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Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter Social Security numbers on this form as it may be made public.

Depa	artment of	the Treasury	Do not enter Social Security numbers on this form as it ma			'	Inspec	tion 0
ोत्तरेक	nai Haven	ue Service	▶ Information about Form 990 and its instructions is at www.					iloit o
A	For the	2013 cale	ndar year, or tax year beginning APRIL 1 , 2013, and en	naing	MARC	<del></del>	20 14	
В	Check if	applicable:	C Name of organization BPOE OF THE USA 1692, TELLURIDE		1		entification r	rithurides.
	Address	change	Doing Business As COCUDLENT	- (0. 10.	<del>}</del>		-0147068	
	Nалте ct	າ <b>ວ</b> ນຕີຍ	Number and street (or PO: box if mail is not delivered to street address)	T/Surte	} 5	Telephone nu		
	Initial ref	um	PO BOX 986			970	3-728-6362	
	Termina	tea .	City or town, state or province, country, and ZIP or foreign postal code		1.	_	_	
	Amende	d temm	TELLURIDE, CO 81435			Gross recelp		173,960
	Applicat	gnibnaq noi	F Name and address of principal officer. DOUG MILLER				orass) 🔲 Ye	
			PO BOX 986, TELLURIDE, CO 81435				luded? 🔲 Ye	
<u></u>	Tox-exe	mpt status					(see instructi	
<u>J</u>	Website					מטום הסטום חשר		1156
K			Corporation Trust Association Other ► L Year of to	mation.		M State of te	gal domicile	<u>co</u>
P	art	Summ						
	1	Briefly de	escribe the organization's mission or most significant activities: CO	MMUN	ITY SERVIC	<u>;e</u>		•
92	1						.,	•••••
يا ا	{		,					
Covernar Governar	2		is box $ ightharpoonup$ if the organization discontinued its operations or disposi	ed of n	nore than :	25% of its	net assets	•
୰ଌୄ	3					3		5
~ <b>~</b>	4		of independent voting members of the governing body (Part VI, line	-		4		
<u>ڇ</u> و	5		mber of individuals employed in calendar year 2013 (Part V, line 2a)			5		8
₽Ē	6		nber of volunteers (esungas) necessary)			6		25
图名	7a	Total unr	elated business reuning from Part VIII. column (C), line 12			7a		
<u></u>	Ь	Net unrel	lated business foliable moome from Form 990 F line 94 ED			7b		
$\overline{}$	1		STOP 813G	T	Prior Yea	ur	Current \	Year
	8	Contribut	STOP 813G	. —		31330		26113
2	9	Program	service (applice (Part valeine 2g) FEB. 2.3 2015			160		0
Z	10	Investm	int income (Part Vither) until A. lines 3. 4. and 7dl			29239		31962
	11	Other rev	Anua (Papara Sconsida Lines 5 6d 8c 9c (16759)#14)	·		85951		
SCANNEL STATES	12	Total rev	int income (Part Amerika) lines 3. 4. and 7d)  anue (Part M. Contain A), lines 5, 6d, 8c, 9c, 10c, 2nd 11e)  enve – add (1992) Through 11 (must equal Part VIII, Column (A), line 12	, —			<del></del>	78089
<del>قیک</del>	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	<del>"</del>		146680		136164
	14		paid to or for members (Part IX, column (A), line 4)	.		8932		1691
				; ├─		<del></del>		
Expenses	100		other compensation, employee benefits (Part IX, column (A), lines 5-10)	′		58935		41189
e)	16a		onal fundraising fees (Part IX, column (A), line 11e)	·	<del></del>			
Ž,	þ		draising expenses (Part IX, column (D), line 25)	-				
ш	1 "		penses (Part IX, column (A), lines 11a-11d, 111-24e)	·		94901		81590
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·		162768		124470
	19	Revenue	less expenses. Subtract line 18 from line 12			-16088		11694
( Assets or d Balences		_		Begi	inning of Curr	ent Year	End of Y	ear
198	20		ets (Part X, line 16)		1,4	192,754		1,513,771
			ilities (Part X, line 26)	. [		9588		-25953
ž	22_		ts or fund balances. Subtract line 21 from line 20		1.4	183,166		1,539,724
Pa	art II	Signat	ure Block					1,000,124
Un	der pena	itles of pequi	ry, I declare that I have examined this return, including accompanying schedules and s	tatemen	ts, and to the	best of my kr	owledge ac	d bollof at us
tru	e, correc	t, and compi	ote. Declaration of preparer (other than officer) is based on all information of which prep	parer has	any knowled	ige	ountage and	a ocaçi, it is
			Cathall words	·		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Sig	חן	Signa	sture of officer		Oste			
He	re		CYNTHIA WYS ZYNSK! TREASURER			1 28	14	
		Type	or print name and title					
D.		Pontry	o preparer's name Preparer's signature	Date	<del></del>		lone	
Pa		PAMEL	A REGAN	í	1	Check 🕢 if	PTIN	
	epare	' -		07.	18:14	self-employed	P0026	50746
US	e Only	y ———	THE DERVICE, INC.		Fum s	EIN Þ	26-28583	55
Mai	the IP	S discuss	dress > 251 BUCKTHORN ROAD, NEW CASTLE, CO 81647		Phone	no	970-274-15	
	7 1110 171	0.30035	this return with the preparer shown above? (see instructions)				✓ Yes	
For	Paperw	ork Reduc	tion Act Notice, see the separate instructions.	1 No. 11	2022			100

Cat. No. 11282Y

	90 (2013)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. D</u>
1	Briefly describe the organization's mission:	
	OPERATE FOR THE BENEFIT OF MEMBERS AND PERFORM CHARITABLE WORK WITHIN THE COMMUNITY	
	***************************************	
2	Did the organization undertake any significant program services during the year which were not listed on the	
7	prior Form 990 or 090-EZ?	(Z) No
	If "Yes," describe these new services on Schedule O.	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☑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 meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	ured by others,
	The folia dispersion, and former, it may, the foliation program outside reported.	
4a	(Code: ) (Expenses \$ 2384 including grants of \$ ) (Revenue \$	)
	SCHOLARSHIPS FOR EDUCATIONAL ASSISTANCE	
	,	
	***************************************	••••••
	,	••••••
	***************************************	
	***************************************	
	1001	
		•••••
4b	(Code: ) (Expenses \$ 2426 including grants of \$ (24)) (Revenue \$ MEDICAL, HOUSING, FOOD AND OTHER CHARITABLE ASSISTANCE	<del></del>
7-	MEDICAL HOUSING FOOD AND OTHER CHARITARI F ASSISTANCE	. 1
	TOTAL	
	203. 27	*********
	4	
		**********
		*
4c	(Code: ) (Expenses \$ 3006 including grants of \$ ) (Revenue \$	)
	LODGE ACTIVITIES FOR MEMBERS	
	***************************************	
	***************************************	
	***************************************	·
	***************************************	
	***************************************	<b></b>
	***************************************	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••
	***************************************	
		•••••
	4	•••••
	Other program services (Describe in Schedule O.)	
	(Expenses S including grants of S ) (Revenue S )	
	Total program service expenses	

Part	Checklist of Required Schedules		r	· · · · ·
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	<u> </u>	Yos	No
_	complete Schedule A	1		1
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, time 10? If "Yes," complete Schedule D, Part VI	11a	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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	110		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
	Oid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		<b>✓</b>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		<b>✓</b>
-	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		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		<b>∀</b>
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u> </u>
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		•	,
208	bid the diganization operate one or more nospital facilities? If "yes," complete Schedule H	19 20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_
	in an order state mand to this return?		990	/2013)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

Form 990 (2013)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18 0	." 2."		. —
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		٠.	٠.
C	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		*:	
2a		10	<u> </u>	<b>-</b>
20	Contaminate filed for the colonidar year and in with a with a with a second as a second as	,		1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	[
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-20		-
3в	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b> </b>
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
þ	If "Yes," enter the name of the foreign country:	F F		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, T.	•	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
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?	e_		1
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<del>                                     </del>
_	qifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			<del>                                     </del>
a	and the second of the second o	) :		j
	and services provided to the payor?	7a		✓
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	14.	77.3	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		~
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
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	5	4	- '
	organization, have excess business holdings at any time during the year?	В		
9	Sponsoring organizations maintaining donor advised funds.	<del>-</del>		
a	Did the organization make any taxable distributions under section 4966?	9a	- 1	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		` '	-
3	Initiation fees and capital contributions included on Part VIII, line 12	. 1	-	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	:. : I	;; ·	_
11	Section 501(c)(12) organizations. Enter:	`		
8	Gross income from members or shareholders	v	, ,	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	j	j	
40-	<u> </u>	40-	· ]	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	128		<del></del>
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?	13a	<del>}</del>	
-	Note. See the instructions for additional information the organization must report on Schedule O.		77	<del></del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			i
	the organization is licensed to issue qualified health plans	: ::		-
C	Enter the amount of reserves on hand	7.5		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	- 1	
		Form	990	ZO13)

	ov (terra)	- ' - '
Part		Page 6
Sect	Check if Schedule O contains a response or note to any line in this Part VI	
0000	on A. Governing Body and Management	
1a	Enter the number of voting members of the governing bank at the second	Yes No
	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.	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	] . ] ].
2	any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 /
. 3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 1
4	Did the organization make any significant changes to its governing documents since the onor Form 990 was filed?	4 7
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 /
6	Did the organization have members or stockholders?	6 1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	
		7a ✓
O	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	
8	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during	76
•	the year by the following:	1.1.1.1
а	The governing body?	
b	Each committee with authority to act on behalf of the governing body?	8a 🗸
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	90 V
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9 /
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code )
		Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a ✓
ь	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?	400
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11814
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 🗸
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c
13	Did the organization have a written whistleblower policy?	13 🗸
14	Did the organization have a written document retention and destruction policy?	14 🗸
15	Did the process for determining compensation of the following persons include a review and approval by	7 72 1 7 4 3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	:
а	The organization's CEO, Executive Director, or top management official	15a ✓
b	Other officers or key employees of the organization	15b /
	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?	16a /
ь	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
Coati	on C. Disclosure	1001
17	List the states with which a copy of this Form 990 is required to be filed ► COLORADO	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s anly)
	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 in	terest 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. ▶	5 000 marai

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orm 990 (2013)	Pego
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	oyees, and
Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	<u>, C</u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
to Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within th

- 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	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.	_
(A) Name and Title	(B) Avérage hours per wook (list any	box, office	unies er and	Pos neck as pe d a d	rson irect	than ( is both or/trust	an lee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustoo	Officer	Kay annioyoo	Highosi compensated employee	f carmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JACK EAGLETON TRUSTEE	4	<b>V</b>						0	0		
(2) ERICK MOSHER	4										
TRUSTEE		<b>/</b>			_		<u> </u>	0	0		0
(3) GEORGE BREENBANK TRUSTEE	4	1						0	0		0
(4) STEPHEN BETZ TRUSTEE	4	1						0	0		0
(5) MARY WODEHOUSE TRUSTEE	4	1						0	0		0
(6) DOUG MILLER EXALTED RULER	4	1									_
(7) KENNY VANN	2	·						0			<u>0</u>
LEADING KNIGHT (8) BEN DONOFRIO	2	-			-			0	0	<u></u>	0
LOYAL KNIGHT		<b>/</b>					_	0	0		0
(9) CASEY NESSAN LECTURING KNIGHT	2	1							0	!	0
(10) TAMMY ROWE SECRETARY	4	1						3750	o		0
(11) CINDY WYSZYNSKI TREASURER	4	/									
(12)								250	0		0
(13)		-									~
(14)			-	-	$\dashv$		$\dashv$				-
											_

Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yeer	s, 81	nd H	lighe	st C	ompensated E	mployees (	contin	nued)
	(A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch unles er and	Fos neck is pe	itron more rson irect	than o	one n an tee)	(D) Reportable compensation from	(E) Reportab compensation related	sle n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Koy amployed	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-k	ons	compensation from the organization and related organizations
(15)												<del></del>
(16)			_							<del> </del> -		
(17)									<del> </del>			
(18)								-				<del></del>
(19)					-			-				
(20)			<u> </u>	-	-			_				
(21)					-			-				
(22)						_				<del></del>		<del> </del>
								_			-	
(25)							_				-	
1b	Sub-total			Ш	Ш				4000			<del></del>
d C	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					•	4000			
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed a	bove	) w		ore than \$10	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	icer, direct	tor, o	r tn	uste indi	ee, l	key e	mp	loyee, or high	est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg	oortat	ole d	com	pen	satio	n at	nd other comp	ensation fro	om th	e # 773 CT
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper omoli	isat	ion Sch	fron edu	n any <i>le J fo</i>	uni or si	related organiz	ation or ind	lividua	al 1-200 7-22 17-24
Section	on B. Independent Contractors									<u> </u>	<del></del>	5 1
1	Complete this table for your five highest of compensation from the organization. Replyear.	ompensate ort comper	ed ind	lepe in fo	ende or th	ent d	contra	acto ar y	ors that receive ear ending with	d more than	n \$10 the or	0,000 of ganization's tax
	(A) Name and business add	ess							(B) Description of se	rvices		(C) Compensation
				_								
	Total number of independent contractor received more than \$100,000 of compens	s (includin	g but	t no	ot li	mite	ed to	the	ose listed abo	ive) who		e in the second
										};		000 0000

All other revenue . . . . Total. Add lines 11a-11d .

Total revenue. See instructions.

Form 990 (2013) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (D)
Revenue
excluded from tax
under sections
512-514 **等表现基础。** (A) Total revenue (B) Related or (C) Unrelated exempt function revenue pusiness ons, Gifta, Grants Similar Amounts Federated campaigns Membership dues . . 1b 17500 Fundraising events . . 10 C Related organizations . . 10 d Government grents (contributions) Contributions, and Other Simil 1e All other contributions, gifts, grants, and similar amounts not included above 8613 Noncash contributions included in lines 1a-1f: S Total. Add lines 1a-1f 26113 Business Code Program Service Revenue 2a b All other program service revenue. Total. Add lines 2a-2f . g Investment income (including dividends, interest, and other similar amounts) . . . . . . . 31962 31962 income from investment of tax-exempt bond proceeds ▶ Royalties . . . . 5 (i) Real (iii) Persona) Gross rents 6a ь Less: rental expenses C Rental income or (loss) 15661 Net rental income or (loss) d 15661 Oil Other Gross amount from sales of (i) Securities assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . . 1 1 ٠, Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . 20420 Less: direct expenses . . . . 7685 Net income or (loss) from fundraising events C  $\blacktriangleright$ 12735 Gross income from gaming activities. See Part IV, line 19 . . . . . 7792 Less: direct expenses . . . . ь 307 C Net income or (loss) from gaming activities 7485 10a Gross sales of inventory, less returns and allowances . . . 72012 Less: cost of goods sold . . . ь 29804 Net income or (loss) from sales of inventory . . • 42208 42208 Miscellaneous Revenue Business Code 11a C

136164

Form 990 (2013)

Sec. 1988

1 1 mm \_ 2.

42208

52182

Pan Section	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	nolete all columns. A	Il other amanizatio	an and an alata a	- L (A)
00000	Check if Schedule O contains a respon	ise or note to any li	o in this Doct IV	ns must complete ca	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		expenses	general expenses	expenses
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.	407-			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1691			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1954			
11 a	Fees for services (non-employees): Management				
ь	Legal				
C	Accounting	7649			
d	Lobbying				<b></b>
e f	Professional fundraising services. See Part IV, line 17 Investment management fees			(5) J. S. P. A. 153	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, fist line 11g expenses on Schedule O)	1100			
12	Advertising and promotion	135		<del> </del> -	
13	Office expenses	4114		<del> </del>	<del></del>
14	Information technology				<del></del>
15	Royalties				<del></del>
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates			<del> </del>	
22	Depreciation, depletion, and amortization .			<del> </del>	<del> </del>
23	Insurance	10508		· · · · · · · · · · · · · · · · · · ·	
24	Other expenses. Itemize expenses not covered				14. 1 2 <sup>12</sup>
	above (List miscellaneous expenses in line 24e. If		• ,	11/2	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		•		
а	JANITORIAL	582			
b	UTILITIES	14805			
¢	PER CAPITA	3742			
d	REPAIRS AND MAINTENANCE	8206			
	All other expenses	30749	· · <del>- · - ·</del>		
25	Total functional expenses. Add lines 1 through 24e	124470			
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

	Check if Schedule O contains a response or note to any line in this Par			<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	5930	1	B110
2	Savings and temporary cash investments		2	<u> </u>
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	8875	4	1798
5	Loans and other receivables from current and former officers, directors,	. ಗೀಕ್ಷವನ್ನ		
- {	trustees, key employees, and highest compensated employees.	• - 4	٠.	From States of the
-{	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section	-	7	***
- [	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		j.	,
1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		-	
ន្ទ	organizations (see instructions). Complete Part II of Schedule L		6	
7 8	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	4573	8	4573
∫ 9	Prepaid expenses and deferred charges		9	}
10a			1 7	
- }	other basis, Complete Part VI of Schedule D 10a 1325758		٠. ،	
ь	Less: accumulated depreciation 10b 31z048	1037610	10c	1013708
11	Investments - publicly traded securities		11	
12	Investments—other securities. See Part IV. line 11 , ,	408281	12	421691
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	53339	15	63891
16	Total assets. Add lines 1 through 15 (must equal line 34)	1518608	16	1513771
17	Accounts payable and accrued expenses	9588	17	-25953
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	
g 22	Loans and other payables to current and former officers, directors,		ŗ `_	1.1 50 - 10 10 10
	trustees, key employees, highest compensated employees, and	(معرب	E	
	disqualified persons. Complete Part II of Schedule L		22	
Ĵ   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			
1	parties, and other liabilities not included on lines 17-24). Complete Part X			
1	of Schedule D	_	25	
28	Total liabilities. Add lines 17 through 25	9588	26	-25953
8	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	- · · · · · · · · · · · · · · · · · · ·	•	
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	<del></del>
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>	Tengan January
9 30	Capital stock or trust principal, or current funds	1509020	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	1303020	31	1539724
32	Retained earnings, endowment, accumulated income, or other tunds	<del></del>	32	
33	Total net assets or fund balances	4500000	33	452074-
34	Total liabilities and net assets/fund balances	1509020		1539724
		1518608	34	1513771 Form 990 (2013)

		n 990 (2013)  art XI Reconcillation of Net Assets
		Check if Schedule O contains a response or note to any line in this Part XI
	<del>                                      </del>	Total revenue (must equal Part VIII, column (A), line 12)
138164	2	Total expenses (must equal Part IX, column (A), line 25)
124470	<del></del>	
11694	3	
1509020	5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
	<del></del>	Net unrealized gains (losses) on investments
······································	6	
	7	
	8	
19010	9	Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
	1	33, column (B))
1539724	10	Int XII Financial Statements and Reporting
_		
	<u>· · · · · </u>	Check if Schedule O contains a response or note to any line in this Part XII
Yes No		Accounting mathed used to groups the Form 200; Cl Cook Cl Account
		Accounting method used to prepare the Form 990: Cash Accrual Other
	(plain in	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O.
2a /		a Were the organization's financial statements compiled or reviewed by an independent accountant
<u> सुन्</u> ( ,,न	piled or	If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both;
1 1		·
1 77		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
2b		b Were the organization's financial statements audited by an independent accountant?
	 ed on a	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.
2b 🗸	 ed on a	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were auc separate basis, consolidated basis, or both:
		<ul> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were auc separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul>
2b 🗸	versiaht	<ul> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were auc separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for</li> </ul>
2b	versight untant?	<ul> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> </ul>
2b /	versight untant?	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc If the organization changed either its oversight process or selection process during the tax year.
2b	versight untant? uplain in	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc If the organization changed either its oversight process or selection process during the tax year, Schedule O.
2b	versight untant? uplain in	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc If the organization changed either its oversight process or selection process during the tax year, Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as si
2b	versight untant? kplain in forth in	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc if the organization changed either its oversight process or selection process during the tax year, Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as so the Single Audit Act and OMB Circular A-133?
2b	versight untant? uptain in forth in	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc If the organization changed either its oversight process or selection process during the tax year, Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as si

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11e, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

		Asturation		1	an Administration in the Control of					
		E USA #692, TELLURIDE	wild in a firm of a Other Cimiles For	1	B4-0147068					
Par	11		r Advised Funds or Other Similar Fu		Accounts.					
		Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6.		Graduate and all					
			(a) Donor advised funds		(b) Funds and other accounts					
1		number at end of year	<u> </u>		<del></del>					
2		egate contributions to (during year) .	<del></del>		<del></del>					
3		egate grants from (during year)	<del></del>							
4 5		egate value at end of year	donor advisors in writing that the assets i	hold in	donor advisad					
3	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?									
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used								
O			benefit of the donor or donor advisor, or							
			_ · · · · · · · · · · · · · · · · · · ·							
Par	: 11	Conservation Easements.		<u> </u>	Yes No					
1 61			ered "Yes" to Form 990, Part IV, line 7.							
1	Purn		by the organization (check all that apply).							
•			recreation or education)   Preservation (	of an hic	torically important land area					
		reservation of natural habitat			ified historic structure					
		reservation of open space		or a cert	med historic structure					
2			tion held a qualified conservation contribut	ion in th	e form of a conservation					
		ment on the last day of the tax year.	•		Held at the End of the Tax Year					
а	Tota	number of conservation easements			2a					
b	Tota	acreage restricted by conservation eas	ements		2b					
C			filled historic structure included in (a)		2c					
d			ed in (c) acquired after 8/17/06, and not							
			ter		20					
3	Num	ber of conservation easements modified	d, transferred, released, extinguished, or ter	minated	by the organization during the					
		ear >	•		. J					
4		ber of states where property subject to								
5	Does	the organization have a written pol	icy regarding the periodic monitoring, in	spection	n, handling of					
	viola	tions, and enforcement of the conserval	tion easements it holds?		· · · · 🔲 Yes 🔲 No					
6	Staff	and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	n easem						
	▶		-		• •					
7	Amo	unt of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	ements	during the year					
	►S		•							
8	Does	each conservation easement reported	on line 2(d) above satisfy the requirements	of secti	on 170(h)(4)(B)					
	• • •				· · · · 🔲 Yes 🔲 No					
9	In Pa	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and								
			text of the footnote to the organization's fi	nancial :	statements that describes the					
_		nization's accounting for conservation e								
Par	t III	Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Other	Similar Assets.					
		Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8.							
1a	If the	organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in it	s revenu	ue statement and balance sheet					
	WORK	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.								
_										
D	ส เกย	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet								
	muhi	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:								
	th H	evenues included in Form 990, Part VIII,	line 1		· • \$					
_	(II) A:	ssets included in Form 990, Part X	of orthodoxical Assessment of Atlanta design		. 🟲 💲					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:									
	TOHOV	wing amounts required to be reported ur	ider SFAS 116 (ASC 958) relating to these i	tems:						
a	Reve	nues included in Form 990, Part VIII, line	11		. ▶ \$.					
<u> </u>		is intolegated in the coop, t and A			• •					
For Pa	perwo	rk Reduction Act Notice, see the instruction	ins for Form 990. Cat. No 52283	D	Schodule D (Form 000) 2012					

Cat. No 52283D

Schodule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Otto  Using the organization's acquisition, accession, and other records, check any of the follow collection items (check all that apply):  a	anization's exer s, or other similallection? reported an arr other assets no	mpt purpose lar Yes	se of its
collection items (check all that apply):  a	anization's exers, or other similar eported an amother assets not her assets not	mpt purpose lar  Yes nount on Fo	in Part  No
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization to be examined as part of the organization's collection assets to be sold to raise funds rather than to be maintained as part of the organization's collection answered "Yes" to Form 990, Part IV, line 9, or response or the organization and agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	anization's exers, or other similar eported an amother assets not her assets not	mpt purpose lar Yes nount on Fo	in Part  No
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the org XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures assets to be sold to raise funds rather than to be maintained as part of the organization's co  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	anization's exers, or other similar eported an amother assets not her assets not	mpt purpose lar Yes nount on Fo	in Part  No
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the org XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures assets to be sold to raise funds rather than to be maintained as part of the organization's co  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	anization's exer s, or other similablection? reported an arr other assets no	mpt purpose lar Yes nount on Fo	in Part  No
<ul> <li>4 Provide a description of the organization's collections and explain how they further the org XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasurer assets to be sold to raise funds rather than to be maintained as part of the organization's complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?</li> </ul>	s, or other similar si	Yes  Ot Yes	□ No
<ul> <li>XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures assets to be sold to raise funds rather than to be maintained as part of the organization's compart IV Escrow and Custodial Arrangements.         <ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r. 990, Part X, line 21.</li> </ul> </li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?</li> </ul>	s, or other similar si	Yes  Ot Yes	□ No
During the year, did the organization solicit or receive donations of art, historical treasurer assets to be sold to raise funds rather than to be maintained as part of the organization's compart IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	reported an arr	Ot Yes	orm
assets to be sold to raise funds rather than to be maintained as part of the organization's concept in the organization answered "Yes" to Form 990, Part IV, line 9, or responding to the organization answered "Yes" to Form 990, Part IV, line 9, or responding to the organization and agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	reported an arr	Ot Yes	orm
Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r. 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	other assets n	ot Yes	orm
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or r 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	other assets no	ot Yes	
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	other assets no	ot Yes	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X?	A	☐ Yes	□ No
included on Form 990, Part X?	A	☐ Yes	□ No
	A		סא 🗀
6 11 Tes, explain the arrangement in Fart Ain and complete the following table:		lmount	
		a nount	
Conjunity belongs			
c Beginning balance			
d Additions during the year			
f Ending balance			<del></del>
		Yes	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provide Part V Endowment Funds.	o in Part XIII .	<del> </del>	
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	141 41		
	(d) Three years bac	k (e) Four ye	ars back
1a Beginning of year balance	<del></del>	<b>_</b>	
b Contributions	<del></del>	<del></del>	
losses		Ī	
		<del></del>	
d Grants or scholarships			
programs		l	
		<b></b>	
f Administrative expenses		<b></b>	
g End of year balance			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held a	is:		
a Board designated or quasi-endowment > %			
b Permanent endowment > %			
c Temporanly restricted endowment ▶ %			
The percentages in lines 2a, 2b, and 2c should equal 100%.			
3a Are there endowment funds not in the possession of the organization that are held and add	ninistered for th		
organization by:		Ye	s No
(i) unrelated organizations		3a(i)	
(ii) related organizations		3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		3b	
Describe in Part XIII the intended uses of the organization's endowment funds.			
Part VI Land, Buildings, and Equipment.	<b>.</b>		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. S		Part X, line	<u>, 10.</u>
	Accumulated prociation	(d) Book va	alue
to Lond	190 M. 7 S	<del></del>	250225
t. Quildings			250000
c Leasehold improvements	266320	<del></del>	750976
d Equipment			
Othor	45-55		40775
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	45728		12732
TO THE POLICE OF THE PARTY OF T		1	1013708

Part VII	Investments - Other Securities			441 0 - 5 -	000 B-4 V 1 10
	Complete if the organization ans				-
	(a) Description of security or category (including name of security)	· · · · · · · · · · · · · · · · · · ·	(b) Book value		hod of valuation, -of-year market value
1) Financial					<del></del>
	neld equity interests	• • • • • • •			
(3) Other		*************	424504	END DE VEAD ARE	DVETVALUE
(B)	T-TERM INVESTMENTS		421691	END-OF-YEAR MA	IKKE! VALUE
(0)					<del></del>
(D)			ĺ		
(E)					
(F)					
(G)			ļ		
(H)	At any of any of Farm 000 Day V and Øilion 101 by				STATE OF THE
Part VIII	b) must equal form 990. Part X coi (B) line 12) ► Investments—Program Relate	d	421691	•	
	Complete if the organization ans		T		
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(1)					
(2)					
(3)					
(4)			ļ		
(5) (6)		<del></del> -	ļ		
(7)		·	<del> </del>	<del></del>	<del></del>
(8)					
(9)				<del></del>	<del></del>
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			f + , _ e_	·
Part IX	Other Assets.				
	Complete if the organization ans	Wered "Yes" to For	m 990, Part IV, line	11d. See Form	
(1)		a) Description			(b) Book value
(2)	<del></del>	<del></del>			
(3)				<del></del>	
(4)			<del></del>		
(5)					
(6)					
(7)					
(8)			<del></del>		
(9)	mn (b) must equal Form 990. Part X, c	of /B\ line 15 \			
Part X	Other Liabilities.	or. (b) line 13.)	<u> </u>	<del></del>	<u> </u>
	Complete if the organization ans	wered "Yes" to Fon	m 990 Part IV line	11e or 11f See	Form 990 Part Y
	line 25.				, and a second
i.	(a) Description of liability	(b) Book value		. :	
(1) Federal in	come taxes				
(2)					
(3)				·.:	2
(4)				. •	2-
(5) (6)					
<del>(0)</del> <del>(7)</del>			<del> </del>		
(8)			<del></del> -{	••	
(9)	······································	<del></del>			· militari i i i i i i i i i i i i i i i i i i
	) must equal Form 990, Part X, col. (8) line 25.)	<del></del>		i	
. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footne	te to the crossisation	s financial statemen	ots that remote the
rganization's	liability for uncertain lax positions under	FIN 48 (ASC 740). Che	ck here if the text of th	e footnote has beer	provided in Part XIII

#### SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 \*

2013

Name o	of the organization					Employer identific	cation number
BPOE	OF THE USA #692, TELLURIDE		_		<u> </u>		0147068
Par	- Eundraleing Activities				vered "Yes" to F	orm 990, Part IV, I	ine 17.
1	Indicate whether the organization				owing activities C	heck all that anniv	·
-	Mail solicitations	on raised idinos			ion of non-governi		
a	Internet and email solicitation				ion of government		
b	= '' '' ''	ons	_	_	fundraising events	=	
C	Phone solicitations		g L	3 Sheciai	iunuraising events	•	
d 2a	<ul> <li>In-person solicitations</li> <li>Did the organization have a wror key employees listed in Form</li> </ul>	itten or oral agre	ement with	any individual	dual (including offi	icers, directors, trus	tees ?     Yes   No
	If "Yes," list the ten highest pai						
U	compensated at least \$5,000 b			mieraera) h	urauent to agreen	ients under which th	ie iuiiuiaisei is to pe
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in cot. (i)	(vii) Amount paid to (or retained by) organization
		<del></del>	Yes	No	<del> </del>		
1					1 [		
2						· · · · · · · · · · · · · · · · · · ·	
3							
4							
5							
6							
7							
8							
9							
10		†	<del>                                     </del>				
Total		1	_1	<u> </u>			
3	List all states in which the orging registration or licensing.	anization is regi	stered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
		.,					
•			***********				
	***************************************	• • • • • • • • • • • • • • • • • • • •	••••				
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				••••••			
	***************************************						
	•		•••••				
						**********************	

: c	rt II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	g event contributions			
			(a) Event #1 BLUEGRASS FEST	(b) Event #2 MISC FUNDRSRS	(c) Other events  NONE	(d) Total events (add col. (a) through col. (e))
9			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15584	9601		2518
-	2	Less: Contributions				
Ì	3	Gross income (line 1 minus line 2)	15584	9601		2518
	4	Cash prizes				
	5	Noncash prizes				
Sesuit Ses	6	Rent/facility costs				
X Ž	7	Food and beverages	5685	8626		1431
rect						
1180	8	Entertainment				_
Direct						
Direct Expenses	9	Other direct expenses .				
_	9 10 11	Other direct expenses  Direct expense summary. Act income summary. Subtra	act line 10 from line 3, c	olumn (d)		1431 1087
	9	Other direct expenses  Direct expense summary. Act the income summary. Subtra Gaming, Complete if the	act line 10 from line 3, co e organization answer	olumn (d)	Part IV, line 19, or	1087
Pā	9 10 11	Other direct expenses  Direct expense summary. Act income summary. Subtra	act line 10 from line 3, co e organization answer	olumn (d)	Part IV, line 19, or	1087
2	9 10 11 rt	Other direct expenses  Direct expense summary. Act income summary. Subtra Gaming, Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) Ted "Yes" to Form 990,  (b) Pull tabs/instant		1087 reported more  (d) Total gaming (add
Hevenue	9 10 11 rt III	Other direct expenses  Direct expense summary. Act income summary. Subtra Gaming, Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) Ted "Yes" to Form 990,  (b) Pull tabs/instant		1087 reported more  (d) Total gaming (add
Hevenue	9 10 11 rt	Other direct expenses  Direct expense summary. Act income summary. Subtra Gaming, Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) Ted "Yes" to Form 990,  (b) Pull tabs/instant		1087 reported more  (d) Total gaming (add
Revenue	9 10 11 rt III	Other direct expenses  Direct expense summary. Act income summary. Subtra Gaming, Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) Ted "Yes" to Form 990,  (b) Pull tabs/instant		1087 reported more  (d) Total gaming (add
ect Expenses Revenue	9 10 11 rt     1	Other direct expenses  Direct expense summary. Act Net income summary. Subtra Gaming, Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) Ted "Yes" to Form 990,  (b) Pull tabs/instant		1087 reported more  (d) Total gaming (add
ect expenses   Revenue   C	9 10 11 rt III 1 2	Other direct expenses  Direct expense summary. Act Net income summary. Subtrational Summary of Saming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) Ted "Yes" to Form 990,  (b) Pull tabs/instant		1087 reported more  (d) Total gaming (add
ect expenses   Revenue   C	9 10 11 rt III 1 2 3	Other direct expenses  Direct expense summary. Act Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9.  Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	ed "Yes" to Form 990,  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	1087 reported more  (d) Total gaming (add
ect expenses Hevenue	9 10 11 rt III 1 2 3 4 5	Other direct expenses  Direct expense summary. Act Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9.  Gross revenue	ect (ine 10 from line 3, companization answer 90-EZ, line 6a.  (e) Bingo  Yes %  No	olumn (d)  ed "Yes" to Form 990,  (b) Pull tabs/instant bingo/progressive bingo  Tyes % [ No [	(c) Other gaming	1087 reported more  (d) Total gaming (add col. (a) through col. (c))
Revenue	9 10 11 rt III 2 3 4 5	Other direct expenses  Direct expense summary. Act Net income summary. Subtre Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes % No	Olumn (d)  ed "Yes" to Form 990,  (b) Pull tabs/instant bingo/progressive bingo  Yes % [ No [	(c) Other gaming  Yes %  No	1087 reported more  (d) Total gaming (add col. (a) through col. (c))

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . 

Yes 
No

.....

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2013

► Attach to Form 990 or 990-EZ.

Open to Public

Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at ww	w.irs.gov/form990.	Inspection
Name of the organization		Employer identificat	
BPOE OF THE USA #6	92, TELLURIDE		147068
^			•
PART VILSECTION R	LINE 11: BOARD MEMBERS REVIEW FORM 990 PRIOR TO SUBMISSION TO TH	E IRS	
TART VI, SECTION 6.	LINE THE BOARD WEINGLES REVIEW FORM 300 FRISH TO SOCIAL SOCIAL	<u></u>	***************************************
***************************************		•••••••••••••	
PART VI. SECTION C.	LINE 19: ALL DOCUMENTS, FINANCIAL STATEMENTS AND OTHER DATA ARE	AVAILABLE TO MI	MBERS UPON
REQUEST			
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***************************************		•••••••••••••••••••••••••••••••••••••••	•••••
PART XI, LINE 9: CHA	INGES IN NET ASSETS		***************************************
STOCK INVESTMENT	s		
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