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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011Department 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.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 4/01, 2011, and ending 3/31, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C **BENEVOLENT & PROTECTIVE ORDER OF ELKS OF USA 2868 ANCHORAGE PO BOX 230462 ANCHORAGE, AK 99523**

D Employer identification number 27-3373956

E Telephone number (907) 351-2504

F Group Exemption Number 1156

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

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 or a section 527 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. \$ 71,912.

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	8,422.
2	Program service revenue including government fees and contracts	2	28,172.
3	Membership dues and assessments	3	35,318.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ 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	
6c	Less direct expenses from gaming and fundraising events	6c	
6d	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	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	71,912.
10	Grants and similar amounts paid (list in Schedule O) See Schedule O	10	7,757.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	5,569.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O) See Schedule O	16	38,869.
17	Total expenses. Add lines 10 through 16	17	52,195.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,717.
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	10,502.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,219.

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

Form 990-EZ (2011)

SCANNED NOV 05 2012

RECEIVED

EXPENSES

ASSETS

79 10

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

	Yes	No
33 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	33	X
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)	34	X
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)?	35a	X
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	35b	
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	35c	X
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 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	40b	
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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	40e	X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **DAN BURGESS** Telephone no. **(907) 351-2504**
 Located at **PO BOX 230462 ANCHORAGE AK** ZIP + 4 **99523**

	Yes	No
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	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c 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	42c	X

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

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 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)?	45a	X
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)	45b	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

	Yes	No
46		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 ☐

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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		
	SHIRLEY B CORDLE <i>Shirley B Cordle</i>		EXALTED RULER 10-17-2012		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Roger Hemphill	Roger Hemphill <i>R Hemphill</i>	10/17/12		P00848532
	Firm's name ▶	PRO TAX & ACCOUNTING LLC			Firm's EIN ▶
	Firm's address ▶	PO BOX 243081 ANCHORAGE, AK 99524-3081			26-2547570
				Phone no	(907) 562-7767

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

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.

Name of the organization **BENEVOLENT & PROTECTIVE ORDER OF ELKS
OF USA 2868 ANCHORAGE**

Employer identification number
27-3373956

Form 990-EZ - Additional DBAs

ANCHORAGE ELKS LODGE 2868

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

ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES UNDER IRS CODE SECTION 501(C)8. THE
PURPOSE OF THE LODGE IS TO PROMOTE COMMUNITY AND SOCIAL WELFARE THROUGH THE
PRINCIPALS OF CHARITY, JUSTICE, BROTHERLY LOVE, AND FIDELITY. THE EFFORTS OF THE
LODGE BNEFIT MEMBERS AND PHILANTHROPIC PROJECTS IN THE COMMUNITY.

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 ELKS2868

BENEVOLENT & PROTECTIVE ORDER OF ELKS
OF USA 2868 ANCHORAGE

27-3373956

10/18/12

08 43AM

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000Payments to Affiliates

Name:	GRAND LODGE	
Purpose of payment:	DONATIONS	
Amount:		\$ 7,757.

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$	7,895.
DIGNITARY VISITS		2,290.
FOOD AND BEVERAGE EXP		3,402.
LODGE ACTIVITIES		11,094.
MISC LODGE EXPENSES		1,726.
Office Expenses		6,472.
SUPORT TO OTHER ORGS		5,990.
Total	\$	38,869.

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Expense Account & Other Allowances
SHIRLEY CORDLE 4128 PARSONS AVE ANCHORAGE, AK 99508	EXALTED RULER 2	\$ 0.	\$ 0.	\$ 0.
PAULINE POTTER 3106 PLEASANT DR ANCHORAGE, AK 99502	Secretary 1	0.	0.	0.
DANIEL BURGESS 4703 HARRISON #2 ANCHORAGE, AK 99503	Treasurer 1	0.	0.	0.
PATSY BURGESS, ESQUIRE 3106 PLEASANT DR ANCHORAGE, AK 99502	ESQUIRE 1	0.	0.	0.
PAUL BUCHHOLZ PO BOX 875557 WASILLA, AK 99687	LECTURING KNIGH 1	0.	0.	0.

Client ELKS2868

BENEVOLENT & PROTECTIVE ORDER OF ELKS
OF USA 2868 ANCHORAGE

27-3373956

10/18/12

08 43AM

Form 990-EZ, Part IV (continued)

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Health Benefits & Contrib- ution to EBP & DC	Expense Account & Other Allowances
VIRGINIA FLORES 16505 MARCUS ST EAGLE RIVER, AK 99577	LEADING KNIGHT 1	\$ 0.	\$ 0.	\$ 0.
TERRY WEARY 7141 REDHAWK CIRCLE ANCHORAGE, AK 99507	LOYAL KNIGHT 1	0.	0.	0.
THOMAS BURGESS 3106 PLEASANT DR ANCHORAGE, AK 99502	CHAPLAIN 1	0.	0.	0.
JANICE B LEVRA 2520 BRANDY CIRCLE ANCHORAGE, AK 99516	Trustee 1	0.	0.	0.
GENE D CORDLE 4128 PARSONS AVE ANCHORAGE, AK 99508	Trustee 1	0.	0.	0.
JOHN SCHLEGEL 12317 GREGG LANE ANCHORAGE, AK 99515	Trustee 1	0.	0.	0.
ALICE E STOLEN 2141 PATRIOT CIRCLE ANCHORAGE, AK 99515	Trustee 1	0.	0.	0.
DARRELL LILLY 3027 E 68TH AVE ANCHORAGE, AK 99507	Trustee 1	0.	0.	0.
ELISE BUCHHOLZ PO BOX 875557 WASILLA, AK 99687	TILER 1	0.	0.	0.
TODD HELD PO BOX 220816 ANCHORAGE, AK 99522	INNER GUARD 1	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.