

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning May 1, 2015, and ending Apr 30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization High Twelve International
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
348 Hillside Lane
 City or town, state or province, country, and ZIP or foreign postal code
York PA 17403-4036

D Employer identification number
43-0630164

E Telephone number
(717) 854-0161

F Name and address of principal officer:
Donald M Whistler 348 Hillside Lane York PA 17403

G Gross receipts \$ 77,084.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (See instructions)

I Tax-exempt status 501(c)(3) 501(c) (10) (insert no.) 4947(a)(1) or 527

J Website: ▶ http://high12.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1923 **M** State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Freemasonic organization that provides member services to clubs throughout the world mostly in the United States. Most clubs meet at noon for an hour of fraternal fellowship.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	269.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	73,555.	42,308.
	9 Program service revenue (Part VIII, line 2g)	79,601.	34,223.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		553.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,156.	77,084.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	566.	2,470.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,061.	11,530.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	78,624.	56,146.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,251.	70,146.
19 Revenue less expenses. Subtract line 18 from line 12	72,905.	6,938.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	353,814.	360,752.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	353,814.	360,752.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 08/05/16
 Donald M Whistler International Secretary
 Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: Peter W Hunt Preparer's signature: _____ Date: 01/07/17
 Check if self-employed PTIN: P01081524
 Firm's name: CPM Consultants Ltd. Firm's EIN: 38-2244164
 Firm's address: 10309 Diamond Park Road Interlochen MI 49643 Phone no.: (231) 421-4414

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No