

## 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

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2011 calendar year, or tax year beginning , 2011, and ending , 20                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>SOCIEDAD EDAD DE ORO SUPREMA</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/Suite<br>PO BOX 60738<br>City or town, state or country, and ZIP + 4<br>BAKERSFIELD CA 93386-0738 |
|                                                                                                                                                                                                                                                                                               | <b>D</b> Employer identification number<br>77-0046206                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                               | <b>E</b> Telephone number<br>209-384-3750                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                               | <b>G</b> Gross receipts \$ 521931.                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                               | <b>H(a)</b> Is this                                                                                                                                                                                                                                                         |

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission

DEATH BENEFITS TO MEMBERS

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- 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?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 505191. including grants of \$ \_\_\_\_\_) (Revenue \$ 521841.)

THE ORGANIZATION PROVIDES DEATH BENEFITS TO MEMBERS, OF WHICH THERE  
 1992 TOTAL, AND A SUPPORTIVE ATMOSPHERE IN A TIME OF NEED  
 FOR TY 2011, 167 MEMBERS/FAMILIES RECEIVED BENEFITS

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

- 4d Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 505191.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                          | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 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                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 <b>Section 501(c)(3) organizations.</b> 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                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5 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                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 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                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                          |                          |                                     |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 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  | X  |
| 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  | X  |
| 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  | X  |
| 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 | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                               | 24b |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                      | 24c |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the                                                                                                                                                                                         |     |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**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.                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 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.                                                      | <input type="checkbox"/> | <input type="checkbox"/>            |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☐**Section A. Governing Body and Management**

|    |                                                                                                                                                                                                                                | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                  | 9   |    |
|    | 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 . . . . .     |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                   | 9   |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                                | 2   | X  |
| 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? . . . . . | 3   | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                     |     |    |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                                          | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organiza-<br>tions in<br>Sch O) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                             | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (15)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (16)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (17)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (18)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (19)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (20)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (21)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (22)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (23)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (24)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (25)                                                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>1b Sub-total</b>                                            |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                             |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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            |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                               | 505191.               | 505191.                         |                                        |                             |
| 5 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) |                       |                                 |                                        | </                          |

**Part X Balance Sheet**

|               |                                                                                                                                                                                                                                                                                | (A)<br>Beginning of year |     | (B)<br>End of year |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|
| <b>Assets</b> | 1 Cash - non-interest-bearing                                                                                                                                                                                                                                                  | 129461.                  | 1   | 43081.             |
|               | 2 Savings and temporary cash investments                                                                                                                                                                                                                                       | 82691.                   | 2   | 162299.            |
|               | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                           |                          | 3   |                    |
|               | 4 Accounts receivable, net                                                                                                                                                                                                                                                     |                          | 4   |                    |
|               | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Sch L                                                                                                                                |                          | 5   |                    |
|               | 6 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 organizations (see instructions) |                          | 6   |                    |
|               | 7 Notes and loans receivable, net                                                                                                                                                                                                                                              |                          | 7   |                    |
|               | 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                                                                                                                                                                                          | 10a                      |     |                    |
|               | b Less accumulated depreciation                                                                                                                                                                                                                                                | 10b                      | 10c |                    |
|               | 11 Investments                                                                                                                                                                                                                                                                 |                          |     |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

|   |                                                                                                               |   |         |
|---|---------------------------------------------------------------------------------------------------------------|---|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 521931. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 528703. |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -6772.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 212152. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 |         |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 205380. |

**Part XII Financial Statements and Reporting**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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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                                                                                                                                                                                                           |     |    |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SOCIEDAD EDAD DE ORO SUPREMA

Employer identification number

77-0046206

PART VI, SEC B, LINE 11A: FORM 990 PROVIDED TO ALL BOARD MEMBERS AT  
MONTHLY BOARD MEETING PRIOR TO FILING.

PART VI, SEC B, LINE 12C: OFFICERS AND DIRECTORS ARE ALSO MEMBERS OF  
INDIVIDUAL LODGES - THEY MONITOR ALL LODGE ACTIVITY, AND REPORT TO THE  
FULL BOARD REGARDING ALL POLICIES.

PART VI, SEC B, LINES 15A & B: COMPENSATION IS NOT PAID TO  
MANAGEMENT, OFFICERS, DIRECTORS OR OTHER KEY MEMBERS - ALL H







**SOCIEDAD EDAD DE ORO NO. 1**  
**P O BOX 273**  
**SANGER, CA 93657**

TOTAL  
372

**LISTA DE MIEMBROS DE SANGER #1**

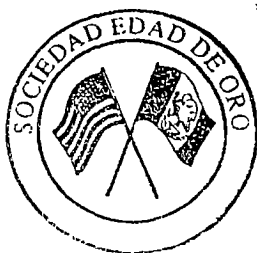
- |    |                    |    |                        |
|----|--------------------|----|------------------------|
| 1  | Acension H. Galvan | 26 | Victoria Castillo      |
| 2  | Bernardo Bretrado  | 27 | Florentino Rivera      |
| 3  | Mary F. Lascano    | 28 | Erlinda Valdez         |
| 4  | Carmela Garza      | 29 | Aurora J. Mata         |
| 5  | Epifano Madrigal   | 30 | Jesus M. Jimenez       |
| 6  | Joel Bernal        | 31 | Francisco Mendoza      |
| 7  | Isabel A. Murillo  | 32 | Ofelia Acosta          |
| 8  | Jaime Miramon      | 33 | Maurilia Soriano       |
| 9  | Paula C. Arevalo   | 34 | Jesus Barrera          |
| 10 | Evangelina Pizzaro | 35 | Herminia Trevino       |
| 11 | Vita Zavala        | 36 | Maria De La Paz        |
| 12 | Idalia Izabal      | 37 | Maria De La Luz Molina |
| 13 | Ruben Gamez        | 38 | Maria Mercado          |
| 14 | Jesus L. Hernandez | 39 | Peter Robles           |
| 15 |                    |    |                        |



**SOCIEDAD EDAD DE ORO NO. 1**  
**P O BOX 273**  
**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

|    |                        |    |                       |
|----|------------------------|----|-----------------------|
| 51 | Mary Montelongo        | 76 | Lupe Salinas Pardo    |
| 52 | John Ozuna             | 77 | Roberto L. Garcia     |
| 53 | Dubelesa Trevino       | 78 | Alberto Zavala        |
| 54 | Ana Maria Amaya        | 79 | Antonia Aguilar       |
| 55 | Mirthala Lopez         | 80 | Maria Vribrizca       |
| 56 | Guadalupe Gutierrez    | 81 | Josefina Hernandez    |
| 57 | Maria G. Tovar         | 82 | Maria Cardenas Chaves |
| 58 | Elvia R. Martinez      | 83 | Connie Martinez       |
| 59 | Nicolas Tijerina       | 84 | Modesta Garcia        |
| 60 | Emily Gurules          | 85 | Antonia Valdez        |
| 61 |                        | 86 | Georgia Castillo      |
| 62 | Esther Garcia          | 87 | Irma Perez            |
| 63 | Delfina V. Gonzalez    | 88 | Adalberto T. Soto     |
| 64 | Luisa Trejo            | 89 | Lastenia Luz Coello   |
| 65 | Maria Luisa Arnesquita | 90 | Isabel Vas            |



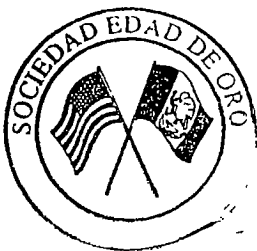
**SOCIEDAD EDAD DE ORO NO. 1**

**P O BOX 273**

**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

|     |                    |     |                         |
|-----|--------------------|-----|-------------------------|
| 101 | Socorro B. Casas   | 126 | Reynaldo O. Salazar     |
| 102 | Ruben Martinez     | 127 | Annie C. Briones        |
| 103 | Arcadio Orozco     | 128 | Jesus M. Maldonado      |
| 104 |                    | 129 | Alfredo Hernandez       |
| 105 | Miguel Pizarro     | 130 | Rosie Lopez             |
| 106 | Rosa Maria Chavez  | 131 | Guadalupe Calderon      |
| 107 | Aurora Solorio     | 132 | Tomasa Villareal        |
| 108 | Adela Martinez     | 133 | Maria G. Meza           |
| 109 | Roberto Chavez     | 134 | :                       |
| 110 | Apolinar Miramon   | 135 | Ruben O. Quintanilla    |
| 111 | Maria Z. Maldonado | 136 | Carolina Rodriguez      |
| 112 | Guadalupe S. Lopez | 137 | Bernardina P. Castaneda |
| 113 | Narc               |     |                         |



**SOCIEDAD EDAD DE ORO NO. 1**

**P O BOX 273**

**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

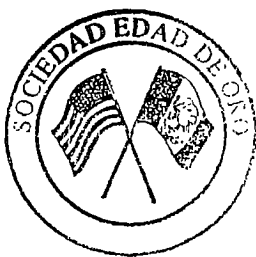
|     |                       |     |                             |
|-----|-----------------------|-----|-----------------------------|
| 151 | Elida Hernandez       | 176 | Hermila Salinas             |
| 152 | Teresa H. Rodriguez   | 177 | Maria de la Luz Delgado     |
| 153 | Guadalupe Amador      | 178 | Garciela Ramirez            |
| 154 | Maria Luz Garcia      | 179 | <i>Dolores T. Velasquez</i> |
| 155 | Antonia Adame         | 180 | Hermila Maldonado           |
| 156 | Linda Gallardo        | 181 | Teresa Sanchez              |
| 157 | Jose Garcia           | 182 | Maria De La Fuente          |
| 158 | Jessie Cantu          | 183 | Maria Oralia Torres         |
| 159 | Margarita Rosales     | 184 | Ernestina Rodriguez         |
| 160 | Petra Serna           | 185 | Antonio Corona              |
| 161 | Ambrocio R. Maldonado | 186 | Juan Witrigo                |
| 162 | Amparo Avalos         | 187 | Angelita Garcia             |
| 163 | Roman Casas           |     |                             |



**SOCIEDAD EDAD DE ORO NO. 1**  
**P O BOX 273**  
**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

|     |                      |     |                     |
|-----|----------------------|-----|---------------------|
| 201 | Maria de la Cruz     | 226 | Amparo Cisneros     |
| 202 | Manuel Baltierra     | 227 |                     |
| 203 | Paul Cantu           | 228 | Julia G. Zavala     |
| 204 | Herminia C. Martinez | 229 | Evangelina Lozada   |
| 205 | Soledad Gandara      | 230 | Manuela Delgado     |
| 206 | Socorro Garza        | 231 | Carmina Z. Martinez |
| 207 | Raul Cantu Sr        | 232 | Waldo Navarrette    |
| 208 | Vicente O. Cantu     | 233 |                     |
| 209 | Virginia P. Garcia   | 234 | Maria Mata          |
| 210 | Frances M. Gonzalez  | 235 | Maria Arroyo        |
| 211 | Trinidad Marroquin   | 236 | Elisa Gil           |
| 212 | Juan Orozco          | 237 | Manuel H. Fuentes   |
| 213 | Cruz Gomez           | 238 | Margarita Vasquez   |
| 214 | Auxilio M. Perez     | 239 |                     |



**SOCIEDAD EDAD DE ORO NO. 1**  
**P O BOX 273**  
**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

|     |                         |     |                      |
|-----|-------------------------|-----|----------------------|
| 251 | Rosario Navarro         | 276 | Elena Salinas        |
| 252 | Maria R. Aguila         | 277 | Mary Delgado         |
| 253 | Beatrice R. Perez       | 278 | Graciela Guerra      |
| 254 | Flora Cazares           | 279 | Juan Guerra          |
| 255 | Enedina Juarez          | 280 | Elvira Quiz          |
| 256 | Maria Garcia            | 281 | Maria E. Villareal   |
| 257 | Cristina Adan           | 282 | Janet Velasco        |
| 258 | Maria Jaurequi Gonzales | 283 | Manuel Vasquez       |
| 259 | Amel Garza Sanchez      | 284 | Teresa Marquez       |
| 260 | Gerardo Garcia Jr.      | 285 | Alvina G. Navarrette |
| 261 | Ernestina Tapiaa        | 286 | Linda Zavala         |
| 262 | Benny Hernandez         | 287 | Carmen C. Rangel     |
| 263 | Maria S. Hernandez      | 288 | Vickie Bernal        |
| 264 | Maria Hernandez         | 289 | Daniel Trevino       |



**SOCIEDAD EDAD DE ORO NO. 1**  
**P O BOX 273**  
**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

|     |                 |     |                     |
|-----|-----------------|-----|---------------------|
| 301 |                 | 326 | Trini Olivarez      |
| 302 | Bertha Adame    | 327 | Andrea Cortez       |
| 303 | Ismael Bernal   | 328 | Juan O. Arechiga    |
| 304 | Nora Amesquita  | 329 | Laura H. Gonzales   |
| 305 | Alberto Molina  | 330 | Blanca A. Villasana |
| 306 | Rodolfo Saucedo | 331 | Bernice H. Guevara  |
| 307 | Cipriana Perez  | 332 | Alex Ruiz           |
| 308 | Jesusa Gonzales | 333 | Abel Valdez         |
| 309 | Ramona Saucedo  | 334 | Sissette Valdez     |
| 310 | Toribio Moreno  | 335 | Vita Guerrero       |
| 311 | Annie Rico      | 336 | Francisco C. Lamas  |
| 312 | Hector Garza    | 337 | Lupe Cardenas       |
| 313 | Aurelia Orozco  | 338 | Esteban Ramirez     |
| 314 | Noe Orozco      |     |                     |



**SOCIEDAD EDAD DE ORO NO. 1**  
**P O BOX 273**  
**SANGER, CA 93657**

**LISTA DE MIEMBROS DE SANGER #1**

|     |                  |     |                    |
|-----|------------------|-----|--------------------|
| 351 | Rosa M. Salazar  | 376 |                    |
| 352 | Maria L. Silva   | 377 | Connie Esquerro    |
| 353 |                  | 378 |                    |
| 354 | Juan Palacios    | 379 |                    |
| 355 | Dominga Tijerina | 380 |                    |
| 356 | Victoria Gomez   | 381 | Emilia Heredia     |
| 357 | Samuel Gomez     | 382 | Francisca Alvarado |
| 358 |                  | 383 | Teresa Ramirez     |
| 359 |                  | 384 | Gila Castillo      |
| 360 |                  | 385 |                    |
| 361 | Anita Martinez   | 386 | Leo Munoz          |
| 362 | Maria Gonzalez   | 387 | Juan Acosta        |
| 363 | Fibela Garcia    | 388 | Francis Godinez    |
| 364 | Refugio Escovar  | 389 | Mary Cruz          |
| 365 |                  | 390 | Fidela Camarillo   |
| 366 |                  | 391 | Pablo L            |

48 Miembros

Socios Activos

1. Severiana Araiz
2. Jules Baldores
3. Vincent Banales
4. Isabel Bangas
5. Dora Barba
6. Susie Camarillo
7. Mary Caudillo
8. Nettie P. Chavez
9. Marcelina Cordero
10. Herlinda Cuevas
11. Dolores Dominguez
12. Augustina Gallegos
13. Carmen Gallegos
14. Joaquina Gallegos
15. Robert Gallegos
16. Catalina La
17. Esther Garcia
18. Louie Garcia
19. Barbara Giron
20. Sally Hernandez
21. Virginia Hickey
22. Maria L. Jimenez
23. Florentino Lopez
24. Jessie Lopez
25. Rebeca Macias
26. Rosie Maciel
27. Adela Magnia
28. Robert Monetti

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1-13-12

Sociedad La Edad de Oro #3

- |    |                  |
|----|------------------|
| 29 | Carmon F. Ortiz  |
| 30 | Isabel Pantoja   |
| 31 | Elena Pizana     |
| 32 | Manuel Ramirez   |
| 33 | Mary Ramirez     |
| 34 | Mike Reyes       |
| 35 | Frank Rivera     |
| 36 | Lydia Rivera     |
| 37 | Olivia Rojas     |
| 38 | Esperanza Rosu   |
| 39 | Della Sandoval   |
| 40 | Pete Sumaya, Jr. |
| 41 | John Tapia       |
| 42 | Peter M Thompson |
| 43 | Marcelina Torres |
| 44 | Bessie Vaughn    |
| 45 | Maria Vidal      |
| 46 | Aurora Villagran |
| 47 | Mary Winslow     |
| 48 | Maria Zavala     |











JAN. 2012  
169 MEMBERS

**Lista De Socios Activos en Logia #5 de**

**Selma California**

1. Josie Garcia
2. Lupe N. Gonzales
3. Socorro Ramirez
4. Connie Rosales
5. Luis R. Delgadillo
6. Joe Medina
7. Herminia Medina
8. Guadalupe H. Delgaillo
9. Adela Dominquez
10. Juam Dominquez
11. Theresa Ortiz
12. Olga M. Corral
13. Orfelina Moreno
14. Frank Narras
15. Carlos A. Molina
16. George T. Jimenez
17. Anita Lira
18. Fernando Gastilbum
19. Julio Morales Jr.
20. Juana Sanchez
21. Carmen Vasquez, Pallaras
22. Trinidad Vasquez
23. Aurora Abundiz
24. Carmelo V. Cruz
25. Cresencia V. Garcia
26. Antonia B. Ortez
27. Rose Jimenez Martinez
28. Manuel N. Gonzales
29. Josefina Escarcega
30. Carmen Barron
31. Raymond N. Gonzales
32. Porferia Moreno
33. Alicia Martinez
34. Juan F. Martinez
35. Herbert A. Gonzales
36. Julian G. Sandoval Sr.
37. Esmeralda Garza

38. Eva S. Hernandez
39. Mary S. Leon
40. Raymond T. Santillan
41. Paula Delgado
42. Fidela Gomez
43. Margarito Guzman
44. Frances A Garcia
45. Dorothy Tellez
46. Ramona R. Alcazar
47. Steven C. Perez
48. Victor Medina
49. Lusía Basaldua
50. Luisa Carrillo
51. Angela Guerrero
52. Marcelino Nicacio
53. Maria Nicacio
54. Eusereio Zaragoza
55. Leonila Moreno
56. Mickey E. Tejada
57. Delfina Moya
58. Lorinzo R. Morales
59. Abigail Bricenco
60. Elvira Fierro
61. Fransico Fierro Soto
62. Virginia D. Vasquez
63. Esther M. Contreras
64. Eva D. Reyna
65. Raul R. Reyna
66. Guadalupe M. Martinez
67. Guadalupe S. Rendon
68. Marccerio Rendon
69. Antonio Morales Contreras
70. Margarita M. Ruiz
71. Eleno Reyna
72. Irma Reyna
73. Dolories Vasquez
74. Arcadia Vasquez
75. Juanita Q. Perez
76. Carmen De La O
77. Jane G. Burrola
78. Mercedes P. Serenil
79. Julio G. Sernil
80. Jovite Perez Arevalo
81. Esperanza Nunez

- 82. Jose Luis V. Espinoza**
- 83. Petra Ochoa**
- 84. Mary V, Madrid**
- 85. Lupe C. Gonzales**
- 86. Jose I. Ruiz**
- 87. Arthur Madrid**
- 88. Juanita Equiebel**
- 89. Jesse Ramirez**
- 90. Manuel A Garcia**
- 91. Charlotte B. Perez**
- 92. Carmen J. Garcia**
- 93. Carmen Saldana**
- 94. Frances C. Soto**
- 95. Maria E. Sanchez**
- 96. Teresa A Zavala**
- 97. Trinidad C. Perez**
- 98. Ventura F. Delgado**
- 99. Metodio Torres**
- 100. Gilberto C. Ramos**
- 101. Guadalupe A. Castillo**
- 102. Ricardo E. Lopez**
- 103. Aurora O. Soto**
- 104. Rodrigo Valdiveria**

- 105. Maria R. Gomez**
- 106. Carmen G. Yanez**
- 107. Juanita Villa**
- 108. Felipa R. Dominguez**
- 109. Elida Harjo**
- 110. Santos Garcia**
- 111. Richard F. Ortiz**
- 112. Beatriz Mendoza**
- 113. Cindy F. Hernandez**
- 114. Serapio Maldonado**
- 115. Christine F. Rodriguez**
- 116. Eulalia A. Subia**
- 117. Cirila Aranda**
- 118. Angel Aranda**
- 119. Josefa G. Fabela**
- 120. Maria Rodriguez**
- 121. Guadalupe Guerrero**
- 122. Estefana Lopez**
- 123. Consuelo P. Ortiz**
- 124. Josefina V. Trevino**
- 125. Josie Baiz**
- 126. Dionicia Sepeda**

- 127. Maria Socorro *Santos*
- 128. Ramon Santos
- 129. Maria C. Contreras
- 130. Ruth Avila
- 131. Dolores v. Sigala
- 132. Martin Ortiz
- 133. Sally Rosales
- 134. Nick N. Rosales
- 135. Heriberto Cano
- 136. America Cano
- 137. Isabel Rivera Valdereia
- 138. Otilia Perales
- 139. Alice Guerra
- 140. Maria Elena Lopez
- 141. Lupe M. Gonzales
- 142. Sally A. Guerra
- 143. Alfred H. Guerra
- 144. Eugenio Olivarez
- 145. Margarito M. Ramirez
- 146. Adelaida S. Rodriguez
- 147. Belen Zamora Carbajal
- 148. Juanita Hernandez

- 149. Larry Moreno
- 150. Amelia E. Hernandez
- 151. Esther Freiei
- 152. Reymundo Lopez Ramirez
- 153. Paula C. Mendoza
- 154. Moises Contreras
- 155. Sofia Contreras
- 156. Franciso Delgadillo
- 157. Maria D. Garcia
- 158. Asencion (John) Nerio, Jr.

159. Isabel Nerio

- 160. Frances Flores
- 161. Pauline Echivarria
- 162. Juan S. Ochoa
- 163. Julia Ala Gove
- 164. Raymond Zavala
- 165. Carmen Ramirez
- 166. Maria Casas
- 167. Robert O. Perales
- 168. Aurora P. Garcia
- 169. Rosa Nigueria Yodas

# Visit De Socio

Fallecidos / DECEASED

- |                                  | <del>Fecha</del><br>Fecha que<br>Fallecido |
|----------------------------------|--------------------------------------------|
| 1. ③ Nora S. Barron              | Dec. 17, 2011                              |
| 2. ① Maria De Carmen<br>Martinez | 4-18-2011                                  |
| 3. ② Aurora N. Cazares           | 11-27-2011                                 |



September 2011

1. Carmen S. Yanez
2. Juanita Hernandez

October 2011

0

November 2011

1. Andrea N. Barron
2. Maria R. Gomez
3. Juanita Villa
4. Richard F. Ortiz
5. Martin Ortiz
6. Sally Rosales

December 2011

1. Pauline Echivarria
2. Maria V. Casas













LA EDAD DE ORO #7  
P O Box 531  
Porterville, CA 93258

## SOCIEDAD LA EDAD DE ORO #7

### 2011 New Members

2-11 Johnny Hernandez  
2-11 Patricio Gabriel  
3-13 Gloria Figueroa  
3-13 Gloria De Soto  
4-11 Cristina Samaniego  
4-11 Camilo Samaniego  
4-11 Fernando Gabriel  
6-12 Maria Garcia  
6-12 Joel Garcia  
7-10 Demetria Diaz  
7-10 Feliciano Diaz  
9-11 Elias Romero  
9-11 Felipe Villa Solorio  
12-11 Laurencio Macias  
12-11 Modesta Lopez

### 2011 Funerals

1-1-11 Jesus Rico  
1-3-11 Corina Menchaca  
1-17-11 Lupe Linarez  
2-3-11 Ernestina Delgado  
2-19-11 Mary L. Hernandez  
4-9-11 Virginia Segeda  
5-15-11 Ester Uribe  
6-3-11 Concepcion Garza  
7-31-11 Jose Andalon  
9-6-11 Amador Linarez  
9-23-11 Adela Zerafin  
9-27-11 Benjamin Cuevas  
9-30-11 Manuel Garcia  
10-11-11 Gracia Vargas  
11-7-11 Viola Peteque

### Cancelados 2011</























**Sociedad Edad De Oro**  
**Logia # 10 Delano**  
**Miembros Fuera De**  
**La Sociedad 2011**

| <b>Nombre/Name</b> | <b>#</b> |
|--------------------|----------|
| Mendoza, Maria G.  | .059.    |
| Offstetter, David  |          |
| Rivera, Maria      | .031.    |
| Serrano, Anastacio | .0120.   |
| Serrano, Josefina  | .0117.   |
| Varguez, Julio     | .017.    |
| Viray, Joe         | .090.    |
| Viray, Norma J.    | 833      |
| <b>Total</b>       | <b>8</b> |

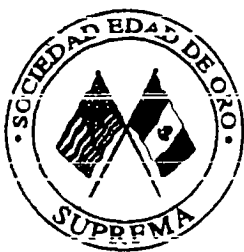












# Sociedad La Edad de Oro

Logia Nº 12

Total de cuotas 27

Iniciaciones \_\_\_\_\_

Cheque Nº \_\_\_\_\_

Efectivo \$ \_\_\_\_\_

Libro de \_\_\_\_\_

Pago por \_\_\_\_\_

Money Order Nº \_\_\_\_\_

| Nombre                 | Fecha Ing. | Enero | Feb. | Marzo | Abril | Mayo | Junio | Julio | Agosto | Sept. | Oct. | Nov. | Dic. | Nº de Cuotas | SUMA     |
|------------------------|------------|-------|------|-------|-------|------|-------|-------|--------|-------|------|------|------|--------------|----------|
| Alicia Ortega          | 2-9-86     |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Consuelo Ortiz         | 9-14-97    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Manuela Ortiz          | 4-14-91    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Maria Padilla          | 7-8-06     |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Alberto Pera           | 8-12-06    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Lupe Perea             | 10-14-06   |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Olivia Pereida         | 9-13-92    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Ascencion Perez        | 12-13-03   |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Lecandra Perez         | 8-24-83    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Bosario Puente         | 7-14-04    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Merced O. Quinones     | 8-13-10    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Carmen Ramirez         | 10-9-94    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Librada Ramirez        | 8-14-94    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Lorenza Ramirez        | 5-9-93     |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Phyllis Ramirez        | 10-14-93   |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Anita V. Ramos         | 11-9-02    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Refugio Bangel         | 5-15-93    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Anita Benteria         | 11-14-93   |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Melva Benteria         | 4-13-97    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Maria Del Bacio Rivera | 8-2-09     |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Paula Rivera           | 10-9-88    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Carmen Robles          | 9-10-05    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Elvira Robles          | 11-11-00   |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Alice Rocha            | 8-14-04    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Manuel Rocha           | 9-9-06     |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Francisca Rodriguez    | 9-14-97    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| Hector Rodriguez       | 1-13-01    |       |      |       |       |      |       |       |        |       |      |      |      |              | \$5.00   |
| TOTAL                  |            |       |      |       |       |      |       |       |        |       |      |      |      |              | \$135.00 |

February 29

2012

2012

Tesorero Local

Tesorero Suprema

Juanita Alfaro



































