

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning May 1, 2016, and ending Apr 30, 2017

B Check if applicable:	C Name of organization <u>High Twelve International</u>	D Employer identification number <u>43-0630164</u>
<input type="checkbox"/> Address change	Doing business as	E Telephone number <u>(717) 854-0161</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	G Gross receipts \$ <u>84,661.</u>
<input type="checkbox"/> Initial return	<u>348 Hillside Lane</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<input type="checkbox"/> Amended return	<u>York PA 17403-4036</u>	H(c) Group exemption number ▶
<input type="checkbox"/> Application pending	F Name and address of principal officer: <u>Donald M Whistler 348 Hillside Lane York PA 17403</u>	
I Tax-exempt status	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>10</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>http://high12.org</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1923</u>	M State of legal domicile: <u>PA</u>

Part I Summary

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 2016 (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	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	42,308.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,223.	84,550.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	553.	111.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,084.	84,661.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,470.
14		Benefits paid to or for members (Part IX, column (A), line 4)	11,530.	8,509.
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)	56,146.	63,724.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,146.	85,029.	
	19 Revenue less expenses. Subtract line 18 from line 12	6,938.	-368.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	360,752.	344,302.
	22	Net assets or fund balances. Subtract line 21 from line 20	360,752.	344,302.

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			
	<u>Donald M Whistler</u>	<u>09/11/17</u>			
	Type or print name and title	International Treasurer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Peter W Hunt</u>		<u>09/29/17</u>		<u>P01081524</u>
	Firm's name	<u>CPM Consultants Ltd.</u>			
	Firm's address	<u>10309 Diamond Park Road Interlochen MI 49643</u>			
	Firm's EIN ▶	<u>38-2244164</u>			
	Phone no.	<u>(231) 421-4414</u>			

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