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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 08/01/12, and ending 07/31/13

B Check if applicable	C Name of organization HONOURS, INC.		D Employer identification number 39-1430131
<input type="checkbox"/> Address change	Doing Business As		E Telephone number 262-644-5261
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 209 POLK STREET		Room/suite
<input type="checkbox"/> Initial return	City, town or post office, state, and ZIP code SLINGER WI 53086		G Gross receipts \$ 1,143,545
<input type="checkbox"/> Terminated	F Name and address of principal officer KEN LEESON, TREASURER 200 HEDER DR. SLINGER WI 53086		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending			H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) 4947(a)(1) or <input type="checkbox"/> 527			J Website: ► N/A
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation 1985 M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities.

TO PROVIDE HIGHER EDUCATION SCHOLARSHIPS

Activities & Governance	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3 11
	3 Number of voting members of the governing body (Part VI, line 1a)	4 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 0
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	6 15
	6 Total number of volunteers (estimate if necessary)	7a 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b 0
b Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 183,557 Current Year 93,395
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,286 206,879
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,556 2,068
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	249,399 302,342
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	86,446 98,525
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,401		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,069 32,877	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	95,515 131,402	
19 Revenue less expenses Subtract line 18 from line 12	153,884 170,940	
Expenses	Beginning of Current Year	End of Year
	2,367,513	2,621,579
	0	0
	2,367,513	2,621,579
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances. Subtract line 21 from line 20	

Part II 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 Here	► <i>Kenneth R. Leeson</i>	Date Oct. 9, 2013
	Signature of officer KEN LEESON	
	Type or print name and title TREASURER	
Paid Preparer Use Only	Print/Type preparer's name GLEN A. MILKUS	Preparer's signature <i>GLEN A. MILKUS</i>
	Firm's name ► MILKUS & LOFY, S.C.	Date 09/25/13 Check <input type="checkbox"/> if self-employed PTIN P00048484
	Firm's address ► 1715 W PARADISE DR WEST BEND, WI 53095	Firm's EIN ► 39-2041865
	Phone no 262-338-0159	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form 990 (2012)

917-1

Part III | Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE HIGHER EDUCATION SCHOLARSHIPS2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **98,705** including grants of \$ **98,525**) (Revenue \$)**PROVIDED 84 STUDENTS WITH SCHOLARSHIPS TO ATTEND
POST-SECONDARY EDUCATIONAL INSTITUTIONS**

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **98,705**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
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 "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
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 X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
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 X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

		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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<input checked="" type="checkbox"/>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	<input checked="" type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<input checked="" type="checkbox"/>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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	X
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	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7	Organizations that may receive deductible contributions under section 170(c).	7b	
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?	7c	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	Section 501(c)(7) organizations. Enter:	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	Section 501(c)(12) organizations. Enter:	13a	
a	Gross income from members or shareholders	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13c	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	11	Yes	No
1b	11			
2			X	
3			X	
4			X	
5			X	
6			X	
7a			X	
7b			X	
8a			X	
8b			X	
9			X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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?

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?

	10a	Yes	No
10b			
11a	X		
12a		X	
12b			
12c			
13		X	
14		X	
15a			X
15b			X
16a			X
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► WI

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 of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **KEN LEESON**

209 POLK STREET

WI 53086

262-644-5261

SLINGER

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) BRIAN NOWICKI	1.00								
PRESIDENT	0.00	X		X			0	0	0
(2) DAN KERN	1.00								
VICE PRESIDENT	0.00	X		X			0	0	0
(3) HANK KARIUS	0.00								
DIRECTOR	0.00	X					0	0	0
(4) DAREN SIEVERS	0.00								
DIRECTOR	0.00	X					0	0	0
(5) DeANN CAMPBELL	0.00								
DIRECTOR	0.00	X					0	0	0
(6) KEN LEESON	1.00								
TREASURER	0.00	X		X			0	0	0
(7) JENNY BOYD	1.00								
SECRETARY	0.00	X		X			0	0	0
(8) PHIL OURADA	0.00								
DIRECTOR	0.00	X					0	0	0
(9) HEIDI LOFY	0.00								
DIRECTOR	0.00	X					0	0	0
(10) CHERIE RHODES	0.00								
DIRECTOR	0.00	X					0	0	0
(11) SHERRY SCHAEFER	0.00								
DIRECTOR	0.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former or director or trustee	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee		
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	0	

Part VIII Statement of Revenue

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

		(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	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f ►	93,395 10,426 93,395			
Program Service Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a-2f ►				
	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties	81,359			81,359
	6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory (i) Securities 964,311 b Less cost or other basis & sales exps 838,791 c Gain or (loss) 125,520 d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 4,480 b Less: direct expenses b 2,412 c Net income or (loss) from fundraising events ► 2,068 9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory ► 11a b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ►	125,520 125,520	125,520	2,068	2,068
Other Revenue	Miscellaneous Revenue Busn. Code				
	11a b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ►	302,342	125,520	0	83,427

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 response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	98,525	98,525		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	1,725	1,725		
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				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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)				
a INVESTMENT EXPENSES	29,482	29,482		
b PRINTING & PUBLICATIONS	1,052		1,052	
c OFFICE EXPENSES - ENGRAVING	287			287
d AWARDS NIGHT	180	180		
e All other expenses	151		89	62
25 Total functional expenses. Add lines 1 through 24e	131,402	98,705	31,296	1,401
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	4,717	1	8,313
	2 Savings and temporary cash investments	41,185	2	96,840
	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. Complete Part II of Schedule L		5	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	2,321,611	11	2,516,426
	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)	2,367,513	16	2,621,579
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,367,513	27	2,621,579
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,367,513	33	2,621,579
	34 Total liabilities and net assets/fund balances	2,367,513	34	2,621,579

Part XI Reconciliation of Net AssetsCheck 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	302,342
2 Total expenses (must equal Part IX, column (A), line 25)	2	131,402
3 Revenue less expenses. Subtract line 2 from line 1	3	170,940
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,367,513
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	83,126
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,621,579

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a <input checked="" type="checkbox"/>	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b <input checked="" type="checkbox"/>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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 <input checked="" type="checkbox"/>	
If the organization changed either its oversight process or selection process during the tax year, explain 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 the Single Audit Act and OMB Circular A-133?	3a <input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b <input type="checkbox"/>	

SCHEDULE A
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

HONOURS, INC.Employer Identification number
39-1430131
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

 For Paperwork Reduction Act Notice, see the Instructions for
 Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,151	45,738	57,409	183,557	93,395	450,250
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70,151	45,738	57,409	183,557	93,395	450,250
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						450,250

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	70,151	45,738	57,409	183,557	93,395	450,250
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,244	51,472	58,190	62,221	81,359	309,486
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-112,597	55,075	6,000	5,520	2,068	-43,934
11 Total support. Add lines 7 through 10						715,802
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	62.90 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	65.53 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	11,200	11,200	11,200	11,200	11,200	11,200

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

DINNER THEATER - NET	\$	21,022
SALES OF SECURITIES - NET	\$	-71,886
CAPITAL GAIN DISTRIBUTIONS	\$	6,930

35001 HONOURS, INC.
39-1430131
FYE: 7/31/2013

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Other	\$ 34,769
	5,000
	10,426
	20,000
	5,000
	5,000
	13,200
Total	\$ <u>93,395</u>

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 30,132
	38,537
	12,690
Total	\$ <u>81,359</u>

RETURN OF PRINCIPAL

SCHEDULE I
(Form 990)

 Department of the Treasury
 Internal Revenue Service

**Grants and Other Assistance to Organizations,
 Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2012
 Open to Public
 Inspection

OMB No 1545-0047

Name of the organization
HONOURS, INC.Employer identification number
39-1430131**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						(f)	(g)		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

► Schedule I (Form 990) (2012)

HONOURS, INC.Schedule I (Form 990) (2012) **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.**Part III****Part III Grants and Other Assistance to Individuals in the United States in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	84	98,525			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

**A SELECTION COMMITTEE GOES THROUGH A DETAILED SELECTION PROCESS EACH YEAR
TO SELECT QUALIFIED STUDENTS TO RECEIVE THE SCHOLARSHIPS.**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

HONOURS, INC.

Employer identification number

39-1430131

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**A COPY OF FORM 990 WAS REVIEWED AND APPROVED BY MEMBERS OF THE BOARD OF
DIRECTORS PRIOR TO FILING THE RETURN.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
**THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.**

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

NET CHANGE IN UNREALIZED GAINS ON INVESTMENTS \$ 83,126

35001 HONOURS, INC.
39-1430131
FYE: 7/31/2013

Federal Statements

Taxable Interest on Investments

Description

	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 30,132			14		
Total	\$ 30,132					

Taxable Dividends from Securities

Description

	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 38,537			14		
Total	\$ 38,537					

35001 HONOURS, INC.
39-1430131
FYE: 7/31/2013

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FOREIGN TAX W/H ON INV	\$ 79	\$	\$ 79	\$
ADVERTISING	62			62
LICENSES & PERMITS	10		10	
Total	\$ 151	\$ 0	\$ 89	\$ 62

FISCAL YEAR PAYMENTS

ScholarshipName	LastName	FirstName	Notes	Date	Amount
Allenton Advancement					
	MARTOLA	PHILLIP	2ND PAYMENT SENT	7/10/2013	\$300.00
		PHILLIP	1ST PAYMENT	27/2013	\$300.00
					\$600.00
	SPROUSE	EMILY	FINAL PAYMENT	2/7/2013	\$450.00
					\$450.00
					\$1,050.00
Scholarship Total					
Associated Bank					
	FOSSATTI	DANIELE	2ND PAYMENT	2/7/2013	\$650.00
					\$650.00
	HELD				
	ANDREA	1ST PAYMENT		2/7/2013	\$650.00
	ANDREA	2ND PAYMENT SENT		7/10/2013	\$650.00
					\$1,300.00

EIN 39-1430131

SCH I PART III

HONOURS INC
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SCHH PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
Scholarship Total					
COULSON					
BILLS	ALLYSON		2ND PAYMENT	2/7/2013	\$275.00
JENKINS	KELLIE		1ST PAYMENT	2/7/2013	\$275.00
	KELLIE		2ND PAYMENT SENT	7/10/2013	\$300.00
WALDRON	AUBREY		3RD PAYMENT	2/7/2013	\$275.00
					\$600.00
THEISEN	KATE		3RD PAYMENT SENT	7/10/2013	\$300.00
Scholarship Total					
Donath					
BEINE	ABBEY		2ND PAYMENT	2/7/2013	\$325.00
					\$325.00

HONOURS INC.

FORM 990

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SCH II PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
Scholarship Total		KATE	2ND PAYMENT	2/7/2013	\$300.00
First National Bank					\$600.00
					\$925.00
FELHOFER					
	AARON	1ST PAYMENT		2/7/2013	\$275.00
	AARON	2ND PAYMENT SENT		7/10/2013	\$275.00
SPAETH					\$550.00
	CARLY	2ND PAYMENT		2/7/2013	\$275.00
					\$275.00
Scholarship Total					\$825.00
Football-Basketball Sch					
	CULL				
	ALEXANDRIA	3RD PAYMENT		2/7/2013	\$400.00
	ALEXANDRIA	FINAL PAYMENT SENT		7/10/2013	\$400.00
EUCLIDE					\$800.00
	EDWARD	FINAL PAYMENT SENT		7/10/2013	\$400.00

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Scholarship Name	Last Name	First Name	Notes	Date	Amount
					\$400.00
THIELKE	SARA	SARA	1ST PAYMENT	2/7/2013	\$400.00
			2ND PAYMENT SENT	7/10/2013	\$400.00
					\$800.00
					\$2,000.00
Scholarship Total					
GUNDRUM	BELLING	ALYSSA	3RD PAYMENT	2/7/2013	\$250.00
					\$250.00
GIBBON	ALEXIS	ALEXIS	1ST PAYMENT	2/7/2013	\$250.00
			2ND PAYMENT SENT	7/10/2013	\$250.00
					\$500.00
Scholarship Total					
Hansen Foods	DHEIN	KATLYN	2ND PAYMENT SENT	7/10/2013	\$475.00

HONOURS INC
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Scholarship Name	Last Name	First Name	Notes	Date	Amount
	HUGHES				\$475.00
		ALEXANDRIA		2/7/2013	
		ALEXANDRIA	3RD PAYMENT SENT	7/10/2013	\$475.00
		ALEXANDRIA	2ND PAYMENT SENT	2/7/2013	\$475.00
					\$950.00
	MCLEAN				
		ANDREW	2ND PAYMENT SENT	7/10/2013	\$475.00
		ANDREW	1ST PAYMENT	2/7/2013	\$475.00
					\$950.00
					\$2,375.00
	Happel				
		DECKER			
		KYLE	FINAL PAYMENT SENT	7/10/2013	\$1,875.00
		KYLE	3RD PAYMENT	2/7/2013	\$1,875.00
					\$3,750.00
	KORINEK				
		KELLEY	1ST PAYMENT	2/7/2013	\$2,050.00
					\$2,050.00

HONOURS INC.
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SCHI PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
	WIRTH	KRISTIE	FINAL PAYMENT	2/7/2013	\$1,700.00
					\$1,700.00
					\$7,500.00
Scholarship Total					
Holtan Memorial					
	BITANTE	ELIZABETH	FINAL PAYMENT SENT	7/10/2013	\$550.00
		ELIZABETH	3RD PAYMENT	2/7/2013	\$550.00
					\$1,100.00
CLEARY	ABIGAIL	ABIGAIL	1ST PAYMENT	2/7/2013	\$550.00
		ABIGAIL	2ND PAYMENT SENT	7/10/2013	\$550.00
					\$1,100.00
KOPFMANN	NICOLE		3rd payment sent	7/10/2013	\$550.00
					\$550.00
Scholarship Total					\$2,750.00
Honours					
	BREUER				

HONOURS INC.

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SCHH PART III

ScholarshipName	LastName	First Name	Notes	Date	Amount
	BROOKE		1ST PAYMENT	2/7/2013	\$700.00
	BROOKE		FINAL PAYMENT SENT	7/10/2013	\$700.00
					\$1,400.00
DEE					
	TEHANI		2ND PAYMENT SENT	7/10/2013	\$1,000.00
	TEHANI		1ST PAYMENT	2/7/2013	\$1,000.00
					\$2,000.00
GENGLER					
	STEPHANIE		2ND PAYMENT	2/7/2013	\$1,300.00
					\$1,300.00
MANTZ					
	TYLER		FINAL PAYMENT	2/7/2013	\$650.00
					\$650.00
MAYER					
	CASSANDRA		2ND PAYMENT SENT	7/10/2013	\$550.00
	CASSANDRA			7/10/2013	
					\$550.00
ROY					
	JENNIFER		3RD PAYMENT	2/7/2013	\$1,250.00
	JENNIFER		FINAL PAYMENT SENT	7/10/2013	\$1,250.00

HONOURS INC.
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SCH I PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
RUFFENER	WYATT		FINAL PAYMENT SENT	7/10/2013	\$2,500.00
	WYATT		3RD PAYMENT	2/7/2013	\$1,050.00
					\$1,050.00
SOVINSKI	BRADLEY		FINAL PAYMENT SENT	7/10/2013	\$2,100.00
	BRADLEY		3RD PAYMENT	2/7/2013	\$1,550.00
					\$1,550.00
SPROUSE	AMY		1ST PAYMENT SENT	7/10/2013	\$3,100.00
					\$3,100.00
TORAASSON	ERIK		1ST PAYMENT	2/7/2013	\$1,950.00
	ERIK		2ND PAYMENT SENT	7/10/2013	\$1,625.00
					\$1,625.00
					\$3,250.00
Scholarship Total					\$18,800.00
Honours-Nowicki					BORST

HONOURS INC
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ScholarshipName	LastName	First Name	Notes	Date	Amount
	MICHAEL		3RD PAYMENT	2/7/2013	\$1,450.00
	MICHAEL		FINAL PAYMENT SENT	7/10/2013	\$1,450.00
					\$2,900.00
GARLIE					
	LYDIA		2ND PAYMENT SENT	7/10/2013	\$1,950.00
	LYDIA		1ST PAYMENT	2/7/2013	\$1,950.00
					\$3,900.00
PARKS					
	LEAH		FINAL PAYMENT	2/7/2013	\$1,800.00
					\$1,800.00
					\$8,600.00
Scholarship Total					
JOANNE O'DWYER					
WAGNER					
	APRIL		1ST PAYMENT	2/7/2013	\$275.00
	APRIL		2ND PAYMENT SENT	7/10/2013	\$275.00
					\$550.00
					\$550.00
Scholarship Total					
Jody K Waldhart Mem					
BURNS					

HONOURS INC
FORM 990

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SCHI PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
SCHRAUFNAGEL	KEVIN		FINAL PAYMENT	2/7/2013	\$250.00
					\$250.00
VAN SWOL					\$500.00
	CHRISTOPHER		1ST PAYMENT	2/7/2013	\$250.00
	CHRISTOPHER		2ND PAYMENT SENT	7/10/2013	\$250.00
					\$500.00
Scholarship Total					\$1,250.00
Joe Wikrent Scholarshi	CUMMINNS	SONYA	FINAL PAYMENT	2/7/2013	\$325.00
					\$325.00
FLATH	REBECCA		3RD PAYMENT	2/7/2013	\$325.00
	REBECCA		FINAL PAYMENT SENT	7/10/2013	\$325.00
					\$650.00

HONOURS INC
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SCH I PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
	MIOSCH				
	JENNIFER		1ST PAYMENT	2/7/2013	\$325.00
	JENNIFER		2ND PAYMENT SENT	7/10/2013	\$325.00
					\$650.00
Scholarship Total					\$1,625.00
Kermit & Ruby Miller	HELD				
	EMILY		2ND PAYMENT SENT	7/10/2013	\$1,775.00
	EMILY		1ST PAYMENT	2/7/2013	\$1,775.00
					\$3,550.00
SACOTTE	KAITLYN		FINAL PAYMENT SENT	7/10/2013	\$1,775.00
	KAITLYN		3RD PAYMENT	2/7/2013	\$1,775.00
					\$3,550.00
THOMAS	DEBBIE		FINAL PAYMENT	2/7/2013	\$1,775.00
					\$1,775.00
Scholarship Total					\$8,875.00
Kraft, Oscar & Carolyn					

HONOURS INC
FORM 990

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SCHI PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
POPE	COLIN		2ND PAYMENT	2/7/2013	\$325.00
					\$325.00
Scholarship Total					\$325.00
KRALL FAMILY	KOPP	KAYLA	1ST PAYMENT	2/7/2013	\$250.00
					\$250.00
Scholarship Total					\$250.00
Kreilkamp Trucking	HAINER	CASSANDRA	3RD PAYMENT SENT	7/10/2013	\$625.00
					\$625.00
LAUDE	STEPHANIE		1ST PAYMENT	2/7/2013	\$625.00
	STEPHANIE		2ND PAYMENT SENT	7/10/2013	\$625.00
SCHRAUFNAGEL	ANDREW		1ST PAYMENT	2/7/2013	\$1,000.00

HONOURS INC
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EIN 39-1430131
SCH II PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
VAN DEREL	ELIE	ELLIE	FINAL PAYMENT	2/7/2013	\$1,000.00
WUDTKE	BROCK	BROCK	FINAL PAYMENT	2/7/2013	\$1,000.00
					\$1,000.00
					\$1,000.00
					\$4,875.00
					\$1,050.00
					\$1,050.00
					\$1,950.00

Scholarship Total

Kurt & Linda Kleinhan

Scholarship Total

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SCHI PART III

<u>Scholarship Name</u>	<u>Last Name</u>	<u>First Name</u>	<u>Notes</u>	<u>Date</u>	<u>Amount</u>
LEAD					
	BURNS				
	SCOTT		2ND PAYMENT SENT	7/10/2013	\$500.00
	SCOTT		1ST PAYMENT	2/7/2013	\$500.00
					\$1,000.00
	HAUSMANN				
	RACHEL		3RD PAYMENT	2/7/2013	\$375.00
	KUHN				
	TROY		FINAL PAYMENT	2/7/2013	\$850.00
					\$850.00
	ROSKOPF				
	ABBY		FINAL PAYMENT SENT	7/10/2013	\$250.00
	ABBY		3RD PAYMENT	2/7/2013	\$250.00
					\$500.00
	SCHULTZ				
	DANAE		1ST PAYMENT	2/7/2013	\$750.00
					\$750.00
					\$3,475.00

Scholarship Total

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SCHI PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
Marilyn Zuern Memorial	BLANK				
	CHRISTOPHER	CHRISTOPHER	3RD PAYMENT FINAL PAYMENT SENT	2/7/2013 7/10/2013	\$350.00 \$350.00
	OSIECZANEK	BETHANY	2ND PAYMENT SENT 1ST PAYMENT	7/10/2013 2/7/2013	\$375.00 \$375.00
					\$750.00
					\$1,450.00
Scholarship Total					
Mechenich Memorial					
	BREUER	DANIEL	2ND PAYMENT SENT 1ST PAYMENT	7/10/2013 2/7/2013	\$325.00 \$325.00
	PEDRICK	BENJAMIN	3RD PAYMENT SENT	2/7/2013	\$325.00
					\$325.00

HONOURS INC
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SCHI PART III

<i>ScholarshipName</i>	<i>LastName</i>	<i>First Name</i>	<i>Notes</i>	<i>Date</i>	<i>Amount</i>
Scholarship Total					
Prefontaine					
	BLAZEI				
	TAYLOR		1ST PAYMENT	2/7/2013	\$300.00
	TAYLOR		2ND PAYMENT SENT	7/10/2013	\$300.00
	BREMER				
	SAMUEL		FINAL PAYMENT	2/7/2013	\$300.00
	PREFONTAINE				
	NICOLE		FINAL PAYMENT SENT	7/10/2013	\$300.00
	NICOLE		3RD PAYMENT	2/7/2013	\$300.00
	HATHAWAY				
	JENNIFER		2ND PAYMENT SENT	7/10/2013	\$1,000.00
Scholarship Total					
RD Ziegler					

HONOURS INC
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SCHILLING PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
HINOJOS		JENNIFER	1ST PAYMENT	2/7/2013	\$1,000.00
					\$2,000.00
LOWEN	MARIYA	MARIYA	2ND PAYMENT 3RD PAYMENT SENT	2/7/2013 7/10/2013	\$900.00 \$900.00
					\$1,800.00
SCHILLING-GENZ	BRITTANY	BRITTANY	3RD PAYMENT SENT FINAL PAYMENT SENT	2/7/2013 7/10/2013	\$875.00 \$875.00
					\$1,750.00
					\$5,550.00
BINGEN	RICK	RICK	2ND PAYMENT 3RD PAYMENT SENT	2/7/2013 7/10/2013	\$275.00 \$275.00
					\$550.00
XIONG	AE		1ST PAYMENT	2/7/2013	\$300.00
					\$300.00

HONOURS INC
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SCH II PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
Scholarship Total					\$850.00
Slinger/Allenton Rotary					
	BENSEMANN				
	HEATHER	HEATHER	FINAL PAYMENT SENT 1ST PAYMENT	7/10/2013 27/2013	\$500.00 \$500.00
	TARVIN	LAUREN	2ND PAYMENT SENT	7/10/2013	\$1,000.00
	TREUTEL	JENNIFER	2ND PAYMENT SENT 1ST PAYMENT	7/10/2013 27/2013	\$1,000.00 \$1,000.00
					\$2,000.00
Scholarship Total					\$4,000.00
Theisen/Roth					
	ARNDT	VALERIE	FINAL PAYMENT	27/2013	\$750.00
	GUTBROD				\$750.00

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SCHII PART III

<i>Scholarship Name</i>	<i>Last Name</i>	<i>First Name</i>	<i>Notes</i>	<i>Date</i>	<i>Amount</i>
	MITCHEL		2ND PAYMENT	2/7/2013	\$500.00
					\$500.00
					\$500.00
					\$500.00
					\$500.00
					\$1,750.00
Scholarship Total					
WEST BEND MUTUA					
	BARRETT				
		JAMES	2ND PAYMENT SENT	7/10/2013	\$300.00
		JAMES	1ST PAYMENT	2/7/2013	\$300.00
					\$600.00
	OWENS				
		LEA	3RD PAYMENT SENT	7/10/2013	\$275.00
		LEA	2ND PAYMENT	2/7/2013	\$275.00
					\$550.00
Scholarship Total					
William Storck					
	GALEZIO				
		MICHAEL	3RD PAYMENT	2/7/2013	\$1,825.00

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SCHI PART III

Scholarship Name	Last Name	First Name	Notes	Date	Amount
	MICHAEL		FINAL PAYMENT SENT	7/10/2013	\$1,825.00
					\$3,650.00
LEITHOLD	JULIA		1ST PAYMENT	2/7/2013	\$1,825.00
	JULIA		2ND PAYMENT SENT	7/10/2013	\$1,825.00
					\$3,650.00
					\$7,300.00
Scholarship Total					
Ziegler Foundation					
BINGEN	ALICIA		3RD PAYMENT	2/7/2013	\$375.00
					\$375.00
EHLINGER					
AUTUMN			2ND PAYMENT SENT	7/10/2013	\$400.00
AUTUMN			1ST PAYMENT	2/7/2013	\$400.00
					\$800.00
Scholarship Total					
Grand Total					
					\$98,525.00