CIST1MKJ9V

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Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	7084	22	8873
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	20000	24	20000
25	**Total assets**	27084	25	28873
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	27084	27	28873

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☒

What is the organization's primary exempt purpose? FRATERNAL CHARITABLE ORG.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ — 28a

29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ — 29a

30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ — 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ — 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . ▶ — 32

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT ILVLA GRAND LODGE	20	0	0	0
DAVID HINGLEY DEP GRAND LODGE	20	0	0	0
RANDY SCHROEDER FINANCE	25			

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