

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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

A	For th	ne 2011 calend	lar year, or tax year beginning 4/01 , 2011, and ending	3/	31	,	2012		
В		ıf applicable	C		D Employe	er Identific	ation Number		
		ddress change	MONTPELIER LODGE OF ELKS #924		03-0104560				
	$\vdash$	ame change	203 COUNTRY CLUB ROAD		E Telepho			-	
	$\vdash$	itial return	MONTPELIER, VT 05602						
	H								
	$\mathbf{H}$	erminated			<b>~</b> .		704	762	
	H	mended return			G Gross re		🗂	<u>, 762 .</u>	
	A	pplication pending	· · · · · · · · · · · · · · · · · · ·	• •	a group returi affiliates incli		⊨≓'''	<b>==</b>	
			SAME AS C ADOVE		attach a list		ictions) Yes	∐ No	
<u>I</u>	Tax-	exempt status	501(c)(3) X 501(c) ( 08 ) ◀ (insert no ) 4947(a)(1) or 527			•			
J	We	bsite: ► N/	А	l(c) Group	exemption nu	mber >	1156		
K	Form	n of organization	X Corporation Trust Association Other ► L Year of Formatio	n 190	5 <b>M</b> s	tate of lega	al domicile VI		
P	art l	Summar	у						
<b></b>	1	Briefly descri	be the organization's mission or most significant activities _TO_INCULC	ATE T	HE PRII	NCIPL	ES OF	_	
đ)			JUSTICE, BROTHERLY LOVE, AND FIDELITY. TO SERV					TY	
ğ			BENEVOLENT PROGRAMS DEMONSTRATING ELKS CARE AND						
<b>1</b> E	1								
2012     Governance	2	Check this bo	if the organization discontinued its operations or disposed of more	than 25	 % of its ne	t assets	<u></u> :		
ے ق	3	Number of vo	oting members of the governing body (Part VI, line 1a)		1	3		9	
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			4		9	
AUb 1 Activities	5	Total number	of individuals employed in calendar year 2011 (Part V, line 2a)			5		32	
AUb 1 Activities	6		of volunteers (estimate if necessary)		]	6		25	
-	1		ed business revenue from Part VIII, column (C), line 12			7a		<u>,</u> 258.	
Ω	b	Net unrelated	business taxable income from Form 990-T, line 34			7b	21	,860.	
SCANNED Revenue				P	rior Year		Current Y		
Ź.	8		and grants (Part VIII, line 1h)	<u> </u>	2,7			<u>,725.</u>	
₹ ž	9	-	rice revenue (Part VIII, line 2g)		230,1	56.	232	<u>,034.</u>	
င္တန္	10		come (Part VIII, column (A), lines 3, 4, and 7d)	L				299.	
d) Œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		308,8			,124.	
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		541,7	<u>55. </u>	537	<u>,182.</u>	
	13	Grants and s	milar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)						
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>274,2</u>	19.	288	<u>,846.</u>	
Expenses	16 a	Professional	fundraising fees (Part IX, column (A), line ECEIVED						
Je L	h	Total fundras	sing expenses (Part IX, column (D) line BLUEIVED						
Ä			$\sim 10^{-10}$	290,9		04	300	,025.	
	17	Tate! expens	(S) (* art 17, coldini) (7), illies 114 (1), 111-24-6)						
	18		es. Add lines 13-17 (must equal Flant X, calluran (A), 12-6 125)	ļ. <u>.</u>	565,1			<u>, 871.</u>	
	19	Revenue less	expenses Subtract line 18 from line 12	<del>                                     </del>	-23,3			,689.	
Assets or Balances	00	T-1-1	(Part X, line 16)	Beginnin	of Current		End of Ye		
9 e e e	20				609,7			<u>,163.</u>	
A P	21		s (Part X, line 26)		_503,6		-	<u>,</u> 783.	
Z.2	22		fund balances. Subtract line 21 from line 20	<u> </u>	<u>106,0</u>	<u>69.                                     </u>	45	<u>,</u> 380.	
P	art II	Signatu	e Block						
Une	der pena	alties of perjury, I o	leclary that I have examined this return, including accompanying schedules and statements, and to are formation of which preparer has any knowledge	the best of	my knowledg	e and beli	ef, it is true, cori	ect, and	
		Sectoration of prep	and the state of t						
			Alayol C Salar		31 Juc	2012	<u> </u>		
Si	gn	Signatu	re of officer	Da	te				
He	re	FLC	DYD DICKINSON EXALTED RULER						
		Туре ог	print name and title						
		Print/Type i	preparer's name Preparer's signature Date		Check	ıf PT	'IN		
Pa	id	DONALI	J. MURRAY, CPA Porch Milmon CPA 7-24-	12	self-employe	ed P	00199531		
	epar	er Firm's name	DOMINDOTTI GEGLID CALLETTI POLG				<del></del>		
	e On		4.10 7777		Firm's EIN	<b>-</b> 03−0	300841		
	_		MONTPELIER, VT 05602		Phone no (802) 223-6261				
NA-	v tha	IRS discuss th			rnone no			<del>-</del>	
Ma	y the	ino discuss th	is return with the preparer shown above? (see instructions)		_		X Yes	No	

Form 990 (2011) MONTPELIER LODGE OF ELKS #924 03-0104560 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 2 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 3 Х Section 501(c)(3) organizations 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 4 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 5 5 Χ 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 Х 6 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 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III 8 X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ D. Part VI 11 a **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Χ 11c **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Х 11 e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Χ 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV* 

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) MONTPELIER LODGE OF ELKS #924

Part IV Checklist of Required Schedules (continued)

38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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,' complete Schedule R, Part V, line 2	35b		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701 3? If 'Yes,' complete Schedule R, Part I	33		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	Instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
28	of any of these persons? If 'Yes,' complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	20		Λ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	<u>.                                    </u>	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I	25b	1	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24 a	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, and 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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
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		Х
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
			162	140

Part V	Statements Re	garding O	ther IRS Fili	ngs 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	1a 8			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 8			
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	s and reportable gaming	1 c	x	
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	2a 32			
b If at least one is reported on line 2a, did the organization file all required federal employment	<u> </u>	2ь	х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	ì	- 20		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	x	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	' · .	3b	$\frac{\Lambda}{X}$	
		30		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fit	or other authority over, a nancial account)?	4 a		X
<b>b</b> If 'Yes,' enter the name of the foreign country				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fi	ľ	_ ]	- 1	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		<u> </u>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	er transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a	Х	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such conot tax deductible?	entributions or gifts were	6ь	x	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	artly for goods and	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	İ	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for where Form 8282?	nich it was required to file	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal I	benefit contract?	7 e	ĺ	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization	Ì			
as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	g organizations. Did the ave excess business	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a	1	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Section 501(c)(12) organizations. Enter:		1		
a Gross income from members or shareholders	11a	1		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources			-	
against amounts due or received from them)	11b	120		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	126	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	140	1	1	
a Is the organization licensed to issue qualified health plans in more than one state?		12-	1	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule		13a		
	<del>-</del> ∪.	1	1	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	-		
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	}	14a		<u>X</u>
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	cnedule O	14b		

03-0104560 Form 990 (2011) MONTPELIER LODGE OF ELKS #924 Page 6 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 X 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 1a 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 9 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? Х 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a  ${\bf b}$  Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Did the organization have a written whistleblower policy? Χ 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a **b** Other officers of key employees of the organization SEE SCHEDULE O Χ 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Χ b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safequard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Another's website Own website Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 ► RICHARD WILLETT, JR. PO BOX 1461 MONTPELIER VT 05602 802-223-2600

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

Check this box if neither the organization	nor any i	related	d org	ganı	zatio	n con	npen	sated any current offi	cer, director, or truste	e	
(A) Name and title	(B) Average hours per week	unles	s per	Pos ck mo son is direc	s bott :tor/tr	an one n an offi ustee)	box, cer	(D)  Reportable compensation from the organization (W-2/1099 MISC)	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations	
(1) MICHAEL HUDSON TRUSTEE	1	Х						0.	0.	0.	
(2) HUGH HAWKINS											
TRUSTEE	1	Х						0.	0.	0.	
(3) WINSTON PERRON											
SECRETARY	1	Х		Х				3,900.	0.	0.	
(4) TIM HUTCHINS											
LECTURING KNIGH	1	Х		Х				0.	0.	0.	
(5) SCOTT PHILLIPS											
LEADING KNIGHT	1	Х		Х				0.	0.	0.	
(6) LUCILLE CAMPBELL											
TRUSTEE	1	Х						0.	0.	0.	
(7) KEVIN GOSS											
LOYAL KNIGHT	] 1	Х		Х				0.	0.	0.	
(8) RICHARD COMI											
TRUSTEE	] 1	Х						0.	0.	0.	
(9) JAMES THETFORD											
TRUSTEE	1	Х						0.	0.	0.	
(10) KEVIN LUNN											
TREASURER	1			Х				0.	0.	0.	
(11) FLOYD DICKINSON											
EXALTED RULER	1			Х				0.	0.	0.	
(12)											
(13)											
(14)											
	L	ь	ш				-				

Part VII   Section A. Officers, Directors, Trus	tees,	Ney	/ En			es,	an	d Highest Cor	npensated Em	płoyee	<b>s</b> (cc	nt)
<b>(A)</b> Name and title	(B) Average hours	(C) Position (do not check more than or box, unless person is both officer and a director/truste					n an I	(D)  Reportable compensation from	(E) Reportable compensation from		(F) stimated ant of ot	
	per week (describ e hours for related organi- zations	Individual trustee or director	_	Officer		Highest compensated employee		the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	con ore	npensation the particular training the particular training to the particular training the particular training training the particular training trai	on n d
(15)	Sch O)		•			ited						
(16)												
(17)												_
18)					<u> </u> 							
19)												
20)												
21)	-											
22)												
23)												
24)												
25)												
1 b Sub-total							▶	3,900.	0.			(
c Total from continuation sheets to Part VII, Section A	١							0. 3,900.	0.			(
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not limited from the organization</li> <li>0</li> </ul>	I to tho	se lis	sted	abo	ve)	who	rece			ole comp	pensat	ion
3 Did the organization list any former officer, director	or truct				10.40		. h.a				Yes	N
on line 1a? If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of rep	ndıvıdua	1/	•		-		·	•		3		}
the organization and related organizations greater the such individual	nan \$15	50,00	002 /	f Ye	es' c	omp.	lete	Schedule J for	חות	4		>
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or a street or B. Ludamandaut County and the control of the county of the c	ompens omplet	ation e Sc	n fro hedi	m a ule .	ny u I for	nrela suct	ated 1 <i>pe</i>	organization or in rson	ndıvıdual	5		}
Section B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization. Report compensation from the organization.	ed inde	pend for t	dent he c	con	tract	ors t	hat end	received more tha	an \$100,000 of	tax veai		
(A) Name and business addres				<u></u>		<u> </u>		(B) Description of	,		C)	n
												_
			_				-					_
							_				_	
2 Total number of independent contractors (including the \$100,000 in compensation from the organization ►		limit	ed to	o the	ose	ıstec	ab	ove) who received	I more than			

Pa	rt viii Statement of Revenue		(0)		
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a Federated campaigns 1a				
RAN	b Membership dues 1b				
S, GI	c Fundraising events 1c				
AR /	d Related organizations				
IS, G	e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 5, 725.				
N O O	g Noncash contributions included in Ins 1a-1f \$				
8 8	h Total. Add lines 1a-1f	5,725.			
UE	Business Code			····	
VEN	2a COUNTRY CLUB MEMBERSHIPS 713910	165,192.	127,957.	37,235.	
RE	b MEMBERSHIP DUES & ASSESSMENTS 900099	37,836.	37,836.		
VICE	c FUNDRAISING 713990	29,006.	29,006.		
SER	d				
ΑĀ	e	,			
PROGRAM SERVICE REVENUE	f All other program service revenue				
PRC	g Total. Add lines 2a-2f ▶	232,034.			
	3 Investment income (including dividends, interest and	-			
	other similar amounts)	299.	299.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties.				
	(i) Real (ii) Personal				
	<b>6a</b> Gross rents 20, 825.				
	b Less rental expenses				
	c Rental income or (loss) 20,825.	00.005			
	d Net rental income or (loss)	20,825.		20,825.	
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
Ę.	of contributions reported on line 1c)				
OTHER REVENU	See Part IV, line 18				
Ę	b Less direct expenses b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a 109, 966.				
	<b>b</b> Less direct expenses <b>b</b> 29,228.				
	c Net income or (loss) from gaming activities	80,738.		·····	80,738.
	10a Gross sales of inventory, less returns and allowances a 327,726.				
	<b>b</b> Less cost of goods sold <b>b</b> 138,352.				
}	c Net income or (loss) from sales of inventory	189,374.	154,176.	35,198.	
-	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS INCOME	8,187.	8,187.		
	b				
ŀ	C				
	d All other revenue			<del></del>	
,	e Total. Add lines 11a-11d	8,187.	257 151		<b>.</b>
	12 Total revenue. See instructions	537,182.	357,461.	93,258.	80,738.

Page 10

## 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									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees.	3,900.	_							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	244,641.								
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	5,430.								
10	Payroll taxes	34,875.								
11	Fees for services (non-employees)									
	a Management									
	-									
	• Legal									
	Accounting		<u>.</u>							
	d Lobbying		······································							
	Professional fundraising services. See Part IV, line 17									
1	Investment management fees									
•	g Other									
12	Advertising and promotion	2,502.								
13	Office expenses	5,903.								
14	Information technology									
15	Royalties									
16	Occupancy	82,635.								
17	· -	,								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,600.								
20	Interest	25,743.								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	42,508.								
23	Insurance	11,926.								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
	REPAIRS & MAINTENANCE	19,166.								
ı	FUNDRAISING EXPENSES	17,681.								
	FERTILIZER, SEED & CHEMICALS	13,441.								
	DUES & LICENSES	11,132.			···					
	e All other expenses SEE SCH. 0	72,788.	<del></del>							
	Total functional expenses Add lines 1 through 24e	597,871.	<del></del>							
		331,011.								
20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
	Check here ►									

Page 11

Form 990 (2011) Part X

**Balance Sheet** (A) Beginning of year (B) End of year 155,488. 143,228 1 Cash - non-interest-bearing 30,000 2 31,375. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 3,920 4 2,804. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L 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 6 organizations (see instructions) 7 Notes and loans receivable, net 9,996. 9,078 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 1,438,417 423,508 1,053,917 384,500. 10 b 10 c b Less: accumulated depreciation 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 1 15 15 Other assets See Part IV, line 11 609,735 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 584,163. 17 Accounts payable and accrued expenses 27,383. 17 34,506. 18 Grants payable 18 79,710. 19 101,461. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D ABILITIES Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 5,000 22 of Schedule L 391,573. 23 Secured mortgages and notes payable to unrelated third parties 23 402,816. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 538,783. 26 503,666 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines N E 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 106,069 27 45,380. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here > and complete F U N D lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALANCES 32 32 Retained earnings, endowment, accumulated income, or other funds 33 106,069 33 45,380. Total net assets or fund balances

BAA

34

Total liabilities and net assets/fund balances

584,163. Form 990 (2011)

609,735.

34

Form 990 (2011) MONTPELIER LODGE OF ELKS #924	03-0104560	F	<sup>2</sup> age 12				
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response to any question in this Part XI							
	1 1						
1 Total revenue (must equal Part VIII, column (A), line 12)	1		182.				
2 Total expenses (must equal Part IX, column (A), line 25)	2		871. 689.				
3 Revenue less expenses Subtract line 2 from line 1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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	45,	380.				
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response to any question in this Part XII			$\perp \Box$				
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		Yes	s No				
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 independent accountant?		2a X					
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c X					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule $\ensuremath{O}$							
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a						
$oxed{X}$ Separate basis Consolidated basis Both consolidated and separate basis							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	Х				
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b					
BAA		Form 990	(2011)				

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered Yes, to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number Name of the organization MONTPELIER LODGE OF ELKS #924 03-0104560 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other No purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Yes Νo Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year • 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 ► Ś b Assets included in Form 990, Part X >\$

Part III Organizations Mainta	ining Collection	ons of Art,	<u>Historica</u>	al Treasures, o	<u>r Other Similar A</u>	ssets (	contir	nued)
3 Using the organization's acquisite items (check all that apply)	on, accession, and	d other records	s, check an	y of the following t	that are a significant u	se of its	collectio	on
<b>a</b> Public exhibition		<b>d</b> ∐ L	oan or exc	hange programs				
<b>b</b> Scholarly research		e 📙 🤆	Other					
c Preservation for future gener	ations							
4 Provide a description of the organ Part XIV	nization's collection	ns and explain	how they	further the organiz	ation's exempt purpos	se in		
5 During the year, did the organiza assets to be sold to raise funds r.	ather than to be m	iaintained as p	art of the	organization's colle	ection?	Yes		No
Fart IV Escrow and Custodia	al Arrangement amount on Fo	<b>ts.</b> Complet rm 990, Pai	te if the ort X, line	organization ar 21	nswered 'Yes' to f	Form 99	}0, Pa	rt IV,
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or	other intermed	diary for co	ntributions or othe	r assets not	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	omplete the fol	llowing tab	le				
						Amoun	ıt	
<b>c</b> Beginning balance	c Beginning balance							-
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1 f			
2a Did the organization include an a	mount on Form 99	0, Part X, line	21?			Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co	omplete if the	organizatio	n answe	red 'Yes' to Fo	rm 990, Part IV, I	ine 10		
	(a) Current year	<b>(b)</b> Pri	or year	(c) Two years back	(d) Three years back	(e)	Four year:	s back
1a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentage	e of the current ye	ar end balance	e (line 1g,	column (a)) held a	s'			
a Board designated or quasi-endov	vment ►	%						
<b>b</b> Permanent endowment ▶	%							
c Temporarily restricted endowmer	nt ►	%						
The percentages in lines 2a, 2b,	and 2c should equ	ial 100%						
3a Are there endowment funds not a organization by	n the possession (	of the organiza	ition that a	re held and admini	stered for the	ſ	Yes	No
(i) unrelated organizations						3a(ı)	163	110
(ii) related organizations								
<b>b</b> If 'Yes' to 3a(ii), are the related of	raanizatione lietoe	l ac roquirod o	n Cahadul	D2		3a(11) 3b		
4 Describe in Part XIV the intended	-					30		1
Part VI Land, Buildings, and								
Description of property		Cost or other b		Cost or other	(c) Accumulated	(4)	Book va	
	(a)	(investment)		pasis (other)	depreciation	(u)	300K V	e
1a Land				54,511.	***************************************		54,	,511.
<b>b</b> Buildings				323,205.	292,417.		30	,788.
c Leasehold improvements				673,187.	397,360.		275	,827.
<b>d</b> Equipment				387,514.	364,140.		23	,374.
e Other								
Total. Add lines 1a through 1e (Column	ın (d) must equal f	orm 990, Part	X, column	(B), line 10(c))	<b>•</b>		384	,500.
RAA					S ab	adula <b>D</b> (	Form Of	201 2011

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Schedule **D** (Form 990) 2011

Schedule I	<b>D</b> (Form 990) 2011_	MONTPELIER LODGE C			03-0104560 Page <b>3</b>
Part VII	Investments -	Other Securities. See	Form 990, Part X,	line 12. N/A	
	(a) Description of se (including nam	ecurity or category ne of security)	(b) Book value		od of valuation of year market value
(1) Financ	ial derivatives				
(2) Closely	y-held equity interes	ts			
(3) Other					
<u>(A)</u>	<b>_ _</b>				
(5)					
<u>(C)</u>		- <b></b> -			
<u>(D)</u>					<del></del>
<u>(E)</u>					<del> </del>
<u>(F)</u>					
<u>(G)</u>		- <b></b>			
<u>(H)</u>					
_(1)					
		990 Part X, column (B) line 12)			<del></del>
Part VII		- <b>Program Related.</b> See			
	(a) Description of	investment type	(b) Book value	(c) Meth Cost or end-	nod of valuation of-year market value
(1)					
(2)		<del></del>			
(3)					
(4)	= =:				<del></del>
(5)					
(6)				-	
(7)					·
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)					
(10)					
		90, Part X, column (B) line 13 )	line 15. N/A	<u>,,</u>	
Part IX	Other Assets.	See Form 990, Part X,			(h) Daak value
		(a) De	scription	<del></del>	(b) Book value
(1)				<del></del> .	
(2)				-	
(3)					
(4)					
(5)					
<u>(6)</u>			<del> </del>		
<u>(7)</u>					
(8)		<del> </del>			
(9)					-
(10)	-luma (h) manat a anna	L Form 200 Post V and war (F	2) / 15 )		<b>&gt;</b>
Part X		<i>l Form 990, Part X, column (B</i> <b>es.</b> See Form 990, Part			<u>- 1 </u>
JAHA		otion of liability	(b) Book value		
(1) Fode	eral income taxes	MOIT OF HABIIITY	(b) Book value		
	erai iricorne taxes		<del></del>		
(2)					
(3)	<del></del>				
(4)					
<u>(5)</u>					
<u>(6)</u>					
(7)	-				
(8)					
(9)					
(10)	<del></del>				
(11)	mn (h) must save ! Fee: 0	100 Part V column (P) I 25 1	<b>&gt;</b>		
1 ULAI. (60/0/	ıını (D) illüst Equal Form 9	190, Part X, column (B) line 25 )	-	i	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sch€	edule D (Form 990) 2011 MONTPELIER LODGE OF ELKS #924 03	3-010	14560	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	•
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			<del></del>
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8	Ī		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Ì		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	₹eturi	n N/A	
	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments		ı	
	Donated services and use of facilities 2b	1 1	ı	-
	Recoveries of prior year grants 2c	1	ı	
	Other (Describe in Part XIV)	1	ı	
	Add lines 2a through 2d	2 e	ı	
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<del></del>	
	Investment expenses not included on Form 990, Part VIII, line 7b		ı	
	Other (Describe in Part XIV).	-	ı	
	: Add lines 4a and 4b	ا م	ı	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	4c		
	1 XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		N/A	
•	Total expenses and losses per audited financial statements	1	14/ 21	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<b>-</b>		
	Donated services and use of facilities		ı	
	Prior year adjustments  2b	1 1	ı	
		1		
		-		
	1 Other (Describe in Part XIV)	ا ۾ ا		
	Add lines 2a through 2d	2 e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	ı	
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b	-	ı	
	Add lines 4a and 4b	1	ı	
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	4c		
	TXIV Supplemental Information			
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete tadditional information	lines 1t this pa	o and 2b, rt to provide	
	PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION FASEMENTS			
	MANAGEMENT_BELIEVES_THE_LODGE_HAS_NO_UNCERTAIN_TAX_POSITIONSTHE_LO	ODGE	ANTICIPA	ATES
	THAT IT WILL NOT HAVE A CHANGE IN UNCERTAIN TAX POSITION IN THE NEXT	TWEI	LVE _MONTH	is
	THAT WILL HAVE AN IMPACT ON THE FINANCIAL STATEMENTS IF NECESSARY,	THE	LODGE_WO	DULD
	ACCRUE_INTEREST_AND_PENALTIES_ON_UNCERTAIN_TAX_POSITIONS_AS_A_COMPONE	ENT_C	OF_THE	
	PROVISION FOR INCOME TAXES. MANAGEMENT BELIEVES IT IS NO LONGER SUB-	JECT	TO_INCOM	1E
	TAX EXAMINATIONS FOR YEARS PRIOR TO 2008.			

Schedule D (Form 990) 2011 MONTPELIER LODGE OF ELKS #924	03-0104560	Page 5
Schedule D (Form 990) 2011 MONTPELIER LODGE OF ELKS #924  Part XIV Supplemental Information (continued)	·	
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

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Name of the organization						Employer identifica	tion number
MONTPELIER LODGE OF ELKS	#924					03-010456	0
Part I Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the organ	ization an	swered 'Ye	es' to Form 990, Part IV	', line 17		
1 Indicate whether the organization				wing activities. Check a	all that a	vlaa	
a Mail solicitations		3 ,	е	$\Box$		· · •	
b Internet and email solicitations			f	Solicitation of gove	-	-	
c Phone solicitations	•		g g	H		grants	
d In-person solicitations			9	Special fulldialsing	events		
2a Did the organization have a writter employees listed in Form 990, Par	n or oral agreem t VII) or entity ii	nent with a	any individi on with pr	ual (including officers, o ofessional fundraising s	directors ervices?	, trustees or key	Yes X No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti le organization	ities (fundi	raisers) pu	irsuant to_agreements u	inder wh	ich the fund <u>r</u> ais	er is to be
(i) Name and address of individual	(ii) Activity	(iii) Dıd	fundraiser	(IV) Gross receipts	(v) A	mount paid to	(vi) Amount paid to
or entity (fundraiser)		have custody or control of contributions?		from activity	fundr	retained by) raiser listed in column <b>(i)</b>	(or retained by) organization
		Yes	No				
1							
2							
3 -							
4							
5							
6							
7							
8						,,	
9							
10							
	<u> </u>	<u> </u>	1				
Total			•				0.
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
		<b>-</b>			<b>-</b>		
	<b></b>	- <b></b> -					
		<b></b> -					<b></b>
	<b></b>	<b></b>			<b>-</b> -		- <b>-</b>
		<b>-</b>					
				·			

		more than \$15,000 of fundraising List events with gross receipts gr	eater than \$5,000.			· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add column (a) through column (c))	
R E V			(event type)	(event type)	(total number)		
E N U	1	Gross receipts		_			
E	2	Less Charitable contributions					
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
D R F	6	Rent/facility costs					
R E C T	7	Food and beverages					
EXPENSES	8	Entertainment					
E N S	9	Other direct expenses					
Š	10	Direct expense summary Add lines 4 thre					
	11	Net income summary Combine line 3, co	olumn (d), and line 10		<b>-</b>		
aı	<del>1</del>	<b>Gaming.</b> Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	ported more than	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c)	
Ü E	1	Gross revenue	46,265.	63,701.		109,966	
F	2	Cash prizes	10,600.	10,687.		21,287	
EXPENSES	3	Non-cash prizes				_	
S E S	4	Rent/facility costs					
	5	Other direct expenses		7,941.		7,941	
	6	Volunteer labor	X Yes 100 % No	Yes0 % X No	Yes %		
	7	7 Direct expense summary Add lines 2 through 5 in column (d)					
	8 Net gaming income summary Combine lines 1, column (d) and line 7					80,738	
9	Ent	er the state(s) in which the organization op	perates gaming activities	· VT			
ŧ	ı Is t	he organization licensed to operate gaming				Yes X No	
k		No,'explain IE STATE OF VERMONT DOES NO	T REOUIRE NOT-F	FOR-PROFIT ORGA	NIZATIONS TO BE	LICENSED TO	
	CC	NDUCT GAMES OF CHANCE.					
		re any of the organization's gaming license (es,' explain:				Yes X No	
ΛΛ						rm 900 or 900 E7\ 20	

Sche	edule G (Form 990 or 990-EZ) 2011 MONTPELIER LODGE OF ELKS #924	03-0104560	Page 3
$\overline{}$	Does the organization operate gaming activities with nonmembers?	· Ye	es ·X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming?	formed to	es X No
13	Indicate the percentage of gaming activity operated in		
	The organization's facility	13a	100.0%
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	and records	
	Name ► RICHARD WILLETT, JR.		<b></b>
	Address • 203 COUNTRY CLUB ROAD, MONTPELIER, 05602		
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming rever of if 'Yes,' enter the amount of gaming revenue received by the organization ► \$ ar of gaming revenue retained by the third party ► \$  If 'Yes,' enter name and address of the third party		Yes X No
	Name •		
	Address ►		
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		·
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
á	a is the organization required under state law to make charitable distributions from the gaming proceeds to a state gaming license?		Yes X No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the	
<b>D</b>	organization's own exempt activities during the tax year > \$		
Pai	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appendix part to provide any additional information (see instructions).	plicable. Also	complete
		<del></del>	
-			
		<del></del>	

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Pame of the organization

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.

Employer identification number MONTPELIER LODGE OF ELKS #924 03-0104560 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS MEMBERS OF THE GOVERNING BOARD ARE PRESENTED WITH A DRAFT OF THE 990. APPROVAL OF THE 990 IS VOTED BY THE BOARD AT A REGULAR MEETING. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG1 COMPENSATION IS DECIDED BY THE GOVERNING BODY IN EXECUTIVE SESSION AND THEN VOTED IN OPEN MEETING. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES COMPENSATION IS DECIDED BY THE GOVERNING BODY IN EXECUTIVE SESSION AND THEN VOTED IN OPEN MEETING. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE FORMS 990 ARE AVAILABLE ONLINE AT GUIDESTAR.ORG. GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

2011

# **SCHEDULE O - SUPPLEMENTAL INFORMATION**

' PAGE 2

**MONTPELIER LODGE OF ELKS #924** 

03-0104560

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B) PROGR <b>AM</b>	(C)	(D)
	_	TOTAL	SERVICES	MANAGEMENT <u>&amp; GENERAL</u>	FUNDRAISING
EMPLOYEE MEALS ENTERTAINMENT		5,700. 750.			
FUEL		7,554.			
LAUNDRY/CLEANING LEGAL AND PROFESSIONAL		4,147. 6,350.			
 MISCELLANEOUS -		10,774	~ -		
PRINTING AND PUBLICATIONS PUBLIC SERVICE & CHARITY		1,696.			
SNOW AND TRASH REMOVAL		5,442. 5,517.			
STORM DAMAGES		8,398.			
SUPPLIES SUPPORTED ACTIVITIES		10,688.			
TELEPHONE		1,928. 3,844.			
	TOTAL \$	72,788.	\$ 0.	\$ 0.	\$ 0.
	_				