

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990**

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

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

OMB No 1545-0047

Open to Public

	nai Revenue	Service	► The organiza	ation may hav	e to use a copy of t	his return to satis	fy state rep	orting requ	irements.	Inspecti	ion		
A	For the 2	012 cale	ndar year, or tax ye		, 20								
B	Check if a	pplicable:	C Name of organization	n Meccawe (	Club. Inc.				D Employ	yer identification nu	mber		
	Address c		Doing Business As						1	03-0141025			
$\overline{}$	Name cha		Number and street (	or P.O. box if m	nail is not delivered to s	street address)	Room/surte	<del></del>	E Telepho	one number			
	Initial retur	•	16 Ferson Road						1	603-643-5480			
	Terminate		City, town or post or	ffice, state, and	ZIP code		<u> </u>		003-043-3460				
	Amended	-							G Gross receipts \$				
_			Hanover New Han F Name and address of			<del> </del>	-	1401-0-	4		_94811. ☑ No		
ш	Application	n penaing	r Name and address (	or principal onic	а.						=		
				[7]			П	-		included?    Yes a list (see instruction			
Ļ.	Tax-exem		501(c)(3)	<b>₹</b> 501(c) (	7 ) ◄ (insert no.	) 4947(a)(1) or	527	-{		•	13)		
<u>:-</u>	Website:		7				<del></del>		<del></del>	n number >			
			Corporation Tru	st Associa	ation	L Yea	ar of formatio	<sup>n:</sup> 1901	M State	e of legal domicile:	VT		
Ľ	art	Summ											
	1 E	Briefly de	scribe the organiz	zation's miss	sion or most signi	ficant activities:	Trout fis	hina club.					
ф													
ä	]												
Ē													
Š	L		is box ▶ 🗌 if the o	_		•	sposed of	more that	n 25¦% of	fits net assets.			
ن مو	I .		of voting members	_		-			<u> </u>		14		
89	4 1	Number o	of independent vo	ting membe	rs of the governin	g body (Part VI,	, line 1b)		. 4		0		
睪	5 7	Total nun	nber of individuals	employed i	n calendar year 2	012 (Part V, line	2a) .		. 5		1		
Activities & Governance	6 7	Total nun	nber of volunteers	(estimate if	necessary)				. 6		8-10		
•	7a 7	Total unre	elated business re	venue from	Part VIII, column	(C), line 12 .	· :	· · · ·	. 7a		0		
	1 d	Net unrel	ated business tax	able income	from Form 990-1	, line 34	250	<b>)</b>	. 7b		0		
						EN	ED A	Prior Y	ear	Current Yes	ar		
•	Net unrelated business taxable income from Form 990-T, line 34      Contributions and grants (Part VIII, line 1h)										57355		
Ž	I .	9 Program service revenue (Part VIII, line 2g)											
Revenue	1	_	nt income (Part VI			8. 8. Vous (0)		/a/					
Œ	l								18077		37456		
	12	otal reve	enue (Part VIII, co enue—add lines 8 t	through 11 (r	nust equal Part VI	Ilacolumn (A) Ti	ae 12) €		72794				
	13 (	Frants ar	nd similar amounts	s paid (Part	X column (A) lin	95 1531 GD			12134		94811		
										<u> </u>			
	1		other compensation	-		1	5_10)		44044		45007		
Expenses			nal fundraising fe				³ ·•,	·····	14914	1	15837		
툊	1		draising expenses				· ·						
Ä													
	1	-	penses (Part IX, co			•	" ⊢		53656		74990		
		-	enses. Add lines	-	-	uriir (A), iirle 25	"		68570	1	90827		
	19 1	revenue	less expenses. Su	Jouract line	18 Ironi line 12 .	<del> </del>	· · ·	ginning of C	4224	End of Yea	3984		
Net Assets or Fund Balances	-	Fatal a -	oto /Dout V time of 6	•\			-			<u> </u>			
Bala	20 1		ets (Part X, line 16	•			• • ⊢		918416	i <del> </del>	918087		
돌	21 7		ilities (Part X, line	•			· ·		325094		312933		
_			s or fund balance	s. Subtract	ine 21 from line 2	0	<u> </u>		593322	<u>'L</u>	605154		
	art II		ure Block				<del></del>		<del></del>				
Un	der penalti	es of penul	ry, I declare that I have ete. Declaration of prep	examined this	return, including accor	mpanying schedules	s and statem ch orenarer h	ents, and to t	the best of	my knowledge and l	belief, it is		
	e, correct,	and compr		Est (Other dies	Tollicery is based on a	THE THE REST OF WHITE	атргораце п	as any ration	noogo.				
<u> </u>		<b>1</b>		9		·			#	<u> </u>			
Sig		Signa	Mur <del>e of officer</del>	. 01	1			D	ate				
He	re	<u> </u>	enneth	<u>.w. v</u>	sen t	reas.							
		<u>, , , , , , , , , , , , , , , , , , , </u>	or print name and title		<u>,</u>		<del></del>						
Pa	id	Print/Typ	oe preparer's name		Preparer's signature		Date	•	Check	☐ if PTIN			
	eparer				<u> </u>				self-em	ployed			
	e Only		ame 🕨					Fin	m's EIN ▶				
		Firm's a	ddress ▶					Phe	one no				
Ma	y the IRS	discuss	this return with t	he preparer	shown above? (se	ee instructions)				🗌 Yes	No		
For	Paperwo	ork Reduc	ction Act Notice, se	e the separa	rte instructions.		Cat No.	11282Y		Form 95	90 (2012)		



	90 (2012)	Page 2							
Part									
	Check if Schedule O contains a response to any question in this Part III	<u> </u>							
.1	Provide and maintain 700 acre-facility and 16 acre bond for members, quests, and other groups.								
	Provide and maintain Avu acre tacility and 16 acre bond for members, duests, and other drouts.								
•		·							
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?	<b>☑</b> No							
_	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describe these changes on Schedule O.	<u>. 140</u>							
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							
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	)							
	•••••••••••••••••••••••••••••••••••••••								
		·							
	(O. I. V. Common C. V. Common C.	`							
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	. '							
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>							
70	(Code) (Expenses $\psi_{\underline{\hspace{1cm}}}$ moduling grains of $\psi_{\underline{\hspace{1cm}}}$	. ′							
	Other program conjuge (Describe in Schedule O.)								
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )								
	(Lines in the Control of the Control								

Form **990** (2012)

	Checklist of Required Schedules			
			Yes	No
(	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	TES	<b>N</b> 0
- 3 I	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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
	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		
;	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	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
1	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		<b>✓</b>
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
(	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 temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
,	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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
	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		
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
	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		
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		
	Did 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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
þ	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b	-	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
	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		1
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>√</b> (2012)

art	V Checklist of Required Schedules (continued)			Page 4
			Yes	No
<u>2</u> 1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 5a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<u> </u>	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		<b>√</b>
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>▼</b>
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
5a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		,

art				
_	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	.		l
	reportable gaming (gambling) winnings to prize winners?	1c	-	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		1
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	. !		l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶	70		Ť
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		· /
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		<b>✓</b>
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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	.		l
а	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			T
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 organization, have excess business holdings at any time during the year?	8		<i> </i> '
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<b>✓</b>	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	. 1		
11	Section 501(c)(12) organizations. Enter:			ĺ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		•	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del> </del>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	900	(2012)
		1 (71)	. ~~~	(214)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response to any question in this Part VI	s in Schedule O. S	ee ins	structi	ions.		
Section	on A. Governing Body and Management	<del></del>	· ·	<u> </u>	<u>· L-</u>		
				Yes	No		
· 1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a					
b 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	1b relationship with	2		1		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		<b>✓</b>		
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		✓		
6	Did the organization have members or stockholders?		6	✓	<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a	1			
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b	1			
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during		i			
а	The governing body?		8a	1	T		
b	Each committee with authority to act on behalf of the governing body?		8b		1		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C.	ot be reached at	9		1		
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	j		
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	<b>✓</b>		
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the control of t	pt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				ļ		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	<b>✓</b>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	<b></b>	Ļ		
С	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done	oolicy? If "Yes,"	12c		ļ		
13	Did the organization have a written whistleblower policy?		13	<u> </u>	<b>✓</b>		
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>	✓		
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation						
а	The organization's CEO, Executive Director, or top management official		15a	<u> </u>	✓		
b	Other officers or key employees of the organization		15b	<b></b>	<b>!</b>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	iar arrangement	16a	-	1		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization						
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b				
Secti	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed Yermont.  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	n 501(	c)(3)s	only)		
19	Own website Another's website Upon request Other (explain in Sci Describe in Schedule O whether (and if so, how), the organization made its governing document and financial statements available to the public during the tax year.		f inte	rest p	olicy,		
20	State the name, physical address, and telephone number of the person who possesses the beorganization: ▶	ooks and records	of the	<b>;</b>			

Form **990** (2012)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor	any related	d orga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
				((	7)					
(A)	(B)	(do n	at ah	Pos		than c		(D)	(E)	<b>(F)</b>
Name and Title	Average		(do not check mo box, unless perso					Reportable	Reportable	Estimated
	hours per week (list any		rano			or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	or c	Inst	Officer	Key employee	em High	Former	the	organizations	compensation
	related organizations	vidu	ituti	Ser.	em	nest oloye	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Q =	onal	ŀ	ploy	HOD TO		(1000 111100)		and related
	line)	Individual trustee or director	Institutional trustee		99	pen				organizations
		ō.	tee			Highest compensated employee		ļ		
(1) Terry Boone	1:2	1		/				_		
President (a)		<b>-</b>	├	<b>  •</b>	-		$\vdash$	0	0	0
(2) Kenneth W. Olsen	1-2	1		1						0
Treasurer (3)		<u> </u>		Ť			<del> </del>	0	0	U
(3) Love Miller	1-2	1		1		'	1	۰ ،	0	0
Secretary (4)	1-2	<u> </u>	<del> </del>	<del></del>			$\vdash$		<u></u>	
<u></u>			ļ	İ						
(5)										
(6)			-							
(7)			$\vdash$	-	-					
			<u>L</u>	<u> </u>			_			
(8)	<b></b>									
					_	ļ	_			
(9)		1								
(40)					<del> </del>	<del> </del>	<del> </del>			
(10)	<b></b>	1							]	
(11)										
		L	<u> </u>	_	<u> </u>		<u> </u>			
(12)	<b></b>									
(13)		<del> </del>	$\vdash$	<del>                                     </del>	$\vdash$	<del>                                     </del>	<del> </del>	1	-	
(10)	†	1	1			l				
(14)										

-	(A) Name and title	(B) Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/trust			an	(D) Reportable compensation	(E) Reportable compensation for	1	Est	(F) mated ount of			
•		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-1	ions	comp fro orga and	ther ensation the nization related nization	n I
(15)								-						
(16)								ļ		ļ. <del>.</del>				
(17)														
(18)								-				<del></del>		
(19)								-		<u> </u>				
(20)								<u> </u>						
(21)												— .	•,•••	
(22)														
(23)														
									· · · · · · · · · · · · · · · · · · ·					
(24)														
(25)														
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	<del>-</del>				 	· ·	<b>► ►</b>						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						•	loyee, or high	-		3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	portal an \$1	ole o 50,0	000	iper	nsatio	s, "	complete Sch	edule J fo	or such			<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mpe	nsat	ion	fror	n any	un	related organiz	ation or inc	dividual	5		/
	on B. Independent Contractors													_ <b>_</b>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	Cc	(C) ompens	ation	
						<del></del>						····		
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

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Par	t VIII	Statement of Revenue Check if Schedule O contains a response to any que	notion in this Dark V	111		r
•	<del>,</del>	Check ii Schedule O contains a response to any que	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	ta b c d	Federated campaigns 1a  Membership dues 1b 5474  Fundraising events 1c 65  Related organizations 1d  Government grants (contributions) 1e	1			
ontributions od Other Si	f g	All other contributions, gifts, grants, and similar amounts not included above 1f 195  Noncash contributions included in lines 1a-1f: \$	5			
	h	Total. Add lines 1a–1f	57355	<del> </del>		
Program Service Revenue	2a b c d	Business Code		-	-	
Ē	е					
B	f	All other program service revenue .				
<u>*</u>	9	Total. Add lines 2a-2f				·
	3	Investment income (including dividends, interest and other similar amounts)	,			
	4 5	• • •				· · · · —
	5	Royalties				
	6a b c	Gross rents Less: rental expenses Rental income or (loss)				
	d 7a b	Net rental income or (loss)				
	c	and sales expenses .  Gain or (loss)		-		
venue	8a	Gross income from fundraising events (not including \$				
Other Reven		of contributions reported on line 1c).  See Part IV, line 18 a  Less: direct expenses b				
Ò	b	Net income or (loss) from fundraising events .	┥ [			
	9a					
	b c	Less: direct expenses b  Net income or (loss) from gaming activities ▶		-		
	10a	returns and allowances a				
	C	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code				-
	11a				1	
	Ь	Room rentals	915 36541			<del>                                     </del>
	C	Forestry Income	30341	· <del>-</del>		
	d	All other revenue	1			
	e	Total. Add lines 11a–11d	37456			
	12	Total revenue. See instructions	3/436			†

Part					
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
- 1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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				
<b>4 5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	15657.26		15657.26	
9	Other employee benefits				
10	Payroll taxes	1494.51		1494.51	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
а	Management				
b	Legal	800		800	
C	Accounting			ļ	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2546		2546	
13	Office expenses	778.64		778.64	
14	Information technology		<del></del>	<u> </u>	<del></del>
15	Royalties				
16	Occupancy	4506.03		4506.03	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				<del>. , , ,</del>
20	Interest	18569.39		18569.39	
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization .				
23	Insurance	5038.27		5038.27	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
9	•	4520.00		4520.00	
a b	Stocking Property Tayor	4536.80	<del></del>	4536.80 8563.90	
C	Property Taxes Principal Payments	8563.90 14161		8563.90 14161	
d		11004.13		11004.13	
e		3171.07	_,_,	3171.07	· •
25	All other expenses  Total functional expenses. Add lines 1 through 24e	90827	<del></del>	90827	·
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)	30021		3992.11	

Pa	art X	Balance Sheet			<del></del>
		Check if Schedule O contains a response to any question in this Part		· · ·	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2756	1	4927
•	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2500	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ats		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
۷	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	- · · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			}
	L	31310		100	
			913160	11	913160
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	····
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	918416	16	918087
	17	Accounts payable and accrued expenses	918416	17	310007
	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	
S	22	Loans and other payables to current and former officers, directors,			
Ĕ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties	325094	23	312933
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	<del></del>
	26	Total liabilities. Add lines 17 through 25	325094	26	312933
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			ı
	~-	complete lines 27 through 29, and lines 33 and 34.		07	
<u>a</u>	27	Unrestricted net assets		27	
Ä	28	Temporarily restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
Ę	29	Permanently restricted net assets	,	25	<del></del>
Ę		complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	12000	30	12000
set	31	Paid-in or capital surplus, or land, building, or equipment fund	913160		913160
As	32	Retained earnings, endowment, accumulated income, or other funds.	9135		13119
Net	33	Total net assets or fund balances	593322	<del>   </del>	605154
	34	Total liabilities and net assets/fund balances	915916		918087
_					Form <b>990</b> (2012)

	90 (2012)		P	age 1		
Par	TXI Reconciliation of Net Assets			_		
Check if Schedule O contains a response to any question in this Part XI		<del>- : : :</del>				
2	Total revenue (must equal Part VIII, column (A), line 12)	<del></del> -	94811			
3	Revenue less expenses. Subtract line 2 from line 1			9082		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments			0515		
6						
7	Donated services and use of facilities	<del></del>				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)					
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	·				
	33, column (B))		_	0515		
Par	XII Financial Statements and Reporting			V		
	Check if Schedule O contains a response to any question in this Part XII					
			Yes	No		
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a		✓		
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	2b				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
С	☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			<b></b>		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a 3b		<b>√</b>		