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## Fd/m **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Donar	tment of t	he Treasury		benefit trust or pr		-			Open to Public	
Interna	al Revenu	e Service	► The organization may ha	ve to use a copy of th	is return to satisf	y state repo	rting requi	rements.	Inspection	
A F	or the	2012 calen	dar year, or tax year beginnin	g Tunel	, 2012, a	nd ending	May	16	,20 \3	
В	Check if a	pplicable C	Name of organization	nal Order	of Eggles	#34	<u> </u>		Identification number	
	Address o		Doing Business As					62-	7441180	
_	lame cha	· -	Number and street (or P O. box if	mail is not delivered to st	treet address)	Room/surte		E Telephone	number	
$\overline{}$	nitial retu	_	Da Bar 1124	Ī				8,5	450G-688	
	erminate		City, town or post office, state, an	d ZIP code	·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·, ·	<del></del>				
=	Amended		Harriman T	N 37748				G Gross rec	<sub>eipts</sub> \$ 93270,	78
=	• • • • • • • • • • • • • • • • • • • •		Name and address of principal offi				H(a) is this		r affiliates? Yes No	_
	фрисанс	in pending j.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						luded? Yes No	
		npt status:	<b>X</b> 501(c)(3)  □ 501(c	) ( ) ◀ (insert no )	4947(a)(1) or	527			ist (see instructions)	
	Nebsite:		A 301(c)(3) = 301(c)	/ / ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	1 +3+7 (a)(1) 01 1		H(c) Grou	n exemption i	number ► 0103	
		rganization	Corporation Trust Assoc	ciation Other > F.C.	terral L Yea	r of formation			f legal domicile: TU	
	rt I	Summa	<del></del>	Signory [XContor+ 140]	Service 12 iss	. Or torridae.	<u>"</u>	, ottato a	inega dominent , (C	_
r e			scribe the organization's mis	ssion or most signif	icant activities:	100	inuti	at no	Char table	_
	٠ -					, <u>~ ^</u>	770 770	.19		
9		410919	ams of Local Fa	miliesa M	ICWDE: 7	.).(.)!).	<u> </u>			
ᇣ	-									
Ę	•	Chook this	s box ▶☐ if the organization	n discontinued its o	nerations or dis	enosed of	more that	25% of it	s net assets	
<u>é</u>			f voting members of the gov					1 - 1	146	
Activities & Governance			f independent voting memb					<u> </u>	146	_
ië.			ber of individuals employed					5	6	
Ę.								6	10	
Ac			ber of volunteers (estimate i lated business revenue fron					7a		
			nated business revenue from ated business taxable incom					7b	Ø	
$\rightarrow$	<u>b</u>	Net unreia	ted business taxable incom	le Irom Form 990-1	, 11116 04	<del>· · i ·</del>	Prior Y		Current Year	—
İ		Cambrilla di	2.26	6016.48						
身			ons and grants (Part VIII, lin service revenue (Part VIII, lin			· ·	9000	2.24	9390.00	—
Revenue							<u> </u>		<i>a a</i> 00.	_
. &			vestment income (Part VIII, column (A), lines 3, 4, and 7d)						54, 684.	42
:	12	Total rever	nue add Res & through	must equal Part VI	II. column (A). lir	ne 12)	3623		629324	_
<b>-</b>	13	Grants and	d similar amounts paid (Par	X column (A) line	es 1_3)		Ø	•••	or or	مجد
	14	Ronofite n	paid #90r for members (Part	IX dolumn (A) line	Δ)		X		699.50	
	15	Salariae o	paid toor for members (Rart ther compensation, employe	e henerits (Part IX c	olumn (A) lines :	5-10)	2421	7.104	26457.0	$\overline{\Omega}$
898	16a	Drofession	nal fundraising fees (Part IX,	column (A) line 11	(e)	· · · · ·	<del>2   4</del>	1,4	Ø	_
Expenses			Iraising expenses (Part IX) o			· `	<del></del>			_
ă			enses (Part IX, column (A)				3544	30	45.362.77	
		•	enses. Add lines 13–17 (mus			" ⊢	3976		77789.37	Γ-
			less expenses. Subtract line			′ ⊢		399	<945B.3	<u>(T</u> )
- 60	19	Neveriue i	ess expenses. Oubtract line	101101111110 12 .	····		ginning of C		End of Year	
\$ E	20	Total acce	ets (Part X, line 16)			<u> </u>	1572	53.41	10277.04	
988			(5			· · ·	<del>'</del>	<del></del>	$\frac{1}{2}$	_
Net Assets or Fund Balances			s or fund balances. Subtrac		n	· ·	1573	14.6	POTTED	
	rt II		ure Block	t into 21 from into 2	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		_
			y, I declare that I have examined th	us return, including accor	mnanving schedules	s and stateme	ents, and to	the best of m	v knowledge and belief.	ıt ıs
true	e, correct	and comple	ete. Declaration of preparer (other th	nan officer) is based on a	Il information of whi	ch preparer h	as any knov	/ledge.	,	
			1.00		<del></del>					
Sig	ın	Signific	iture of officer				D	ate /	1 -	
He			4 Fox Secretary					11/1	B/13	
	-		or print name and title							
_		<del> </del>	pe preparer's name	Preparer's signature		Date	)	Charle F	T # PTIN	
Pa		1				İ		Check L self-emp		
	epare				<u></u>	L	Fir	m's EIN ▶		
Us	e Onl			·				one no.		
Mar	v the IF	Firm's ac	this return with the prepare	er shown above? (se	ee instructions)				Yes N	lo
			ction Act Notice, see the sepa				. 11282Y		Form <b>990</b> (2	

Form 99	0 (2012	2)	Page Z
Part	II.	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	<u> Ц</u>
1	Brief	fly describe the organization's mission: Ontributing to Charitable Programs, Lucal tamilies, and Members in	_
	(_)	THE TO CHATCOP ITELIANS, COCAL TAIR TIES, GIVE INCINCERS IN	
	.IV	ud	
2	Did f	the organization undertake any significant program services during the year which were not listed on the	
	•	r Form 990 or 990-EZ?	<b>⊠</b> No
_		'es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program rices?	<b>₩</b>
		/es," describe these changes on Schedule O.	⊠ MO
4		cribe the organization's program service accomplishments for each of its three largest program services, as mea	sured by
•		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	
		total expenses, and revenue, if any, for each program service reported.	-
4a	(Coc	de:) (Expenses \$including grants of \$) (Revenue \$	)
			<b></b>
4b	(Coc	de:) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Coc	de: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
			· · ·
4d		er program services (Describe in Schedule O.)	
4e		penses \$ including grants of \$ ) (Revenue \$ )  al program service expenses ▶	
70		w. b Si anii ani ana orbaniana a	

Form **990** (2012)

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Q
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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	۲		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			•
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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			-1
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		r.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		×
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	سد.	4.4	3.4
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		<u>×</u>
ь	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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		V
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	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.	448		Ì
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		Y
	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			4
12	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		Ļ
13 14 a	Did the organization a school described in Section 170(b)(1)(A)(ii)? If Yes, Complete Schedule 2	14a		*
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			4
	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			,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		4
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			,
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		4
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		¥
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			*
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Ý
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		¥
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		V

Part	Checklist of Required Schedules (continued)			
04	Did the annual time report many they 05 000 of greats and other appropriate and appropriate		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		<b>x</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		<del>  ^</del>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			.,
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d		24d		ĻX
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		1
•	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	] ,		٠,
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<del>  ^</del>
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			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			A
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	28a		<del>  ^</del>
	Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		ΙX
29	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	29	ļ	+*
30	conservation contributions? If "Yes," complete Schedule M	30	İ	<u>ار</u> ا
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1 *
	Part I	31		¥
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-00	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	<b> </b>	Y
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330	<b></b>	X
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		LV
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,			.
20	Part VI	37		<del>  X</del>
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		V
			QQ(	

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			<del></del>
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		¥ _
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>-</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		¥
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		¥
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	1	١,
<b>.</b>	If "Yes," enter the name of the foreign country: ▶	40		<del>                                     </del>
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			, 1
E o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		, i
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		*
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Ì	.,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		<del>                                     </del>
_	gifts were not tax deductible?	6b		4
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			I
	required to file Form 8282?	7c		4
d	If "Yes," indicate the number of Forms 8282 filed during the year		promote a contract	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ソ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	L	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Y
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ļ	
	organization, have excess business holdings at any time during the year?	8	ļ	17
9	Sponsoring organizations maintaining donor advised funds.		ļ	
а	Did the organization make any taxable distributions under section 4966?	9a	-	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	+
10	Section 501(c)(7) organizations. Enter:		}	
a	Initiation fees and capital contributions included on Part VIII, line 12	┪	1	1
b	Circus receipts, included entry entry established	-		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			1
a	Gross income from other sources (Do not net amounts due or paid to other sources	┪.	1	
b	against amounts due or received from them.)		,	1
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	×
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	<del></del>	<del>  ^</del>
12	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	1
а	Note. See the instructions for additional information the organization must report on Schedule O.		1	<b>X</b>
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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
_	16 "You " hop at filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		1.1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	for a tructi	ions.			
	Check if Schedule O contains a response to any question in this Part VI	· · ·	٠.				
Section	on A. Governing Body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   15		168				
ıa	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	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? .						
4 5 6	<ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> </ul>						
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	ソ				
ь 8	stockholders, or persons other than the governing body?	7b	Х				
а	the year by the following:  The governing body?	8a	>	, J., ,			
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X				
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode l	X			
Secti	on B. Policies (This Section B requests information about policies not required by the internal Reven	ue C	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		×			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لنسا			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ			
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	×			
40	describe in Schedule O how this was done	12c		0			
13	Did the organization have a written whistleblower policy?	14		<del>  \}</del>			
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		У			
b	Other officers or key employees of the organization	15b	X				
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?	16b					
Sect	ion C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed \( \) \(	n 501	(c)(3)s	only)			
19	Own website Another's website Mupon request Other (explain in Schedule O)  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.			oolicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9				
	organization: > Acretary - 42201d Hay 70 Harring To 37248	For	m <b>99</b> (	(2012)			

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Form 990 (2012)

Form	990	(201	2)

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	<b>Highest Compensated Employees,</b>	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	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	-					
(A)	(B)	(do n		Pos		than c	nna	(D)	(E)	<b>(F)</b>
Name and Title	Average	box, t	(do not check more than one box, unless person is both an				an	Reportable	Reportable	Estimated
	hours per week (list any				rect	or/trust		compensation from	compensation from related	amount of other
	hours for	임	Inst	Officer	₩ •	ang H	Former	the	organizations	compensation
	related organizations	arec Mdt	슖	Ger .	Key employee	oloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호호	อกล	[	blo	8 5	1	(VV-2/1099-WIGC)	[	and related
	line)	Individual trustee or director	Institutional trustee		8	n pe			i	organizations
		8	stee	l		Highest compensated employee	İ	İ		
			L		<u> </u>	<u> 8</u>				
m Vicki Kutz		,		,						
President		V		√				L		
(2) Max Ray		j		١,						
<u>V. President</u>	ļ	ļ	<u> </u>	✓	_					
(3) Steve Thornton				/	1					
		<u> </u>	<u> </u>	~	<b>├</b> —	Ĺ	<u> </u>			
(4) Larry Collins			ļ	. /	ļ	ļ			1	
Chapin		}	<b>i</b>	V	-	<del> </del>		ļ		
(5) Rachell Milbelly	ļ	1	1	1					ììì	
6) Art Winder	<del> </del>		<u> </u>	<b>V</b>			╁	<del> </del>		••
Worthy Cordintok		1		√					]	
(7) Sonla Sidlauskas			T		1				1	
Trustes				V						
(B) Jerry More				Γ.						
Trustee		]		V	L_		l			
(9) James Tipton				١,		1		<b>:</b>	1	
Trustes		ļ	ļ	✓	L.	ļ	_			
(10) Rick Mc Deely	ļ		1	1	ļ	ļ	l	1	}	
Toustee		L	<u> </u>	Y	ļ	<u> </u>	-		ļ	
(11) Scott Martin			ļ	1			1			
Trustee	<u> </u>		┝	<u>                                     </u>		<del>}</del>		<del></del>		
(12) Samie Ferguson	-}			/	ŀ	l				
TUSIUE ORDER	<del>                                     </del>	<del> </del>	$\vdash$	Y	$\vdash$	┼	$\vdash$		<del> </del>	
(13)	- <del> </del> -	·]			ļ		ļ	]	]	
(14)		-	$\vdash$	$\vdash$	一	<del> </del>	╁	<del> </del>		
Y.11	- <del> </del>	1						1		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/005	-		lighe	st C	ompensated E	mployees (	continue	d)		
	(A) Name and title	(B) Average hours per week (list any	verage box, unless person is officer and a director/					an tee)	Reportable compensation	(E) Reportab compensation related		(F) Estimated amount of other		
		hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compo froi orgai and	ensation m the nization related nization	1
(15)							— <u>—</u>						<del></del> .	
(16)							_							
(17)														
(18)								_				··. —		
(19)							<u> </u>	ļ		)				<del></del>
(20)						-								
(21)											+		<del></del> ,	
(22)							-	-						
(23)														
(24)												_		
(25)														
1b c	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		· ·	<b>&gt; &gt;</b>						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	no received m	ore than \$1	00,000	of	· ,	
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc						emp	ployee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of regreater th	portal an \$1	ble ( 150,	con 000	npe )? <i>(</i>	nsation f "Ye	on a s,"	ind other comp complete Sch	pensation from the dule of the	om the	4	المائمة	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dividual 	5		1
Section	on B. Independent Contractors	<u> </u>							· · · · · · · · · · · · · · · · · · ·			.1.3		
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of s	ervices	C	(C) Compens	ation	
1	<b>+</b>													
2	Total number of independent contractor	ors (includi	ng bu	ıt n	ot	limi	ted to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the o	rgai	niza	tion								

Par	VIII	Check if Schedule O contains		to one alloc	tion in this Port \	/III		
				to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	ta b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1b 2 1c \6 1d s) 1e ts, 20ve 1f \2	\$20.00 \$20.75 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
	h	Total. Add lines 1a-1f		►	64,0100			
Program Service Revenue	2a b c	Pol Tables   July	<b>I</b>	Siness Code	<i>2</i> 930. <sup>20</sup>			
ຮັ	e							
Prograr	f	All other program service rev Total. Add lines 2a-2f		•				
	3	Investment income (including						<u></u> <u></u> <u></u> - <u></u> - <u></u> - <u></u>
	4 5	and other similar amounts) Income from investment of tax-of- Royalties	exempt bond p	▶				
	6a	Gross rents	(i	i) i Gidonai		į		
	b	Less: rental expenses			,	a ša	-	,
	c	Rental income or (loss)				1		
	d	Net rental income or (loss)		▶				
	7a	Gross amount from sales of assets other than inventory	curities	(II) Other	14	,		-
	b	Less: cost or other basis and sales expenses .			• • •	٠, حت	, A.,	·
	d	Gain or (loss)	· · · <u>· ·</u>	>	*			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	e 1c).		, , , , , , , , , , , , , , , , , , , ,	·		<i>v</i> -
¥	ь	Less: direct expenses	b					
•		Net income or (loss) from fun		nts . 🕨				
	9a	Gross income from gaming at See Part IV, line 19			-			
		Less: direct expenses						<u> </u>
	10a	Net income or (loss) from gar Gross sales of inventory returns and allowances	, less					
	b	returns and allowances a Ba883.47 Less: cost of goods sold b 30334.88 Net income or (loss) from sales of inventory			5364359	, , ,		
	_ <u>c</u>	Miscellaneous Revenue		y ► siness Code	<u>52543,59</u>			
	11a b	Other		<u></u>	Z140.83			
	C						<del></del>	
	d	All other revenue						
	е	Total. Add lines 11a-11d .		>				
	12	Total revenue. See instruction	ons	▶	W.6PPEJ	NA	NA	NA Form <b>990</b> (2012)
								rom <b>355U</b> (2012)

Part 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 respon-	se to any question i	n this Part IX		🗆
Do no 8b, 9b	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) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		NA		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	599.50 3742.28		3742.28	NIA
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)	19235.2S		1935.25	
9	Other employee benefits	24.10.10		7.10.113	
10	Payroll taxes	3449.47		3449.47	
11	Fees for services (non-employees):		1		/
a	Management				<del></del>
b	Legal		<del></del>		<del></del>
c d	Lobbying				
e	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	73.00		73.00	
13	Office expenses	417.94		417.94	
14	Information technology				
15	Royalties				
16 17	Occupancy Utilities	12145,20		18145.20	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest			0000	
21	Payments to affiliates . DUES	295.∞		245,00	
22	Depreciation, depletion, and amortization .	4365.45		4365,45	<del></del>
23	Insurance	7063.43		4263,43	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		1		/
	line 24e amount exceeds 10% of line 25, column	[	{		(
	(A) amount, list line 24e expenses on Schedule O.)		\		<b>\</b>
а	Equipment	5588,73		5588,73	
b	Blda & Ground	1984,45		1984.45	
С	Gocial +Chacity E+P.	1143,11		1143.11	٥
d	Taxes (Fed State a Percapite)	110009.95		16609.95	
e	All other expenses	2739,94	- N A	2739.94	
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	72389.27	NA	J 2388 '91	DIA
<b>2</b> 0	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)		,		·
		<del></del>			Form <b>990</b> (2012)

Pa	art X				
		Check if Schedule O contains a response to any question in this Part )	<u> </u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9878.40	1	1777.04
ļ	2	Savings and temporary cash investments	1357.01	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			,
		trustees, key employees, and highest compensated employees.	,		
i		Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
ļ		other basis. Complete Part VI of Schedule D 10a			in the second
	b	Less: accumulated depreciation 10b	4500.00	10c	4500.00
	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	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15738.41	16	40.1160
	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · ·
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	···
Se	22	Loans and other payables to current and former officers, directors,	, u		
Liabilities		trustees, key employees, highest compensated employees, and	The state of the s	·	23 1 1 2 3 3 2 1 1 2
api		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
			~	26	Ø
	26	Total liabilities. Add lines 17 through 25	<b>X</b>	120	<del></del>
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.		<u> </u>	
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	AL		
35	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	ļ
fet	33	Total net assets or fund balances		33	<u> </u>
_	34	Total liabilities and net assets/fund balances	15735.41	34	LO. アアビリ Form <b>990</b> (2012

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Page	1	2

				a —		
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)	<u>က                                    </u>	30,	90		
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1			,37/		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			41		
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities		<u> </u>			
7	Investment expenses		<u>Ø</u>			
8	Prior period adjustments			Ø		
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			(		
		کھ م	<u> </u>	04		
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: Accounting Method used to prep					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
_		2a				
2a						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	- [	, ,	* .		
	Separate basis Consolidated basis Both consolidated and separate basis	, j	1. 18 (1.)	3 3		
_	Were the organization's financial statements audited by an independent accountant?	2b	·			
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	120				
	separate basis, consolidated basis, or both:	, "11	, '	'}		
	Separate basis Consolidated basis Both consolidated and separate basis	1, 4	**	í		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	NA	ł		
	If the organization changed either its oversight process or selection process during the tax year, explain in		-	1		
	Schedule O.		-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-				
	the Single Audit Act and OMB Circular A-133?	3a				
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		, 1			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	N	A		
		Form	990	(2012)		