				
d	Total (add lines 1b and 1c)								12,026	0	<u> </u>	0
2	Total number of individuals (including but not limited	I to those list	ed abo	ve)	who	rec	eived r	nore	than \$100,000 of			
	reportable compensation from the organization									0		
3	Did the economic list and former officer discrete										Y	es No
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? If "Yes," complete Schedule J				ee, c	or ni	gnest	com	pensated			
4	For any individual listed on line 1a, is the sum of rep				· ·			• •			3	X
•	organization and related organizations greater than						-					
	individual		165,	COI	npie	le S	cnedu	le J	ior such		1 4	v
5	Did any person listed on line 1a receive or accrue c		· · ·	• •	• •	· ·	 d araa	· ·	too or indicated		4	<u> X</u>
•	for services rendered to the organization? If "Yes,"							IIZal			ا ہا	v
Secti	on B. Independent Contractors	complete 30	ledule	3 10	ı Suc	эгр	erson				5	X
1	Complete this table for your five highest compensat	ed independ	ent cor	atrac	tore	tha	t recen		more than \$100.00	0 of	···	
•	compensation from the organization. Report compe											
	year		.0 00.0		,		iding vi		or within the organi.	Eddolf 3 tax		
	(A)								(B)		(C)	·
	Name and business address								Description of		Compen	
												-
												<del>_</del> _
2	Total number of independent contractors (including			ose	liste	d at	ove) w	vho				
	received more than \$100,000 of compensation from	the organiza	ation	<b>&gt;</b>								

Form 990 (2012)

Part VIII Statement of Revenue

<del></del>		Check if Schedule O contains a response to	any question in this F	Part VIII		<u> </u>	<u> </u>
				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
ts Ts	1a	Federated campaigns 1a					<del></del>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	55,735		1		
۾ ڪري	С	Fundraising events	<del></del>				
ifts ar A	d	Related organizations					
a;. ⊡:∺	e	Government grants (contributions) 1e			1		
Siis	f	All other contributions, gifts, grants,					
ř. Per		and similar amounts not included above 1f	1,002		1		
결정	q	Noncash contributions included in lines 1a-1f: \$	· · · · · · · · · · · · · · · · · · ·		1		
and	h	Total. Add lines 1a-1f		58,682			
		7-12-17-17-17-17-17-17-17-17-17-17-17-17-17-	Business Code	30,002	<u>_</u>		
9	2a	RV DONATIONS	812930	4,965	4,965		
e A	l	BULLETIN ADS	541800	780	780		
Program Service Revenue	l .	LOTTERY %	900099	20,395	20,395	-	
Ž	d		300033	20,393	20,395		
ι Ε						-	
ograr	f	All other program service revenue					
Ě		Total. Add lines 2a-2f		26,140			
		-		20,140			
		Investment income (including dividends, interest and other similar amounts)		29	29		
		Income from investment of tax-exempt bond pro		23	29		
		Royalties					
	ľ	(i) Real	(ii) Personal				
	6a	Gross rents			1		
		Less: rental expenses	<del> </del>		[		
;	ı	Rental income or (loss) 15,18	4 9		}		
		Net rental income or (loss)		15,193	15,193		
	l		ĺ	15,193	15,193		
	7a	Gross amount from sales of assets other than inventory	(ii) Other		1		
	١.	•			1		
	þ	Less. cost or other basis and sales expenses			1		
	_	Gain or (loss)	-		1		
	,	Net gain or (loss)		1			
<u>o</u>		Gross income from fundraising					
enne	Oa.	events (not including \$ 1,945			<b>‡</b>		
ě		of contributions reported on line 1c).			1		
P.		See Part IV, line 18			I		
Other Rev	L .	Less direct expenses b			Į.		
Ü		•			1		
		Gross income from gaming activities.	· · · · · · · •				
	Ja	See Part IV, line 19	108,119		1		
	h	Less direct expenses		1 1	1		,
			·	7,216	7 31 6		
			· · · · · · · · • · ·	7,216	7,216		
	10a	Gross sales of inventory, less returns and allowances	142 000		1		
	h		·	ŧ {	1		
				ſ 1	83 63.		
	۳	Net income or (loss) from sales of inventory .	1	83,031	83,031		
	110	Miscellaneous Revenue  LODGE SUPPORT	Business Code 900099	1 050	1 050		1
	1		900099	1,058	1,058		<del></del>
		MISCELLANEOUS REVENUE	300033	3,183	3,183		
	C	All other revenue	<del></del>				
		All other revenue		4 04=	<u>-</u>	<del></del>	
		Total. Add lines 11a-11d		4,241			<u> </u>
	12	Total revenue. See instructions	<u> </u>	194,532	135,850	0	0

# Part IX | Statement of Functional Expenses

	Check if Schedule O contains a response to any questi	41. 5 . 154			
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	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				
4	Benefits paid to or for members	-		<u> </u>	<del>   </del>
5	Compensation of current officers, directors,	-			
	trustees, and key employees	12,028			
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	57,320			
8	Pension plan accruals and contributions (include	······································			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,477			
10	Payroll taxes	10,744			==
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,600			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	6,130			
12	Advertising and promotion	1,992			
13	Office expenses	3,584			
14	Information technology	395			
15	Royalties				
16	Occupancy	30,070			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,954			
20	Interest				
21	Payments to affiliates	11,675			
22	Depreciation, depletion, and amortization	894			
23	Insurance	4,856			
24	Other expenses. Itemize expenses not covered				
	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.)		•••••		,
а	MUSIC	3,400	<del></del>		
b	BULLETIN	2,777			
С	LODGE EXPENSE	6,277			
d	JANITORIAL SUPPLIES	13,106			
θ	All other expenses	7,712			
25	Total functional expenses. Add lines 1 through 24e .	179,991	0	0	0
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>	}

Part X Balance Sheet

rait	55.1	Check if Schedule O contains a response to any question in this Part X			
	_	Check it Schedule O contains a response to any question in this Part X	(A)	<del></del>	<u></u> (В)
	•		Beginning of year		End of year
	1	Cash - non-interest-bearing	9,053	1	28,046
	2	Savings and temporary cash investments	165,300	2	161,757
	3	Pledges and grants receivable, net	103,300	3	101,757
1	4	Accounts receivable, net	<del>_</del> :	4	
	5	Loans and other receivables from current and former officers, directors		<del>  •••</del> -	-4
	•	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	•	4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1 1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
				6	
	7	organizations (see instructions) Complete Part II of Schedule L		7	
;	8	Inventories for sale or use	6,385	8	7,683
	9	Prepaid expenses and deferred charges	0,305	9	
'	10a	Land, buildings, and equipment: cost or		9	1,035
	IVa	other basis. Complete Part VI of Schedule D 10a 910,181			
	ь	Less: accumulated depreciation 10b 728,865	175 016	100	101 316
	11	Investments - publicly traded securities	175,816	10c	181,316
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	<del></del> .	13	
	14			14	
	15	Intangible assets	<del></del>	<del></del>	
	16	<b>F</b>	356 554	15	, 370 035
	17	Total assets. Add lines 1 through 15 (must equal line 34)	356,554	16	379,837
	18	Accounts payable and accrued expenses	6,202	17	3,611
	19	Grants payable	25 600	18	25 500
		Deferred revenue	35,609	19	35,709
- {	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors,		1	
		trustees, key employees, highest compensated employees, and		1	
		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	<del></del>	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			
	00	of Schedule D	1,914	25	2,267
$\dashv$	26	Total liabilities. Add lines 17 through 25	43,725	26	41,587
.		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and		1 1	
		complete lines 27 through 29, and lines 33 and 34.	040 146	1 1	0.50
	27	Unrestricted net assets	240,146	27	267,267
	28	Temporarily restricted net assets	72,683	28	70,983
	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
:		Organizations that do not follow SFAS 117 (ASC 958), check here   and			
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	<del></del>
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	312,829	33	338,250
	34	Total liabilities and net assets/fund balances	356,554	34	379,837 Form 990 (201

		3-04820	37	P	age 12
Pa	rt XI 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		194,	532
2	Total expenses (must equal Part IX, column (A), line 25)	2		179,	991
3	Revenue less expenses. Subtract line 2 from line 1	3		14,	541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	:	312,	829
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		10,	880
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		338,	250
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
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.				
<b>2</b> 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				
	reviewed on separate basis, consolidated basis, or both			ŀ	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		.   2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			<u> </u>	ļ
	separate basis, consolidated basis, or both:			I	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O			]	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		l		
	the Single Audit Act and OMB Circular A-133?		. За	}	X
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		
EEA			Form	1 <b>990</b> (	(2012)

	• •							
	ule D (Form 990) 2012 B.P.O.E. USA #2				93-0482		Pa	age 2
	t III Organizations Maintaining C					ets (co	ntınue	ed)
3	Using the organization's acquisition, accession, a	and other records, c	heck any of the folk	owing that are a signi	ficant use of its			
	collection items (check all that apply):	_						
а	Public exhibition	d 🗌 Loa	n or exchange prog					
b	Scholarly research	e 🔲 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain ho	w they further the o	rganızatıon's exempt	purpose in Part			
	XIII.							
5	During the year, did the organization solicit or rec	eive donations of a	t, historical treasure	es, or other similar				
	assets to be sold to raise funds rather than to be	maintained as part	of the organization's	s collection? .	<u></u>	. 🗌 Y	es [	] No
Pa	TIV Escrow and Custodial Arran	gements. Com	plete if the orga	anization answei	red "Yes" to Form	1 990, P	art i\	<del>7,</del>
	line 9, or reported an amount o	n Form 990, Pa	art X, line 21.					
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions or	other assets not				
	included on Form 990, Part X?			. <b></b>		. 🗆 Y	es [	□ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table					
					Amo	unt		
С	Beginning balance				1c			
d	Additions during the year			<i></i>	1d			
0	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form					. NY	'es	No
b	If "Yes," explain the arrangement in Part XIII. Cho					· <del></del>		╡```
Pai	t V Endowment Funds. Complete				0. Part IV. line 10	).	• • •	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	vears ba	ack
1a	Beginning of year balance				(0) ************************************	10, 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions					†		
С	Net investment earnings, gains, and					+		
	losses							
d	Grants or scholarships				·	<del> </del>		
е	Other expenditures for facilities and					+	_	
	programs			1				
f	Administrative expenses					<del>                                     </del>		
g	End of year balance	<u> </u>				<del>                                     </del>		
2	Provide the estimated percentage of the current	vear end balance (lu	ne 1g. column (a)) h	neld as:	<del></del> .			-
а	Board designated or quasi-endowment	•	- ' ' ' '	.0.0				
b	Permanent endowment ▶ %	^						
C	Temporarily restricted endowment	%						
-	The percentages in lines 2a, 2b, and 2c should e							
3a	Are there endowment funds not in the possession	•	that are held and s	administered for the				
-	organization by:	ii oi ale oigailizadoi	i diacare nela ana a	administered for title		ļ	Yes	No
	(i) unrelated organizations					22(1)	182	110
	(ii) related organizations					3a(i)	$\vdash \dashv$	

Pa	t vi   Land, Buildings, and Equipment	<u>. See Form 990, Pa</u>	irt X, line 10.		
	Description of property	(c) Accumulated depreciation	(d) Book value		
1a	Land	175,000			175,00
b	Buildings	729,681		728,865	81
С	Leasehold improvements				
d	Equipment				
_ е	Other STMD1E	5,500			5,50
Total	Add lines to through to (Column (d) must equal For	m 000 Bort V solumn /B	\ \tag 10(a) \		101 21

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VII	Investments - Other Securities. S	See Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial d	erivatives			
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
_(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments - Program Related.	See Form 990, Part X, line	9 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1)				
(2)				<del>_</del>
_(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	must equal Form 990, Part X, col (B) line 13 )	V lpo 15	<u> </u>	
Part IX	Other Assets. See Form 990, Part			ALX Devil and
(1)	(a)	Description		(b) Book value
(2)				
(3)		•		
(4)	- "			
(5)				
(6)	· · ·			
(7)			-	
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
(10)				
	п (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities. See Form 990, Pa			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) PAYRO	LL LIABILITIES	2,267		
(3)				
(4)				
(5)				
(6)			_	
(7)				
(8)			_	
(9)				
(10)				
(11)			_	
	) must equal Form 990, Part X, col (B) line 25 )	2,267		
	SC 740) Footnote. In Part XIII, provide the text of	the footnote to the organization's	financial statements that reports the c	organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part II

		than \$15,000 of fundraising gross receipts greater than		a gross income on Fori	m 990-EZ, lines 1 and 6	DD. LIST events with					
		,	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through					
41		ļ	(event type)	(event type)	(total number)	col (c))					
Revenue	1	Gross receipts									
_	2	Less Contributions									
	3	Gross income (line 1 minus	-								
		line 2)									
	4	Cash prizes									
enses	5	Noncash prizes									
	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
۵	8	Entertainment									
	9	Other direct expenses	:								
	10 11	Direct expense summary Add lines Net income summary Combine line	3, column (d), and line 10		<u></u> ▶	( )					
Pa	urt II	<b>_</b> • •		"Yes" to Form 990, Par	t IV, line 19, or reported	l more					
		than \$15,000 on Form 990	J-EZ, line ba.	(h) Dull to be fine to a		(A) T-1-1					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
<u>~</u>	1	Gross revenue	7,083	101,036		108,119					
ses	2	Cash prizes									
ect Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses	4,053	96,850		100,903					
	6	Volunteer labor	∑ Yes 100.00 %     ☐ No	X Yes 100.00 %	☐ Yes % ☐ No						
	7	( 100,903 )									
	8	Net gaming income summary. Com	bine line 1, column d, and li	ine 7	<u> </u>	7,216					
	Enter the state(s) in which the organization operates gaming activities:  OR  a Is the organization licensed to operate gaming activities in each of these states?										
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?										
	_			-							

	ule G (Form 990 or 990-EZ) 2012 B.P.O.E. USA #2145 93-0482037 Page
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer chantable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► DON HINKLE
	Address ► 1701 CENTENNIAL BLVD SPRINGFIELD, OR 97477
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes 🗵 No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ and the
С	amount of gaming revenue retained by the third party   \$
C	The state hame and address of the third party.
	Name ▶
	Address ▶
	Address
16	Gaming manager information
	Name ► DON HINKLE
	Gaming manager compensation ► \$
	Description of services provided ► MAINTAINS RECORDS, COUNTS & DEPOSITS MON
	☑ Director/officer ☐ Employee ☐ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
	spent in the organization's own exempt activities during the tax year ▶ \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

#### 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

OMB No 1545-0047

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

B.P.O.E. USA #2145	93-0482037
01. Officer, directors, etc. family relationship	(Part VI, line 2)
BRANDON MATHEWS & MICKI MATHEWS - FAMILY RELATIONSHIP	
02. Form 990 governing body review (Part VI, lin	ne 11)
FORM 990 GOES TO THE SECRETARY AND BOARD OF DIRECTORS FOR REVI	EW PRIOR TO FILING.
03. Other officer or key employee compensation	(Part VI, line 15b
VOTING MEMBERS DETERMINED THE SECRETARY SHOULD CONTINUE TO BE	COMPENSATED FOR WORK DONE.
THIS WAS ACCOMPLISHED IN A DEMOCRATIC MANNER AND PUT TO A FINA	L VOTE IN WHICH THE VOTING
MEMBERS PARTICIPATED.	
04. Governing documents, etc, available to publi	ic (Part VI, line 19)
FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
	<del></del>
	·····
	<del></del>

# Form **4562**

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2012

Name(s) shown on return

► See separate instructions.

Business or activity to which this form relates

Attachment Sequence No 179 Identifying number

R		P		0	E		USA	#	2	1.	4	C
$\mathbf{-}$	•	_	•	$\sim$	Ľ	•	ODA	TT	᠘.	┺.	-	

В. Е	P.O.E. USA #2145			FOR	M 990	- 1			93-0482037	
Pa	Part I Election To Expense Certain Property Under Section 179									
	Note: If you have any listed property, complete Part V before you complete Part I.									
1	Maximum amount (see instructions)	)					[	1		
2	Total cost of section 179 property p	laced in service (	see instruction	s)			[	2		
3	Threshold cost of section 179 prope	erty before reduct	tion ın limitatior	(see inst	ructions)		[	3		
4	Reduction in limitation. Subtract line	3 from line 2. If	zero or less, er	nter -0-			[	4		
5	Dollar limitation for tax year. Subtraction	ct line 4 from line	1. If zero or le	ss, enter -	0 If marned	filing				
	separately, see instructions	<b></b> .						5		
6	(a) Description of pro	operty		(b) Cost (bu	ısıness use only)	(c) Elec	ted cost			
				·						
7	Listed property Enter the amount fr					<u> </u>				
8	Total elected cost of section 179 pro							8		
9	Tentative deduction. Enter the small	ller of line 5 or lin	ne8					9		
10	Carryover of disallowed deduction f	rom line 13 of yo	ur 2011 Form 4	1562 .				10		
11	Business income limitation. Enter th	e smaller of busi	ness income (	not less th	ian zero) or li	ne 5 (see instr	uctions)	11		
12	Section 179 expense deduction. Ad				an line 11			12		
13	Carryover of disallowed deduction t		<del></del>		<b>▶</b> 13	3				
	: Do not use Part II or Part III below									
	rt II Special Depreciatio			•			sted prop	erty)	(See instructions.)	
14	Special depreciation allowance for o		(other than lis	ted proper	ty) placed in	service				
	during the tax year (see instructions	•						14		
15	Property subject to section 168(f)(1	•						15		
16	Other depreciation (including ACRS							16	344	
Pa	rt III   MACRS Depreciation	on (Do not inc	lude listed proj	perty.) (Se	e instruction:	s.)	_			
				ection A					1	
17	MACRS deductions for assets plac							17		
18	If you are electing to group any ass	•	_	-		-	$\Box$			
		<u> </u>						L		
	Section B - Assets	I .	Τ		ar Using the	General Depi	eciation	Syst	em	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investri only-see instru	nent use	(d) Recovery penod	(e) Convention	(f) Mett	nod	(g) Depreciation deduction	
19a	3-year property									
b	5-year property	[	5	,500	5	HY	SL		550	
С	7-year property									
d	10-year property									
8	15-year property	[								
f	20-year property	į.								
g	25-year property				25 yrs.		S/L			
h	Residential rental				27.5 yrs.	MM	S/L			
	property				27.5 yrs.	MM	S/L			
i	Nonresidential real			_	39 yrs.	MM	S/L			
	property		<u> </u>		l	MM	S/L		<u> </u>	
	Section C - Assets	Placed in Service	ce During 201:	2 Tax Yea	r Using the	Alternative De		_	stem	
20 a					<del> </del>		S/L			
<u>b</u>			<u> </u>		12 yrs.		S/L			
C	<del></del>	<u> </u>	<u> </u>	-	40 yrs	MM	S/L	-	L	
	rt IV Summary (See instru				<del></del>			_		
21	Listed property Enter amount from						• • •	21		
22	Total. Add amounts from line 12, lii	=								
	here and on the appropriate lines o	•				structions		22	894	
23	For assets shown above and place		-	ear, ente						
	portion of the basis attributable to s	ection 263A cost	ts	· · · · ·	2	3		1		
E '	Danis and John Danis at 1 at								Earm 4562 (2012)	

Federal Supporting Statements	2012 PG01
Name(s) as shown on return	FEIN
B.P.O.E. USA #2145	93-0482037

Form 990, Schedule D, Part VI, Line 1e Statement #Dle Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	<u>Depr</u>	Book <u>Value</u>
COPY MACHINE	5,500	0	550	4,950
Total	5,500	0	550	4,950