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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| Ta Gross sales of inventory, less returns and allowances | A | For the | 2014 calendar year, or tax year beginning 4/01 , 2014, and ending | 3/31 | , 20 15 | | |
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| Number and street for 0 box, final is not delivered to street addressly Room/suite E Telephone number Number Part St94 Massard Road A79-478-1050 A79-478-10 | В | Check if ap | | Employer id | entification number | | |
| Number and street (of P C Dox., If mail a not delivered to street address) Pourmeture E Telephone number Soft Massard Road Gity or town, state or province, country, and ZIP or foreign postal code F Group Exemption Total Amended return Fort Smith, AR 72903 Total Smith, AR 7290 | | Address c | nange B.P.O.E. Fort Smith Lodge #341 | 71-0291344 | | | |
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| Comparison period control Contr | 님 | | ISSNA Maccard Doad | 479-478-1060 | | | |
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| A Accounting Method Cash Account Other (specify) Mebatite Meshatite | Ħ | | Clair | • | | | |
| Website: | G | | | heck ▶ 🗸 | | | |
| Tax-exempt status (check only one) | | | · · · · · · · · · · · · · · · · · · · | _ | | | |
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| Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets \$200,000 or more, file Form 990 instead of Form 990-EZ \$200,000 or more, file Form 990 instead of Form 990-EZ \$200,000 or more, file Form 990 instead of Form 990-EZ \$200,000 or more, file Form 990 instead of Form 990-EZ \$200,000 or more, file Form 990-EZ \$200,000 or more, file Form 990 instead of Form 990-EZ \$200,000 or more, or if total assets \$200,000 or in total as | | | | | | | |
| Part II. column (8) below) are \$500,000 or more, file form 990 instead of Form 990-E2. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to other than inventory (Subtract line 5b from line 5a) So any of contributions and send so the revenue of the sum of such gradient than inventory (Subtract line 7b from line 5a) Check if the organization used Schedule O to see the sum of such gradient and sumlar amounts paid (list in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Sold II Sold | | | | ssets | | | |
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| 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 S5578 | | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | . 7c | 14908 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractor of the printing, publications, postage, and shipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 S5578 | | 8 | | . 8 | 5869 | | |
| Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Page 12 Total expenses. Add lines 10 through 16 Total expenses. Add line | | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 29374 | | |
| Salaries, other compensation, and employee benefits | | 10 | Grants and similar amounts paid (list in Schedule O) RECEIVED | 10 | | | |
| Salaries, other compensation, and employee benefits | | 11 | Benefits paid to or for members | S 11 | | | |
| 14 Occupancy, rent, utilities, and maintenance | S | 12 | Salaries, other compensation, and employee benefits | \Q\ 12 | 7014 | | |
| 14 Occupancy, rent, utilities, and maintenance | Expense | 13 | Professional fees and other payments to independent contractor . AUD 10. 2010 | \S 13 | | | |
| 16 Other expenses (describe in Schedule O) | | 14 | Occupancy rent utilities and maintenance | - 1 14 | 15950 | | |
| Total expenses. Add lines 10 through 16 | | 15 | Printing, publications, postage, and shipping | 15 | 554 | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | 16 | Other expenses (describe in ochequie o) | · · <u>L</u> | 16004 | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | 17 | Total expenses. Add lines 10 through 16 | . ▶ 17 | 39305 | | |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18_ | (9931) | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | <u> </u> | end-of-year figure reported on prior year's return) | . 19 | 65509. | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 20 | Other changes in net assets or fund balances (explain in Schedule O) | . 20 | | | |
| | | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | ▶ 21 | 55578 | | |

| Pai | t II Balance Sheets (see the instructions f | or Part II) | | | | | |
|-----------|---|-----------------------------------|--------------------------|-----------------------|--------|--|--|
| | Check if the organization used Schedule | O to respond to a | | | | | |
| | | | _ | (A) Beginning of year | | (B) End of year | |
| 22 | Cash, savings, and investments | | | 6492 | | 12129 | |
| 23 | Land and buildings | | | 64630 | | 61898 | |
| 24 | Other assets (describe in Schedule O) | | · · · · · | 2317 | | 2317 | |
| 25 | Total lish liking (decaybe in Cabadula O) | | | 73439 | | 76345 | |
| 26 | | (D) | <u> </u> | 915 | | 900 | |
| 27 Par | Net assets or fund balances (line 27 of column Statement of Program Service Accom | | | 65509 | 21 | 55636 | |
| ı | Check if the organization used Schedule | • | | • | | Expenses | |
| Wha | | Benevolant Organiza | | <u> </u> | | quired for section | |
| | | | | | | (c)(3) and 501(c)(4) anizations, optional for | |
| | ribe the organization's program service accomplisheasured by expenses. In a clear and concise m | | | | | ers) | |
| | ons benefited, and other relevant information for ea | | o del video provided | , 110 110111501 01 | | | |
| | Variab December | | | | | | |
| | | | | | | | |
| | | ••••• | | •••• | | | |
| | (Grants \$) If this amount | includes foreign gra | ants, check here . | ▶ □ | 28 | a 2493 | |
| 29 | Veterans Programs | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | ants, check here . | | 29 | a 2099 | |
| 30 | Community Service | | | | | | |
| | | | | | | | |
| | (O | | | | 200 | _ | |
| 24 | | | ants, check here . | | 30 | a 835 | |
| 31 | Other program services (describe in Schedule O) (Grants \$) If this amount | | ants, check here . | | 31: | _ | |
| 32 | Total program service expenses (add lines 28a t | through 31a) | | | 32 | | |
| Par | | | | | - | | |
| | Check if the organization used Schedule | | | | | | |
| | | (b) Average | (c) Reportable | (d) Health benefits, | 1 | | |
| | (a) Name and title | hours per week (Forms W-2/1099-MI | | | | yee (e) Estimated amount of other compensation | |
| | | devoted to position | (if not paid, enter -0-) | deferred compensatio | n L | · | |
| Jan S | Stone | | | | | | |
| Exha | Ited Ruler | 20 | 0 | | 0 | 0 | |
| Rob | Nugent | | | | | \$ 000 | |
| Secr | etary | 10 | 0 | | 0 | \$ 59000 | |
| Debb | ie Jones | | | | | \$ 590.8 | |
| Treas | | 10 | 0 | | 0 | 37.5 | |
| | Bolin | - | | | | _ | |
| | ing Knight | 10 | 0 | - | 0 | 0 | |
| | stopher Lieux | 1.0 | | j | | • | |
| | I Knight | 10 | 0 | | 0 | 0 | |
| Joe I | | 1_ | | | 0 | 0 | |
| | uring Knight Smith | 5 | 0 | <u>'</u> | ╣ | | |
| Trus | | 5 | 0 | | 0 | 0 | |
| | ey Stone | 3 | | | 1 | <u></u> | |
| Trus | | 5 | 0 | , | 0 | 0 | |
| | ld Stewart | | | | \top | | |
| Trus | *************************************** | 5 | 0 | .] | 0 | 0 | |
| | Miller | | | | \top | | |
| Tiler | | 2 | 0 |) | 0 | 0 | |
| | a Arter | | | | | | |
| Esqu | *************************************** | 3 | 0 | | 0 | 0 | |
| | on Bolin | | | | T | | |
| Char | |]2 | 1 0 | | ol | 0 | |

| | | | | -9 |
|------|---|------------|----------|----------|
| Part | · · · · · · · · · · · · · · · · · · · | | | |
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | rart | | <u> </u> |
| 22 | Did the executation energy in any classificant actuit, and account and the the IDOO IS (N/ - II | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | , |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | <u> </u> | | |
| 34 | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O (see instructions) | 34 | | 1 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | - |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | _ |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| _ | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | 1 |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | - | | <u> </u> |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | 1 | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | _ | , , |
| b | Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 8 | | 28 |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | 1 |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | , | | / |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 4 ′ | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 5. 2 | | |
| | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | N. s. |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | - % | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | | ĺ |
| _ | | 40b | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, | | *** | 4 |
| | 4955, and 4958 | .0.7 | 4. | * |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | de c | |
| _ | 40c reimbursed by the organization | × | Á | 68. |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | _ ^ : | | 78 |
| | transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 | List the states with which a copy of this return is filed ▶ Arkansas | | | |
| 42a | The organization's books are in care of ▶ Rob Nugent Telephone no. ▶ | 79-47 | B-106 | 0 |
| | Located at ► 5504 Massard Road Fort smith AR ZIP + 4 ► | 729 | | , |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | ✓ |
| | If "Yes," enter the name of the foreign country: ► | | | , |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | Ŷ. |
| _ | · • | 400 | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | 1 | ▶ □ |
| ₩. | and enter the amount of tax-exempt interest received or accrued during the tax year | | • | |
| | and enter the amount of tax-exempt interest received of accided during the tax year | - | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| - | completed instead of Form 990-EZ | 44a | | 1 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | | 1 |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | √ | |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| | explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 |
| þ | 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," Form 990 and Schedule R may need to be completed instead of | - <u></u> | - | , |
| | Form 990-F7 (see instructions) | 45h | Ì | : J |

| Form 990-E2 | Z (2014) | | | | | | Р | age 4 |
|------------------------------|--|--|---|-----------------------------------|--|----------------------|------------|----------------|
| | | | | • | | | Yes | No |
| | d the organization engage, directly or ii | | | | | ١ | | نــــا |
| | candidates for public office? If "Yes," of | | , Part I | | <u> </u> | 46 | | ✓ |
| Part VI | Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. | | stions 47–49b and | l 52, and c | omplete the t | ables f | or line | es |
| | Check if the organization used Sc | hedule O to respond | I to any question in | this Part VI | <u> </u> | <u></u> | | |
| | | | | -a | | г | Yes | No |
| | d the organization engage in lobbying ar? If "Yes," complete Schedule C, Par | | section 501(h) electi | | | 47 | | <u> </u> |
| 48 Is 1 | the organization a school as described i | n section 170(b)(1)(A)(i | i)? If "Yes," complete | Schedule E | | 48 | | |
| | Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | <u> </u> |
| | 'Yes," was the related organization a se | | | | | 49b | | |
| | omplete this table for the organization's aployees) who each received more that | | | | | | | |
| en | iployees) who each received more than | <u> </u> | T | | h benefits, | | ione | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC | contribution benefit plans | s to employee (e |) Estimate other con | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 51 Co | otal number of other employees paid over the organization 00,000 of compensation from the organization (a) Name and business address of each independent | | | ctors who each received more than | | | | |
| | | | | | | | | |
| | | | | · | | | | |
| | | | - | | | | | |
| | | | 1 | | | | | |
| | | | | - | | | | |
| | · | | | | <u> </u> | | | |
| | | | <u> </u> | | | | | |
| | ital number of other independent contr | _ | | .▶ | | | | |
| | d the organization complete Sched impleted Schedule A | ule A? Note All se | | | | a ·∐ Yes | | No |
| Under penal true, correct | ties of perjury, I declare that I have examined this , and complete Declaration of preparer fother tha | return, including accompan | lying schedules and stater ormation of which prepare | nents, and to the r | ne best of my know ledge | rledge and | belief, | , it is |
| | 1.11.5WX | | 8/14/ | 1/2 | | | | |
| Sign | Signature of officer | | | Da | ate / | | | |
| Here | Harold Stewart Type or print name and title | Trustee | | | | | | . . |
| | Print/Type preparer's name | Preparer's signature | | Date | Check I if | PTIN | | |
| Paid Prepare | | | | | self-employed | <u> </u> | | |
| Use On | ly Firm's name ▶ | | | | rm's ElN ▶ | | | |
| May the I | RS discuss this return with the prepare | er shown above? See | instructions | <u> </u> | none no | ☐ Yes | ; <u> </u> | No |
| , | | | · · · · · · · · · · · · · · · · · · · | | | | | |