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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning 4/01, 2010, and ending 3/31, 2011

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	B.P.O.E. TULARE LODGE #1424 POST OFFICE BOX 1301 TULARE, CA 93275-1301	94-0317345
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		559-686-3431
<input type="checkbox"/> Terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: N/A

**J** Tax-exempt status (ck only one) -  501(c)(3)  501(c) ( 8 ) (insert no)  4947(a)(1) or  527

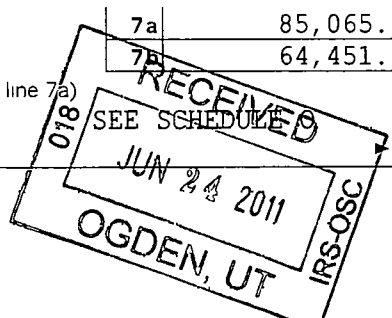
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 133,564.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

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

	1 Contributions, gifts, grants, and similar amounts received	1	19,552.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	17,927.
	4 Investment income	4	3,792.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ <u>3,384.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	7,722.
	c Less direct expenses from gaming and fundraising events	6c	7,722.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	85,065.
	b Less cost of goods sold	7b	64,451.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	20,614.
	8 Other revenue (describe in Schedule O)	8	-494.
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,391.
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,295.
	13 Professional fees and other payments to independent contractors	13	2,250.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	853.
	16 Other expenses (describe in Schedule O)	16	61,933.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	81,331.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,940.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	190,742.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	170,802.



SEE SCHEDULE O

SCANNED JUL 11 2011

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

PK

Part II Balance Sheets. (see the instructions for Part II.)

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

X

Table with 4 columns: Description, (A) Beginning of year, (B) End of year, and a small column for the year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instrs for Part III)

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

X

What is the organization's primary exempt purpose? SEE SCHEDULE O
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table with 3 columns: Description, Expenses, and a small column for the year. Rows include 28, 29, 30, 31, 32 with sub-rows for grants and total expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

X

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account and other allowances.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> 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)		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</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 <b>40b</b>		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b> X		
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of B.P.O.E. TULARE LODGE #1424 Telephone no 559-686-3431  
 Located at 1535 E. BARDLSEY AVE, TULARE, CA ZIP + 4 93274

	Yes	No
<b>b</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)? If 'Yes,' enter the name of the foreign country		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <b>44d</b>		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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 inst.)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

	Yes	No
47 Did the organization engage in lobbying activities? 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'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

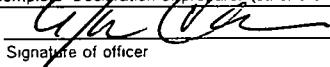
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

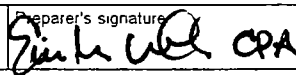
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: 11-21-11  
 Type or print name and title: LYNDIA CLARK SECRETARY

**Paid Preparer Use Only**  
 Print/Type preparer's name: ERIC M. WHITE, CPA Preparer's signature:  Date: 6-10-11  
 Check  if self employed PTIN: N/A  
 Firm's name: ADAIR & EVANS, AN ACCOUNTANCY CORPORATION Firm's EIN: N/A  
 Firm's address: 111 E. KERN TULARE, CA 93274 Phone no: (559) 688-0655

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

Name of the organization

B.P.O.E. TULARE LODGE #1424

Employer identification number

94-0317345

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY; TO  
RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS  
MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD  
FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR  
ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES  
OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS,  
DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.

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

CLIENT 314

B.P.O.E. TULARE LODGE #1424

94-0317345

6/09/11

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**FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

LOTTERY INCOME		\$	-494.
	TOTAL	\$	<u>-494.</u>

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

ALARM SERVICE		\$	545.
BANK CHARGES			634.
BULLETIN			973.
CASH OVER/SHORT			536.
CONFERENCES, CONVENTIONS, AND MEETINGS			3,729.
CREDIT CARD FEES			1,972.
DEPRECIATION			5,480.
DIGNITARY VISITATIONS			61.
DONATIONS			500.
EMBLEMS & PINS			140.
INSURANCE			5,728.
JANITORIAL			3,804.
LICENSE & PERMITS			658.
LINENS			2,534.
MISCELLANEOUS			1,354.
OFFICE EXPENSES			1,167.
OFFICERS EXPENSES			109.
OTHER TAXES			10.
PER CAPITA FEES			4,383.
PROMOTIONS			1,008.
PROPERTY TAXES			4,578.
PUBLICITY			300.
REPAIRS AND MAINTENANCE			3,599.
SECURITY GUARDS			450.
TELEPHONE			2,615.
UTILITIES			15,066.
	TOTAL	\$	<u>61,933.</u>

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 50.	\$ 0.
FURNITURE AND FIXTURES	7,460.	6,787.
INVENTORIES	5,300.	3,534.
PREPAID EXPENSES AND DEFERRED CHARGES	762.	653.
TOTAL	<u>\$ 13,572.</u>	<u>\$ 10,974.</u>

CLIENT 314

B.P.O.E. TULARE LODGE #1424

94-0317345

6/09/11

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**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 2,993.
ACCRUED EXPENSES	4,179.	0.
CHECKING RESERVE ACCT	5,138.	4,822.
DEFERRED REVENUE	11,301.	9,690.
<b>TOTAL</b>	<b>\$ 20,618.</b>	<b>\$ 17,505.</b>

**FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DENNIS BELL 650 N. E STREET TULARE, CA 93274	EXALTED RULER \$ 0	0.	\$ 0.	\$ 0.
RON WARD 2001 E. CROSS AVE. TULARE, CA 93274	COMMITTEE MEMBE 10.00	0.	0.	0.
TAMMY BAUMGARDNER 2250 HEMLOCK TULARE, CA 93274	LECTURING KNIGH 0	0.	0.	0.
GRACE CARVALHO 1535 E BARDSLEY TULARE, CA 93274	TILER 0	0.	0.	0.
DON BELL 543 S SACRAMENTO TULARE, CA 93274	LEADING KNIGHT 0	0.	0.	0.
TONY PARREIRA 1663 S. MARION TULARE, CA 93274	LOYAL KNIGHT 0	0.	0.	0.
KEITH WHITE 11666 N. M STREET TULARE, CA 93274	TREASURER 0	0.	0.	0.
CAROL THOMPSON 3415 W. IRIS VISALIA, CA 93274	ESQUIRE 0	0.	0.	0.
DON PARTEN 707 N. F STREET TULARE, CA 93274	TRUSTEE 4 YEAR 0	0.	0.	0.



CLIENT 314

B.P.O.E. TULARE LODGE #1424

94-0317345

6/09/11

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FORM 990-EZ, PART IV (CONTINUED)  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LYNDA CLARK 1631 E. OAKDALE AVE TULARE, CA 93274-9346	SECRETARY 10.00	\$ 1,350.	\$ 0.	\$ 0.
LARRY MOREHEAD 1780 RIESLING ST. TULARE, CA 93274	COMMITTEE MEMBE 0	0.	0.	0.
GUY LABER 635 MANOR ST. TULARE, CA 93274	COMMITTEE MEMBE 0	0.	0.	0.
	TOTAL	\$ 1,350.	\$ 0.	\$ 0.