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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning MAV 2014, and ending APLL 30 2015 Account registers Account of the properties Acco	Department of the Treasury Internal Revenue Service).	Inspection		
Martin charge Manufact Man	A F	or the	2014 calendar year, or tax year beginning MAV , 2014, and ending AP	RIL	30 ,2015		
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City or town, state or province, country, and ZiP or foreign postal cycle Amended reason Angelectries Amended reason	$\overline{}$			elephone number			
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S Accounting Method:	=		City or town, state or province, country, and ZIP or foreign postal code	roup Exe	mption		
Website: Tare-exempt status (check only one) - So1(c)(3) So1(c) S (insert no) d947(a)(1) or So2 (from 990, 990-EZ, or 990-PF). Tare-exempt status (check only one) - So1(c)(3) So1(c) S (insert no) d947(a)(1) or So2 (from 990, 990-EZ, or 990-PF). K Form of organization: Corporation Trust Association Other L 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	=			lumber	<u> 0002</u>		
J Tax-exempt status (check only one) — □ S01(c)(3) □ S01(c)(3) □ (insert no) □ 4947(a)(1) or □ S27 (Form 990, 990-EZ, or 990-PF). K Form of organization: □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7 b to line 9 to determine gross receipts. If gross recepts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) □ 1 Contributions, grifts, grants, and similar amounts received. □ 1 Contributions, grifts, grants, and similar amounts received. □ 1 Contributions, grifts, grants, and similar amounts received. □ 2 Program service revenue including government fees and contracts □ 2 Program service revenue including government fees and contracts □ 3 Q 1, 393 □ 4 Investment income □ 5 Garsos amount from sale of assets other than inventory □ 5 Garsos amount from sale of assets other than inventory (Subtract line 5b from line 5a) □ 6 Garning and fundraising events □ 6 Garning and fundraising events from inventory (Subtract line 5b from line 5a) □ 6 Garning and fundraising events from inventory (Subtract line 5b from line 5a) □ 6 Garning and fundraising events from inventory (Subtract line 5b from line 5a) □ 7 Gross income from garning and fundraising events □ 8 Of contributions □ 9 C C C Garnos from garning and fundraising events □ 1 Grants and similar amounts paid (list in Schedule G) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Grants and similar amounts paid (list in Schedule O) □ 1 Gra	G A	Account	ıng Method: XI Cash ☐ Accrual Other (specify) ▶ H Chec	:k ▶ 🔲 i	if the organization is not		
K Form of organization: Corporation Trust Association Other L 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 Part II, column [8] below) are \$500,000 or more, file form 990 instead of Form 990-EZ							
L Add lines bb, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets [rar III. column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Paint 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 Contributions, gifts, grants, and similar amounts received. 1 [.6 H]				n 990, 99	0-EZ, or 990-PF).		
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10 Grants and similar amounts paid (list in Schedule O)		8	·	. 8			
11 Benefits paid to or for members		9		· 9	244,197		
Salaries, other compensation, and employee benefits		1 '	Grants and similar amounts paid (list in Schedule O) ,		1,101		
Professional fees and other payments to independent contractors 13		1	· · · · · · · · · · · · · · · · · · ·				
16 Other expenses (describe in Schedule O)	es	1			18,760		
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21 Net assets or fund balances at end of year. Combine lines 18 through 20		20					
For Paperwork Reduction Act Notice, see the separate instructions.	Š	i	- · · · · · · · · · · · · · · · · · · ·				
	For				Form 990-F7 /2014)		

Pai	Balance Sheets (see the instructions f	for Part II)				
1 (4)	Check if the organization used Schedule		ov question in this	Part II		
		<u> </u>	iy quodadii iii tiild	(A) Beginning of year		B) End of year
22	Cash, savings, and investments		<i>.</i>	1503	22	19.317
23	Land and buildings		[1800	23	1800
24	Other assets (describe in Schedule O)		[149,352	24	148,947
25	Total assets		[152,655	25	170,064
26	Total liabilities (describe in Schedule O)			3094	26	14,477
27	Net assets or fund balances (line 27 of column			149,561	27	155,587
Par		•		•		Expenses
What	Check if the organization used Schedule is the organization's primary exempt purpose?	O to respond to a	ly question in this	Part III	(Requ	ured for section
			f .t thus		,)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provided	d, the number of	other	
28	The Onganization unites its members in	the bonds of	Fraternity, be	nevolence		
	and Charity. This is accomplished and recreational activities for the me	through a year	-round sche	edule of social		
	and recreational activities for the me	in bers and their	families estim	ated at 600.		
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	<u>, , , ▶ □</u>	28a	
29			•			
	(Grants \$) If this amount	includes foreign gra	ents check here		29a	
30		molades foreign gre			230	
		ıncludes foreign gra	ints, check here .	▶ 🗌	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
Par	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key				32	tions for Dort IVA
rai	Check if the organization used Schedule				nstruc	uons for Part IV)
	Chock ii the organization adda concatio	(b) Average	(c) Reportable	(d) Health benefits,	Ť	• • • • • •
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		ot	Estimated amount of ther compensation
Da	ve Kirby - Governor					
0 _ /	de mai 1 Alongo a broker				-	
VĐÀ	mond Barajas - Administrator	1			١,	
Cr	ag Isaacson - Jr. Past Governor				\forall	
Q+	even Brown - Jr. Governor			 		
	even brown St. Covernor	1	1 \ \			
Jo	se Gunzalez - Treasurer	-	NIP			
Ric	hard Garcia - Prelate		1 4 /			
PV	ill Hill - Trustee					
M	Ke Fuller - Trustee					
7-	mond Enfield - Trustee		$\overline{}$		+	
.15.Q.	mono omisio montos	1 /	1			
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s in th	ie V	
	instructions for Fart V) Check if the organization used Schedule O to respond to any question in this	Pan	V	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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		Χ
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		X
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 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	35b 35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] 0.00 Did the organization file Form 1120-POL for this year?	37b 38a		X
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		
C	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, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41 42a	List the states with which a copy of this return is filed ► California The organization's books are in care of ► Raymon d Barajas Telephone no. ► 200 Located at ► 1185 N Main St Manteca, CAU ZIP+4 ► 9	1-82 533		3829
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)? If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	 N,	/A	▶ □
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	Yes	No
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		X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	 	X
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		×

Form 99	90-EZ (2	014)						F	eage 4
46	Dìd ti	he organization engage, directly or in	ndirectly, in political of	campaign activities	on behalf of o	r in opposit	tion	Yes	No
		ndidates for public office? If "Yes," of		, Part I		· · ·	. 46	L	X
Part		Section 501(c)(3) organizations All section 501(c)(3) organization		estions 47–49b an	d 52, and co	mplete th	e tables	for lin	es
		50 and 51.			5				_
		Check if the organization used Sci	nedule O to respond	to any question in	this Part VI		<u> </u>	 V	. <u> </u>
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) elec		_	tax - 47	Yes	No
48	-	organization a school as described in					. 48	† '	t
49a		he organization make any transfers to					. 49a	Ť.	Ť_
b		es," was the related organization a se					. 49b		L
50		plete this table for the organization's							
	empi	oyees) who each received more than	\$100,000 of compe	nsation from the org			e, enter "l	vone.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans, compe	to employee and deferred			
									_
							· ·		
				ļ					
51	Comp	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest comp	ensated independe	nt contractors	who each	received	more	e thar
	(a) Name and business address of each independent contractor			(b) Type of service		(c) Compensation			
				_					
				-	_				
									
				1					
d 52		number of other independent contra	_	•	. –	unt ottock			
32		the organization complete Schedu pleted Schedule A		ecuon su (c)(s) or	-	iust attacr	ı a .▶∏ Yes	. 🗀	No
Under p	enalties	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	etum, including accompar	rying schedules and state	ments, and to the	best of my kn			
Sign Here			125		Dat	• 9-	4-15)	
		Type or phnt name and title	<u> </u>						
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ			
Use		Firm's name ▶			Firm	n's EIN ▶			
May +	2010	Firm's address ► discuss this return with the preparer	shown above? See	instructions	Pho	ne no.	V		NIa.
way u	ie ino	discuss this return with the preparer	SHOWIT GROVE: SEE		· · · · ·		Yes	الساء	No