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<b>-</b>	990
Form	JJU

## **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

Open to Public

Inter	nal Reveni	ue Service	► The organization may have to use a copy of this return to satisfy state re	eporting requi	rements.	Inspection			
<u>A</u>	For the	2012 cale	ndar year, or tax year beginning May , 2012, and endir	g Apri	1 3	0,2013			
В	Check if	applicable	C Name of organization		D Employe	er identification number			
	Address	change	Doing Business As War Orner O8 Moore 208	J	23-	7158037			
	Name ch	ange	Number and street (or P.O box if mail is not delivered to street address) Room/su	iite	E Telephone number				
	Initial reti	urn	514 N. Main		577	-524-1088			
	Terminat	ed	City, town or post office, state, and ZIP code						
	Amended	d return	has cruces NM J801		G Gross re	ceipts \$			
	Applicati	on pending	F Name and address of principal officer:	H(a) is this		for affiliates? Yes No			
			1	Il affiliates in					
ī	Tax-exer	npt status.	☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			list. (see instructions)			
J	Website			H(c) Grou	exemption	number ▶			
ĸ	Form of c	organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma			of legal domicile:			
P	art I	Summ	ary		<del></del>	<del></del>			
	unication								
4		-	escribe the organization's mission or most significant activities:	torrel					
Activities & Governance	İ	***************************************							
na									
Š	2	Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.			
ŏ	3		of voting members of the governing body (Part VI, line 1a)		3	331			
ο O	4		of independent voting members of the governing body (Part VI, line 1b)		4	<u></u>			
iţie	5		nber of individuals employed in calendar year, 2012 (Part V, line 2a)	• • • •	5	· Vi.			
댩	6		nber of volunteers (estimate if necessary)		6	15			
ď	7a		elated business revenue from Part VIII, column (C) fine 25/VED		7a	6			
	Ь		ated business taxable income from Form 990-T, line 34	1	7b	<del>-</del> <del>0</del>			
	<del>                                     </del>		191 Aug -	78 Prior Y		Current Year			
	8	Contribu	tions and grants (Part VIII, line 1h)	10/370.		13378.00			
Ę	9		service revenue (Part VIII, line 2g)	160 o	00	0			
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4 and 76 GDEN 15			<del></del>			
Ä	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27014	9 40	339726.W			
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	280 51		253 104 W			
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		5.00	639 89 0			
	14		paid to or for members (Part IX, column (A), line 4)		3.00	70-			
	14-		other compensation, employee benefits (Part IX, column (A), lines 5–10)	115.49	84.00	115.688.00			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	117.7		11 3,600.0			
ben	b		draising expenses (Part IX, column (D), line 25) ▶	VAR CHE OF THE	V-1744				
ă	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	7310	2.00	174 77 00			
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1.00	7 87. 774 0			
	19		less expenses. Subtract line 18 from line 12	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		65,388.0			
- 2		Ticvollac	1000 CAPOTISCO. COLDITACE INTO TO NOTITIANO 12	Beginning of C		End of Year			
ets o	20	Total ass	ets (Part X, line 16)	<u> </u>	7.60	487,918.00			
ASS	21		illities (Part X, line 26)		4.00	3725.00			
Net Assets or	22		ts or fund balances. Subtract line 21 from line 20	4189		484,193,00			
	art II		ture Block		73.5	11111111111			
_			ry, I declare that I have examined this return, including accompanying schedules and state	ments, and to	the best of n	ny knowledge and belief, it is			
			lete Declaration of preparer (other than officer) is based on all information of which prepare						
			Tuest Soil		8-	-1.3-2013			
Si	qn	Sign	exture of officer	j o Di	ate _	7			
	ere		) APPILL (SERRER NI) MIN	N Sa	RE	ARM			
		Typ	or print name and title	1	/	<del></del>			
_		Print/Ty	pe preparer's name Preparer's signature D	ate	Check	T if PTIN			
	aid				self-emp				
	epare	1	1	Fin	m's EIN ▶				
U	se On	עי עי	address >		one no.				
M	v the If		s this return with the preparer shown above? (see instructions)			Yes No			
				No. 11282Y		Form 990 (2012)			

Part I	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	7
	complete Schedule A	1		
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<b>'</b> _
	candidates for public office? If "Yes," complete Schedule C, Part I	3		7
	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		7
3	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		4
	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			ĺ
	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del>/-</del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		4
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			17
	complete Schedule D, Part III	8		7
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			4
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			×
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	M WEST	2000
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.	ZiA	J. 198	1972 LT.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		ļ	~
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	<u> </u>	-/-
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		4
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		<del>  /</del>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	Y
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		<b></b>	<del>                                     </del>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Y
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		4
f	J			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		7
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			abla
	Schedule D, Parts XI and XII	12a		7
b	, ,			_ ` ا
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	ユ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	7_
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	17
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	1	4
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	├	$\overline{}$
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15	1	17
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		<del>                                     </del>	<del> </del>
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		17
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		<del>                                     </del>	<del>                                     </del>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	L	17
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		17
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			14
	If "Yes," complete Schedule G, Part III	19	<u> </u>	17
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		+
		For	m 99(	<b>)</b> (2012)

	0 (2012)		F	age 4
Part l	Checklist of Required Schedules (continued)		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	165	<u></u>
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		<u> </u>
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		N)
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		7
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		7
đ 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		7 7
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		X
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		Y
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):	ار عام البراء المراجع المراجع المراجع المراجع		, , , , , , , , , , , , , , , , , , ,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		メナ
С	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		7
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 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 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		$\times$
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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,			\ \ \
38	Part VI	37	-	/
	19? Note. All Form 990 filers are required to complete Schedule O	38	00	) (2012

Part \		
	Check if Schedule O contains a response to any question in this Part V	<u> </u>
		Yes No
	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	
	reportable gaming (gambling) winnings to prize winners?	1c 😾
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b 7
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	25 27 10 12 13
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 🗡
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a	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 🗡
h	If "Yes," enter the name of the foreign country: ▶	100 mg 10
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 🗡
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b ///1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c N/
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	
P	organization solicit any contributions that were not tax deductible as charitable contributions?	6a   ×
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b N/
7	gifts were not tax deductible?	OD THE STATE OF TH
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>国际</b>
_	and services provided to the payor?	7a 🗡
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b 7
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c ×
d	If "Yes," indicate the number of Forms 8282 filed during the year	Marie Santa
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71 1/16
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g   W   7
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 7
9	Sponsoring organizations maintaining donor advised funds.	2 30 7
а	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?	9b /
10	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on Part VIII, line 12	13000000000000000000000000000000000000
11	Section 501(c)(12) organizations. Enter:	
11 a	Gross income from members or shareholders	
b	Gross income from other sources (Do not net 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 A
а	Is the organization licensed to issue qualified health plans in more than one state?	13a /V
	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	
b	the organization is licensed to issue qualified health plans	THE REAL OF
_	Enter the amount of reserves on hand	一語的影響學問
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a +
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b /V/
		Form <b>990</b> (2012)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee instructions.
Section	on A. Governing Body and Management	
000111	The develoining 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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 -
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 4
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 4
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 4
6 7a	Did the organization have members or stockholders?	6 <del>/</del> /
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b ×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
а	The governing body?	8a 🗡
b	Each committee with authority to act on behalf of the governing body?	8b 🖌
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	
C4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 7
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a 7
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?	4
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a 7
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c ~
13	Did the organization have a written whistleblower policy?	13 ×
14	Did the organization have a written document retention and destruction policy?	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?	
а	The organization's CEO, Executive Director, or top management official	15a ×
b	Other officers or key employees of the organization	15b >
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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 🔍
b	If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b
Sect	on C. Disclosure	
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of 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: > Carry Ferber 514 N. Main has truce No 8	800 1
	0	Form <b>990</b> (2012)

Form	990	(2012)

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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.

Check this box if neither the organization no				(C			-			
(A) Name and Title	(B) Average hours per week (list any	box,	ot che unless er and	a dı	nore son	than one of the contract that the contract that the contract the contract that the c	ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) Juan Manuel Mardinez Governox 2) Frank Janglez	3			1						
Jr. Governov	Ŋ			4						
3) Darryl Q. Gerber Administrator	60					*				
4) Keith Vilson Jransure	3	<del> </del> <del> </del>		1			_			
5) Willie Afodaca> Frelate 3) Albredo Buzz	٠			7						
6) Alfredo Musz Tyear Trustee 7) Javier Tolero		*		1						
B) (1) bery Ve W	3			7			-			
3 year Truster 9) Energy Maestas		#		4			_			<u></u> .
O) Past Governor		-	H							
1)						-				
2)		-					$\vdash$			
3)		-								· <del>//</del>
(4)					ļ		1			

	(A) Name and title	(B) Average hours per week (list any)  (C) Position (do not check more than on box, unless person is both a officer and a director/truster						an ee)	(D) Reportable compensation from	(E) Reportable compensation fron related	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISO	compensation from the organization and related organizations
15)											
6)											
7)											
8)						-					
9)			ļ								
20)			-	-	_						
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			·	<u> </u>							
25)											
1b c d	Sub-total		on A				· ·	<b>&gt;</b>			
2	Total number of individuals (including bu reportable compensation from the organ		d to ti	nose	e lis	ted	abov	e) w	nho received m	ore than \$100	,000 of
3	Did the organization list any former o employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	sated 3
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	nan \$	150	,000	)? /	f "Ye	s, "	complete Sci	pensation fron hedule J for	n the such
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	Takes After Managarations
ectio	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Re year.										
	(A) Name and business ad	dress						-	(B) Description of	services	(C) Compensation
	A.	N					<del></del>				
2	Total number of independent contract							o ti	nose listed at	pove) who	
	received more than \$100,000 of comper	nsation from	the o	orga	niza	atior	1 -			392	Form <b>990</b>

Total revenue   Parkins	Part		Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
Total Add lines 1a-11  Business Code  Total Add lines 2a-21  Total Add lines 2a-22  Total Add lines 2a-22  Total Add lines 2a-27  Total Add lines 1a-110			Crieck if Scriedule O	ontains a resp	onse to any ques		(B) Related or exempt function	business	Revenue excluded from tax under sections					
Total Add lines 1a-11  Business Code  Total Add lines 2a-21  Total Add lines 2a-22  Total Add lines 2a-22  Total Add lines 2a-27  Total Add lines 1a-110	nts nts			1a	٥	問題。其中的意	A TOP THE PERSON NAMED IN COLUMN TO PERSON N	The state of the s						
Total Add lines 1a-11  Business Code  Total Add lines 2a-21  Total Add lines 2a-22  Total Add lines 2a-22  Total Add lines 2a-27  Total Add lines 1a-110	ioni	b	Membership dues .	1b	459177	The state of the s	<b>《意志·安全》</b>							
Business Code   Business Cod	S, (A	С	Fundraising events .	1c	2884.97									
Business Code   Business Cod	ia git	d	_		7									
Business Code   Business Cod	im.													
Business Code   Business Cod	er S	f		- '	- and	是不是實際的								
Business Code   Business Cod	후		and similar amounts not incl	luded above 1f	15901.76									
Business Code   Business Cod	d tr	_		•										
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9		h	Total. Add lines 1a-1f	· · · · ·	<u> </u>	13378,27		<b>作品等数据</b>						
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	nue				Business Code									
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	eve		**											
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	e E	b			ļ- ·									
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	Ş	C.												
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	S	a					ļ		······					
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	ran	e	All all and						·					
3   Investment income (including dividends, interest, and other similar amounts)   6     4   Income from investment of tax-exempt bond proceeds   5   Royalties   7     5   Royalties   7   7     6   8   6   7     6   8   7     6   8   7     7   8   7     7   9   7     8   9   7     9   9   7     9   9   9     9   9   9     9   9	rog	T			L		Taction of the section of the section of		Secretar and a valuare, 12 sin					
and other similar amounts)							at in the said	umane territoria						
A   Income from Investment of tax-exempt bond proceeds   Royalties		3				б								
Figure 1		4		•		0								
Ga Gross rents   Gi Real   Gi Personal				-				· · · · · · · · · · · · · · · · · · ·						
Comparison   Co		•	rioyanies		(ii) Personal	man Tarakasi at Managar Maria	TEST TO THE TOTAL TOTAL							
Description		6a	Gross rents											
The state of the		١.	· · · · · · · · · · · · · · · · · · ·		1 0									
d Net rental income or (loss)  7a Gross amount from sales of inventory b Less cost or other basis and sales expenses		i	· •	57										
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss)  b Less: christ ct expenses b C O O O O O O O O O O O O O O O O O O						A Stanton State			antineally realizer, thanks a 'm					
b Less: cost or other basis and sales expenses.  c Gain or (loss)			``````````````````````````````````````	<del></del>	(ii) Other		Professional Commence	CONTRACTOR OF THE SECOND	STATES WELL STATES					
b Less: cost or other basis and sales expenses.  C Gain or (loss).  d Net gain or (loss).  D O O O O O O O O O O O O O O O O O O			Ł.	/2	<u> </u>									
Total revenue. See instructions.  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  a b Less: direct expenses . b 269 x 0 b 2354 b 2 254 b 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		b	Less cost or other basis											
d Net gain or (loss)			and sales expenses .	O	0									
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses b 26 9 x 0 b c Net income or (loss) from fundraising events b 26 9 x 0 b c Net income from gaming activities See Part IV, line 19 a b Less: direct expenses b 27 4 4 5 7 7 1 10 a Gross sales of inventory, less returns and allowances a 25 9 3 9 1 10 a Gross of inventory, less returns and allowances a 25 9 3 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		С	Gain or (loss)	0	0									
events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses b 2697.06 c Net income or (loss) from fundraising events > 2354.69 gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Z294.77 c Net income or (loss) from gaming activities > 201375.19  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b 2359.91  C Net income or (loss) from sales of inventory > 25,315.31  Miscellaneous Revenue  Business Code  11a Ventin July Box   b (w) 10 01e) c d All other revenue e Total. Add lines 11a-11d   12 Total revenue. See instructions   3237.09.49		d	Net gain or (loss)		•			The state of the s	MATERIAL CONTRA CONTRA SINGLE WITH SPORTS . 1					
c Net income or (loss) from fundraising events	enne	8a	Gross income from fu	ndraising										
c Net income or (loss) from fundraising events	è			ed on line 1c)										
c Net income or (loss) from fundraising events	er			•	15052.75	BICKERS.								
c Net income or (loss) from fundraising events	¥	b	Less: direct expenses	: I										
See Part IV, line 19 a 47.6 \$73.41  b Less: direct expenses b 7.4 49 \$7.70 c Net income or (loss) from gaming activities	•	С	Net income or (loss) fr	rom fundraising	events . >	2354.69								
b Less: direct expenses b 749 4977 c Net income or (loss) from gaming activities > 20137514  10a Gross sales of inventory, less returns and allowances a 256 939.45 b Less: cost of goods sold b 133.593.91 c Net income or (loss) from sales of inventory . > 25, 345.54  Miscellaneous Revenue Business Code  11a V(WAIR JUK BAX HOS) W  b (WAIR JUK BAX HOS) W  c Total. Add lines 11a-11d > 4651.00  12 Total revenue. See instructions > 353.364.4		9a				402000			THE ROLL OF THE SECOND					
C Net income or (loss) from gaming activities? . ▶ 20737514  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b J33593.91 c Net income or (loss) from sales of inventory. ▶ 125,345514  Miscellaneous Revenue Business Code  11a Ventin Juli Box H651 W  b Ventin Juli Box H651 W  c d All other revenue			See Part IV, line 19 .	;	426 873.41									
10a Gross sales of inventory, less returns and allowances		b						LEANTEN L						
returns and allowances		С			tivities ' ▶	20737514		1						
b Less: cost of goods sold b 33.593.91 c Net income or (loss) from sales of inventory . ▶ 125.345.31 Miscellaneous Revenue Business Code  11a Vendin July Box 4651 W b Vendin July Box 4651 W c d All other revenue		10a												
C Net income or (loss) from sales of inventory.    Miscellaneous Revenue    Business Code    11a Very in July Box    b Wol Pable:    c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.    125,345.34    1465.1 W    1465.1 U    157,345.34    167,345.1 W    167,355.1 W				`			<b>国籍的</b> 对于1000000000000000000000000000000000000							
Miscellaneous Revenue  Business Code  11a Vervin, Jul Box b Vol Pables c d All other revenue e Total. Add lines 11a-11d.  12 Total revenue. See instructions.  Business Code  4651 W  4651 W  4651 U  7353 16464		b												
11a Vendin, Jul Box b Vol Pables c d All other revenue e Total. Add lines 11a-11d ▶ 4651 00  12 Total revenue. See instructions ▶ 353, 164.64		С				152, 342.24	4.03 100% 1	H = SW VSW = 2-2-	Egyptigungsgapaga stadioretik kan mare minarar an i					
b									endere high					
d All other revenue		b	~	B0X	4651 W									
e Total. Add lines 11a–11d ▶ 4,51.00  12 Total revenue. See instructions ▶ 353 \\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\		1	A.U. A.I.			-	ļ							
12 Total revenue. See instructions ▶ 353 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		1				10161 ::	(古名) · 新生产。新生产的1000年1000年1000年1000年100日	H YSWALL CONTROL OF	TO STATE CHARLES					
		_				14621.00			KARALIMEK TETALIK					
		12	rotai revenue. See ir	istructions		1 3 - 2 / 104.6/		L	Form <b>990</b> (2012)					

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	<del></del>	<del></del>	····	
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, 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	0		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	63988.93			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	D			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 35,555,00	-		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	D			
7 8	Other salaries and wages	64,50155			
9 10 11	Other employee benefits	1163144			
a b c	Management	715.00			
d e f	Lobbying	<i>p</i>			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion () () () () () () () () () () () () ()	1350 W 19342.90			
15 16 17	Royalties	39,574.17			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4200			
19 20 21	Conferences, conventions, and meetings Interest	4755. w			
22 23	Depreciation, depletion, and amortization . Insurance	-			as W. Sellic and J. Luffer at the
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 b	(A) amount, list line 24e expenses on Schedule O.)  (A) Probership Promo  (A) 50 (Danstier	35012.71	<b>沙布拉尔斯</b>		
c d	Special Projects	197691			
е 25	All other expenses \( \frac{1}{2} \frac{339}{2} \left( \frac{1}{2} \) <b>Total functional expenses.</b> Add lines 1 through 24e	28172356			
<u>25</u> <u>26</u>	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 if following SOP 98-2 (ASC 958-720)	0			1
					Form <b>990</b> (2012)

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Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 53.786.91 103174.00 1 2 2 Savings and temporary cash investments . . . . . 3 Pledges and grants receivable, net . . . . . . . . . 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets Notes and loans receivable, net . . . . . . . . . 7 434, W 8 912,36 Inventories for sale or use . . . . . . 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 11 Investments—publicly traded securities . . . 11 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 Intangible assets . . . . . . . . . . . . . . . . 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . 52, 133, W 15 423 422,537.W 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses . . . . . . 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 3724.61 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33

Total liabilities and net assets/fund balances . . .

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		. 🚁
1	Total revenue (must equal Part VIII, column (A), line 12)	53 104	64
2	Total expenses (must equal Part IX, column (A), line 25)	สาภข	3.56
3	Revenue less expenses. Subtract line 2 from line 1	65, 38	1.68
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4	<b>27.53</b>	7.06
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	910.	(1 661
	33, column (B))	0171	<u>8.07</u>
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>
		Υ Υ	es No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	1 m	劉二
	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 a separate basis, consolidated basis, or both:		70 A
			17 m
_	Separate basis Consolidated basis Both consolidated and separate basis	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المنشئد الستا
b	Were the organization's financial statements audited by an independent accountant?	2b	<del>- 7</del>
	separate basis, consolidated basis, or both:	100	
	Separate basis Consolidated basis Both consolidated and separate basis	9 384	
^	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	357576 EX	200 (B) (C)
	Schedule O.	1 1 2	15000000000000000000000000000000000000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		m italiani adi
	the Single Audit Act and OMB Circular A-133?	3a	4
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	
		Form	990 (2012)
			•

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**12** Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Name of the organization	horal	Order	68	Moose		Employer identifica	tion number	
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