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SCANNED AUG

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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2012, and ending For the 2012 calendar year, or tax year beginning MAY 1 20 13 D Employer identification number C Name of organization LOYAL ORDER OF MOOSE Address change Doing Business As PAHRUMP MOOSE LODGE # 808 94-2642326 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 775-727-6577 Initial return City, town or post office, state, and ZIP code Terminated Amended return PAHRUMP, NV 89048 G Gross receipts \$ F Name and address of principal officer CAL GREENLEAF SR H(a) Is this a group return for affiliates? Yes No Application pending 1100 E SECOND ST. PAHRUMP, NV. 89048 H(b) Are all affiliates included? Yes No If "No." attach a list (see instructions) √ 501(c) (8)
√ (insert no)
√ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation 1980 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The Organization unites it's Members and their families in the bonds of Fraternity, Benevolence and Charity through a year around schedule of events. Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar-year 2012 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) 6 72 Total unrelated business revenue from Part Vill 7a 0 Net unrelated business taxable income from Fort 990-T, line 34 7b 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2a) 208869.62 233340 97 10 Investment income (Part VIII, column (A), lines 3, 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e n 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 208869.62 233340 97 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 49801.60 48284.74 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 133165 92 141142.74 19 Revenue less expenses Subtract line 18 from line 12 92198 03 75703.70 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 288252.07 285631.48 21 Total liabilities (Part X, line 26) 40038.03 24966 89 22 Net assets or fund balances. Subtract line 21 from line 20 248212.04 260664.59 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of offic Here Print/Type preparer's name Preparer's signature Date Paid Check | ıf self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) √ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

01111 3.)O (E01E)				i ugc 🛋
Part		ent of Program Service			
			esponse to any question in this P	art III	<u> U</u>
1	-	e the organization's mission		in Samuelana and Charita Managari	.
			heir Families in the bonds of Fratern		
2			ficant program services during the)
	prior Form 990	or 990-EZ?			☐ Yes ☑ No
_	•	ribe these new services on			
3			, or make significant changes in		
	••••••				☐ Yes ☑ No
4	-	•	edule O vice accomplishments for each of	ite three largest program services	e se massurad hy
7			i) organizations are required to rep		
			or each program service reported.	5 con 5 con 5 con	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					•
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
					····
		•			
4d		n services (Describe in Sch		. •	
	(Expenses \$	including gi	rants of \$) (Reven	ue \$)	
4e_	ı otal progran	n service expenses >			

Part	Checklist of Required Schedules	_		3-
		_	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		▼
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		· ·
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		1
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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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.	4.41		/
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.	14b		√
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	15		<u>√</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>√</u>
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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.	17		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>√</u>
20 a	If "Yes," complete Schedule G, Part III	19		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		✓
	100 to initial zou, did the organization attach a copy of its addition infancial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
0.4			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		1
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		1
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		1
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		>
b c	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		
d 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		
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		✓
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		√
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):	111	-	1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
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		· ·
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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u> ✓
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		<u> </u>
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		<u>·</u>
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		<u> </u>
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		-
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		<u> </u>
			990	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			aye
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		ļ
20	reportable gaming (gambling) winnings to prize winners?	1c	√	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8 8 8 16 at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	٧	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	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		√
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
p	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		•
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			,
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
ď	reme to the second seco	7c		<u>√</u>
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		*
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		`
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		/
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	2 2		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.		- ^_	
a b	Did the organization make any taxable distributions under section 4966?	9a		-
10	Section 501(c)(7) organizations. Enter:	9b		-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		Ī	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a		· ······
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 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.	.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b]	

Part							
	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						
Sacti	on A. Governing Body and Management	<u> </u>	<u> </u>	<u>. </u>			
Secti	on A. doverning body and Management	 -	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			-			
	If there are material differences in voting rights among members of the governing body, or	1					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8	}					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l j			
	any other officer, director, trustee, or key employee?	2		1			
3	Did the organization delegate control over management duties customanly performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		/			
6	Did the organization have members or stockholders?	6	-√	ļ			
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?	_	,				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	√				
U	stockholders, or persons other than the governing body?	7b	✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		 			
	the year by the following:	0					
а	The governing body?	8a	1				
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						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co							
40.			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a	_	✓			
b	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		✓			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_			
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," describe in Schedule O how this was done						
42	Did the organization have a written whistleblower policy?	12c	-				
13 14	Did the organization have a written document retention and destruction policy?	13 14		<u>/</u>			
15	Did the process for determining compensation of the following persons include a review and approval by	14		V			
	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		1			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	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?	166					
Section	organization's exempt status with respect to such arrangements?	16b		L			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
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 ☑ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est p	olicy,			
	and financial statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the					
	organization. ► CAL GREENLEAF SR 1100 E. SECOND ST. PAHRUMP, NV. 89048						

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) Name and Title (B) Average hours per week (isst and hours for related organizations below dotted (T) GOVERNOR: CLARENCE H.STANCELL 20 P.O. BOX 6001 PAHRUMP, NV.9048 (2) JR GOVERNOR: ULLIAM HANSETT 700 WHITE ST. PAHRUMP, NV. 89060 (4) TRUSTEE: HAROLD HIMLE 5380 DEANNA ST. PAHRUMP, NV. 89048 (6) TRUSTEE: JAMES G. CORNELL 6 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89048 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 1820 000	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.								, or trustee.		
(a) Name and Title		(C)									
Average hours per Mame and Title Average Mame and Title Average hours per Mame and Title Average Mame and Title Average	(A)	(B)							(D)	(E)	(F)
Nours per Nour	* *	Į.					1				
Companies to relate organizations below dotted line Companies to relate organizations organization organizations org									compensation	compensation from	
(1) GOVERNOR. CLARENCE H.STANCELL 20 20 20 20 20 20 20			익호	'n	õ	<u>چ</u>	9.∓	Ę,			
(1) GOVERNOR. CLARENCE H.STANCELL 20 20 20 20 20 20 20			d N	stitu	fice	y e	탕	ğ			
(1) GOVERNOR. CLARENCE H.STANCELL 20 P.O BOX 6001 PAHRUMP, NV.9048 (2) JR GOVERNOR: WILLIAM HANSETT 10 700 WHITE ST. PAHRUMP, NV. 89060 (3) JR. PAST GOVERNOR: LARRY MARSHALL 4 P.O. BOX 9475 PAHRUMP, NV. 89060 (4) TRUSTEE: HAROLD HIMLE 5380 DEANNA ST. PAHRUMP, NV. 89048 (5) TRUSTEE: JAMES G. CORNELL 6 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048			ct o	ion	,	npla	yee c	~	(W-2/1099-MISC)		•
(1) GOVERNOR. CLARENCE H.STANCELL 20 P.O BOX 6001 PAHRUMP, NV.9048 (2) JR GOVERNOR: WILLIAM HANSETT 10 700 WHITE ST. PAHRUMP, NV. 89060 (3) JR. PAST GOVERNOR: LARRY MARSHALL 4 P.O. BOX 9475 PAHRUMP, NV. 89060 (4) TRUSTEE: HAROLD HIMLE 5380 DEANNA ST. PAHRUMP, NV. 89048 (5) TRUSTEE: JAMES G. CORNELL 6 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048			True	ᆲ		уес	ğ	Ì		1	
(1) GOVERNOR. CLARENCE H.STANCELL 20 P.O. BOX 6001 PAHRUMP, NV.9048 (2) JR. GOVERNOR: WILLIAM HANSETT 10 700 WHITE ST. PAHRUMP, NV. 89060 (3) JR. PAST GOVERNOR: LARRY MARSHALL 4 P.O. BOX 9475 PAHRUMP, NV. 89060 (4) TRUSTEE: HAROLD HIMLE 6 5380 DEANNA ST. PAHRUMP, NV. 89048 (5) TRUSTEE: JAMES G. CORNELL 6 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 6 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89.61 6			i e	uste		."	ens		1]	v
P.O. BOX 6001 PAHRUMP, NV.9048 (2) JR GOVERNOR: WILLIAM HANSETT 10 700 WHITE ST. PAHRUMP, NV. 89060 (3) JR. PAST GOVERNOR: LARRY MARSHALL P.O. BOX 9475 PAHRUMP, NV. 89060 (4) TRUSTEE: HAROLD HIMLE 5380 DEANNA ST. PAHRUMP, NV. 89048 (5) TRUSTEE: JAMES G. CORNELL 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 6 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 18200 00			_	ě			ted				
P.O. BOX 6001 PAHRUMP, NV.9048 (2) JR GOVERNOR: WILLIAM HANSETT 10 700 WHITE ST. PAHRUMP, NV. 89060 (3) JR. PAST GOVERNOR: LARRY MARSHALL P.O. BOX 9475 PAHRUMP, NV. 89060 (4) TRUSTEE: HAROLD HIMLE 5380 DEANNA ST. PAHRUMP, NV. 89048 (5) TRUSTEE: JAMES G. CORNELL 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 6 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 18200 00											
(2) JR GOVERNOR: WILLIAM HANSETT 10 700 WHITE ST. PAHRUMP, NV. 89060		20									
700 WHITE ST. PAHRUMP, NV. 89060	P.O BOX 6001 PAHRUMP, NV.9048				✓				0		
(3) JR. PAST GOVERNOR: LARRY MARSHALL 4 P.O. BOX 9475 PAHRUMP, NV. 89060	(2) JR GOVERNOR: WILLIAM HANSETT	10									
P.O. BOX 9475 PAHRUMP, NV. 89060	700 WHITE ST. PAHRUMP, NV. 89060				✓				0		
(4) TRUSTEE: HAROLD HIMLE 5380 DEANNA ST. PAHRUMP, NV. 89048 (5) TRUSTEE: JAMES G. CORNELL 6 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 6 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048	(3) JR. PAST GOVERNOR: LARRY MARSHALL	4									
5380 DEANNA ST. PAHRUMP, NV. 89048	P.O. BOX 9475 PAHRUMP, NV. 89060				✓				0		
(5) TRUSTEE: JAMES G. CORNELL 1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048 ✓ 18200 00	(4) TRUSTEE: HAROLD HIMLE	6									
1900 MEIER DR PAHRUMP, NV. 89048 (6) TRUSTEE: SCOTT KINNIE 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048	5380 DEANNA ST. PAHRUMP, NV. 89048				✓				0		
(6) TRUSTEE: SCOTT KINNIE 4921 PALAZZO DR. PAHRUMP, NV. 89061 (7) TREASURER: JOHN SHIELDS 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV 89.61 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 18200 00	(5) TRUSTEE: JAMES G. CORNELL	6									
4921 PALAZZO DR. PAHRUMP, NV. 89061	1900 MEIER DR PAHRUMP, NV. 89048				✓				0		
(7) TREASURER: JOHN SHIELDS 10 1920 DONNER ST. PAHRUMP, NV. 89048 (8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV. 89.61 6 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048 ✓ 18200 00	(6) TRUSTEE: SCOTT KINNIE	6									
1920 DONNER ST. PAHRUMP, NV. 89048	4921 PALAZZO DR. PAHRUMP, NV. 89061				✓				0		
(8) PRELATE: WILLIAM R BUTKOVICH 5041 VALDEZ CT. PAHRUMP, NV 89.61 6 √ 0 (9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048 ✓ 18200 00	(7) TREASURER: JOHN SHIELDS	10									
5041 VALDEZ CT. PAHRUMP, NV 89.61 6	1920 DONNER ST. PAHRUMP, NV. 89048				✓				0		
(9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR 40 5361 MONEY ST. PAHRUMP, NV. 89048 18200 00	(8) PRELATE: WILLIAM R BUTKOVICH										
5361 MONEY ST. PAHRUMP, NV. 89048	5041 VALDEZ CT. PAHRUMP, NV 89.61	6		L.,	✓				0		
	(9) ADMIN: CLARENCE I. (CAL) GREENLEAF SR	40									
(40)************************************	5361 MONEY ST. PAHRUMP, NV. 89048					✓			18200 00		
(1U)MOLLY HILLEK 18	(10) MOLLY HILLER	18									
390 W. STARLIGHT AVE PAHRUMP, NV. 89048	390 W. STARLIGHT AVE PAHRUMP, NV. 89048					✓			8319 38		
(11) CLAIRE RAINEY 21	(11) CLAIRE RAINEY	21									
150 S. HWY 160 STE C8-43 PAHRUMP, NV 89048	150 S. HWY 160 STE C8-43 PAHRUMP, NV 89048					✓			10422.38		
(12) MICHELLE DARNELL 18	(12) MICHELLE DARNELL	18									
3200 W. OUR RD. PAHRUMP, NV. 89060	3200 W. OUR RD. PAHRUMP, NV. 89060					✓			639.64		
(13) EVELYN TOOLEY	(13) EVELYN TOOLEY							Ī			
1141 CHIPMONK RD_PAHRUMP, NV. 89048 19 . ✓ 9341.50	1141 CHIPMONK RD PAHRUMP, NV. 89048	19				1		L	9341.50		
(14) HILDA MC DONALD-HANSEN	(14) HILDA MC DONALD-HANSEN										
1891 W. DONNER ST PAHRUMP, NV 89048	1891 W. DONNER ST PAHRUMP, NV 89048					✓			2528 70		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A) (B) Position (D) (do not check more than one							(0)	(E)	\		(F)		
	Name and title	Name and title Average box, unless person is both an R							Reportable compensation	ole n from		imated ount of		
		week (list any) from related									other			
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-N			ensati om the	on
		organizations	ecto	l to	۳ ا	ğ	est c	甲	(W-2/1099-MISC)	(25 ,000	,	orga	ınızatıo	
		below dotted line)	¥ 2	<u>a</u>		loye	gg		ļ				related nization	
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(17)														
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(18)											ŀ			
(4.0)			-	<u> </u>		<u> </u>		<u> </u>						
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329)		 												
(21)						-					<u>_</u>			
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(23)							_							
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(24)		[ļ			- 1			
								ļ			-			
(25)						•								
	Sub-total	L		L	L	L			40004.00					
C	Total from continuation sheets to Part	 VII Sectio	 n А	•		• -	•	>	49801.60					
d	Total (add lines 1b and 1c)			•				•	49801 60					
2	Total number of individuals (including but				list	ed:	above	-) w		ore than \$1	00 000	of		
	reportable compensation from the organi				, 1130	·cu		., 	no received in	ore triair wr	00,000	O.		
													Yes	No
3	Did the organization list any former of								oloyee, or high	est compe	nsated		v ·	
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındi	ividu	ıal					3		✓
4	For any individual listed on line 1a, is the												1	
	organization and related organizations	-							•		r such			.
_	Individual			·								4	<u> </u>	↓ ✓ ¬
5	Did any person listed on line 1a receive of for services rendered to the organization										ividuai		ļ	
Soction	on B. Independent Contractors		отр	CIC	307	ieat	110 0 1	0/ 3	den person	· · ·		5	<u> </u>	✓
1	Complete this table for your five highest		ed inc	lene	and	ont.	contr	acto	ore that receive	d more tha	n \$100	000 0	F	
•	compensation from the organization. Rep													lax
	year.	,									55			
	(A)							Γ	(B)			(C)		
	Name and business add	ress							Description of se	ervices	(Compen		
NONE														
								<u> </u>						
	Takal mumban of undersunders as 4 4					1		<u>L</u>	1					 -,
2	Total number of independent contractor received more than \$100,000 of compensations.							o th	iose listed abo	ove) who				
	Toodivod more many roo,000 or compens	Janon Holli	4116 O	· yai	ıı∠d		_				į.			1

Par	t VIII						
		Check if Schedule O contains a res	ponse to any ques	tion in this Part	VIII <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
Grants	1a	Federated campaigns . 1	а				
ira ou	b	Membership dues 1	b 8247 00				
s, C Am	С	Fundraising events 1	С				
ᇍ	d	Related organizations 1	d				
JS,	е	Government grants (contributions) 1	e				
er S	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	·				
	h	Total. Add lines 1a-1f	Business Code	8247.00			
Ĕ		COCIAL QUARTERS/WITCHEN					
ě	2a	SOCIAL QUARTERS/KITCHEN	02	91519 42	91519 42		
8	b	RAFFLES/ COMMITTES/ VENDING	01	10660.80	10660.80		ļ
Š	d	LODGE INCOME	01	22072 66	22072.66		
Š	e	SPECIAL ACTIVITIES/DONATIONS	01	35825.30 40544.44	35825.30 40544 44		-
Program Service Revenue	f	All other program service revenue .	••	40344.44	40544 44		
6	g	Total. Add lines 2a–2f	•	200622.62		<u> </u>	!
	3	Investment income (including div	ridends, interest,				
		and other similar amounts) .	•	o			
	4	Income from investment of tax-exempt	bond proceeds ►	0			
	5	Royalties	>	0			
		(ı) Real	(II) Personal				
	6a	Gross rents	0			*	
	Ь	Less' rental expenses	0		*	*	,
	C	Rental income or (loss)	0	'हुं र	<u> </u>		-32 (° , , , , , , , , , , , , , , , , , ,
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	>	0		·,	
	7a	assets other than inventory			,	_	
	ь	Less cost or other basis	0 0	* ,	`*	* * * *	, ,
	_	and sales expenses .	o o	* *	*	* **	
	С	Gain or (loss)	0 0		, , , , , , , , , , , , , , , , , , ,		***
	d	Net gain or (loss)		0			
enne	8a	Gross income from fundraising		,	7	^ ·	^ ,
30 1		events (not including \$ 0 of contributions reported on line 1c).					,
Other Re		See Part IV, line 18	a				
ŧ l	b	Less: direct expenses	b0				
_		Net income or (loss) from fundraising		0			
	9 a	Gross income from gaming activities					
		See Part IV, line 19					
			b 0				
		Net income or (loss) from gaming at Gross sales of inventory, less		0			
	IVa		ſ				
	h		- 3131342				
		Net income or (loss) from sales of in		22520.60	22520.50		
		Miscellaneous Revenue	Business Code	22320.60	22520.60		<u> </u>
	11a			0			U
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	<u></u> ▶	0			

	IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response to any question in this Part IX							
	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							
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	43171.55						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	9657.99						
11	Fees for services (non-employees):							
а	Management							
b	Legal							
C	Accounting							
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.) .							
12	Advertising and promotion							
13	Office expenses	21329.17						
14	Information technology							
15	Royalties							
16	Occupancy	35626.69						
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	3184.91						
20	Interest	2045.70						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance	8329.74						
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.)	^; r -9:22						
a	SPECIAL PROJECTS	3630 70						
b	ASSN DUES	1126 35						
C								
ď	All albert and							
e	All other expenses	5063.12						
25_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	133165.92						
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)							

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 6428.22 1532.68 2 Savings and temporary cash investments 2 ol 0 Pledges and grants receivable, net 3 3 0 4 Accounts receivable, net 4 . . 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 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 ol Notes and loans receivable, net . . . 7 7 0 0 8 Inventones for sale or use 8 6178 26 6207.69 Prepaid expenses and deferred charges . . . 9 9 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 288252.07 10c 276701.36 11 Investments—publicly traded securities . 0 11 0 12 Investments—other securities. See Part IV, line 11. 0 12 0 13 Investments—program-related. See Part IV, line 11... 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 . . . 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses . . . 17 17 13511.85 285631.48 Grants payable . . . 18 18 0 19 19 0 20 Tax-exempt bond liabilities . . 20 0 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 16621.79 26526 18 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 25 0 Total liabilities. Add lines 17 through 25 40038 03 26 24966.59 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 0 0 28 Temporarily restricted net assets 28 0 0 29 Permanently restricted net assets . . . 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds **Net Assets** 30 0 0 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 0 0 33 248252.04 33 260664 59 34 Total liabilities and net assets/fund balances . . .

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285631 48 Form 990 (2012)

Form 9	90 (2012)			Pa	age 12
Par	XI Reconciliation of Net Assets				<u>~</u>
	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)	1	•		622.62
2	Total expenses (must equal Part IX, column (A), line 25)	2			165.92
3	Revenue less expenses. Subtract line 2 from line 1	3			156.70
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			212.04
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2606	664 59
Part	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," ex	plain in			İ
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O,	- ,			* *
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

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

3a

3b

Form **990** (2012)