Form 990-EZ

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-EZ and its instructions is at www.irs.gov/form990.

2013

A For the 2013 calendar year, or tax year beginning , 2013, and ending

Address change
CT 5 ROYAL ORDER OF JESTERS 3200 KINGWOOD DR GREAT FALLS, MT 59404-3638

Employer identification number
23-7151534

Name change

Initial return

Terminated

Amended return

Application pending

Website: N/A

Accounting Method: Cash

Gross amount from sale of assets other than inventory

Less cost or other basis and sales expenses

Gain or (loss) from sale of assets other than inventory

Gaming and fundraising events

Gross income from each event (attach Schedule G if greater than $15,000)

Less direct expenses from gaming and fundraising events

Net income or (loss) from each event

Gross sales of inventory, less returns and allowances

Less cost of goods sold

Gross profit or (loss) from sales of inventory

Other revenue (describe in Schedule O)

Total revenue. Add lines 1, 2, 3, 4, 5, 6, 7, and 8

Grants and similar amounts paid (list in Schedule O)

Benefits paid to or for members

Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors

Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

Other expenses (describe in Schedule O)

Total expenses. Add lines 10 through 16

Excess or (deficit) for the year (Subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (B)) (must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No 1545-1150

2013
### Part II Balance Sheets

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>61,790</td>
<td>76,712</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>61,790</td>
<td>76,712</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>61,790</td>
<td>76,712</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? See Schedule O (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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

#### Expenses

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(Grants $)</th>
<th>(If this amount includes foreign grants, check here)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>MEMBERS SERVICES</td>
<td>28a</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>29a</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>30a</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O)</td>
<td>31a</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV List of Officers, Directors, Trustees, and Key Employees

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and Title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENNIS MCSWEENEY</td>
<td>LEADING MAN</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>F. SCOTT ROBINSON</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BRENT WATERS</td>
<td>TRAGENIAN</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DWAIN IVerson</td>
<td>Treasurer</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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**Part V Other Information**

(Note the Schedule A and personal benefit contract statement requirements in See Schedule O) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? Check if ‘Yes,’ provide a detailed description of each activity in Schedule O

- Yes
- No

34 Were any significant changes made to the organizing or governing documents? If ‘Yes,’ attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions)

- Yes
- No

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

- Yes
- No

b If ‘Yes,’ to line 35a, has the organization filed a Form 990-T for the year? If ‘No,’ provide an explanation in Schedule O

- Yes
- No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If ‘Yes,’ complete Schedule C, Part III

- Yes
- No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If ‘Yes,’ complete applicable parts of Schedule N

- Yes
- No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

- Yes
- No

b Did the organization file Form 1120-POL for this year?

- Yes
- No

38a Did the organization borrow from, or make any loans to, or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

- Yes
- No

b If ‘Yes,’ complete Schedule L, Part II and enter the total amount involved

- N/A

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

- N/A

b Gross receipts, included on line 9, for public use of club facilities

- N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911

- N/A

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If ‘Yes,’ complete Schedule L, Part I

- Yes
- No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

- N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

- N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If ‘Yes,’ complete Form 8886-T

- Yes
- No

40e

41 List the states with which a copy of this return is filed

- None

42a The organization’s books are in care of

- DONALD BISGARD

Located at

- 3200 KINGWOOD DRIVE

GREAT FALLS MT

Telephone no.

- 406-590-2057

If ‘Yes,’ enter the name of the foreign country

- 3200 KINGWOOD DRIVE

GREAT FALLS MT

- 406-590-2057

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

- Yes
- No

If ‘Yes,’ enter the name of the foreign country

- Yes
- No

42b

42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here

- Yes
- No

and enter the amount of tax-exempt interest received or accrued during the tax year

- N/A

44a Did the organization maintain any donor advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ

- Yes
- No

b Did the organization operate one or more hospital facilities during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ

- Yes
- No

c Did the organization receive any payments for indoor tanning services during the year?

- Yes
- No

d If ‘Yes’ to line 44c, has the organization filed a Form 720 to report these payments?

- Yes
- No

If ‘No,’ provide an explanation in Schedule O

44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

- Yes
- No

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If ‘Yes,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

- Yes
- No
Part VI - Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
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</tbody>
</table>

| Total number of other employees paid over $100,000 |

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'.

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

| Total number of other independent contractors each receiving over $100,000 |

52 Did the organization complete Schedule A? Note. All section 501(c)(3) charitable trusts must attach a completed Schedule A.

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 attest) is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Type or print name and title of preparer:

Dwaine J. Iverson, CPA

Preparer's signature:

Dwaine J. Iverson, CPA

Firm's name:

Firm's address:

301 First Street South
Shelby, MT 59474

May the IRS discuss this return with the preparer shown above? See instructions.

Signature of officer

DWAIN E IVESON

Preparer's name and title:

Type or print name and title:

Dwaine J. Iverson, CPA

Preparer's signature:

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CT 5 ROYAL ORDER OF JESTERS

MEMBERS SERVICES

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Employer identification number
23-7151534
## 2013 Schedule O - Supplemental Information

### Form 990-EZ, Part I, Line 16

**Other Expenses**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and Promotion</td>
<td>$262.</td>
</tr>
<tr>
<td>BANK CHARGES</td>
<td>$233.</td>
</tr>
<tr>
<td>Conferences, Conventions, and Meetings</td>
<td>$18,871.</td>
</tr>
<tr>
<td>DUES AND SUBSCRIPTIONS</td>
<td>$930.</td>
</tr>
<tr>
<td>Insurance</td>
<td>$2,657.</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$1,262.</td>
</tr>
<tr>
<td>Travel</td>
<td>$1,542.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$25,757.</strong></td>
</tr>
</tbody>
</table>