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1 6 2012

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)

2011

OMB No 1545-0047

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. For the 2011 calendar year, or tax year beginning Apr 1 2012 2011, and ending D Employer Identification Number C Name of organization BPO Elks 1077 Check if applicable 35-0173390 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number Name change 202 S Indiana St (765) 653-4310 Initial return ZIP code + 4 City, town or country State Terminated 46135 **G** Gross receipts \$ 343,050 Amended return Greencastle TN H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending Yes H(b) Are all affiliates included? Donald Irwin S College Greencastle IN 46135 If 'No.' attach a list (see instructions) Tax-exempt status 501(c)(3) X 501(c) (8) ◀ (insert no.) 4947(a)(1) or Website: ► H(c) Group exemption number ▶ X Corporation L Year of Formation 1954 M State of legal domicile IN Trust Association Other > Form of organization Part ! Summarv Briefly describe the organization's mission or most significant activities. Provide fellowship for its members and contributions to various organizations. Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ► Number of voting members of the governing body (Part VI, line 1a) 236 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 236 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T-line 32 7 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 29,686 16,811. 9 Program service revenue (Part VIII, line 2g) 3,417. 2,849. Investment income (Part VIII, column (A), lines 3, 4, and 10 31,088 3,051. 9,318. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 71,45<u>1</u>. Total revenue – add lines 8 through 11 (must equal Part Vill, column (A)) line 12 135,642. 32,029. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,222 5,539. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,002 37,108. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 122,224 42,647. Revenue less expenses. Subtract line 18 from line 12 13,418. -10,618. **Beginning of Current Year** End of Year Total assets (Part X, line 16) . 354,260. 341,402. 21 Total liabilities (Part X, line 26) 4,784 2,544. Net assets or fund balances. Subtract line 21 from line 20 349,476 338,858. Part II Signature Block ed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and based on all information of which preparer has any knowledge Under penalties of perjury, I declare complete Declaration of preparer (complete Declaration of preparer (co Sign Here Donald Irwin Type or print name and title Print/Type preparer's name Preparer's signature 6-26-12 James E Skinner, CPA P00767237 **Paid** self-employed Preparer ► Skinner & Associates, Firm's name Use Only ►210 N Jackson Firm's address Firm's EIN ► Greencastle 46135 IN Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes X Nο

Form	990 (2011) BPO Elks 1077	35-0	173390	0	Page 2
Par	Statement of Program Service Accomplishments				
	Check if Schedule O contains a response to any question in this Part III				\Box
1	Briefly describe the organization's mission.				
	Provide fellowship for its members and	- -	. -	. – – – –	_
	contributions to various organizations.	- -	. _	. – – – –	
		-		-	
	Did the organization undertake any significant program services during the year which were not listed on the				
2	Form 990 or 990-EZ?	ie prioi	\Box	Yes X	No
	If 'Yes,' describe these new services on Schedule O			ies V	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	2007		Yes X	No
3	If 'Yes,' describe these changes on Schedule O			103 []	140
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	es, as me ount of gra	asured b ants and	y expens allocatio	ses. ns to
4 a	(Code:) (Expenses \$ including grants of \$) (R				000.)
	Provided over \$9000 to Riley Hospital for Children for the devel	robwer	t		-
	of eye care.	- 		-	-
		- -		-	
					
			· -	- -	
		- 			
					. – – –
				-	-
		-		- 	
				- -	
		- 	- 	- 	
46	(Code) (Expenses \$ including grants of \$) (R	evenue	\$	4,	000.)
	Gave to local charities	- -	- -	- -	
			- -	- 	
		- -			-
			. <u>-</u>		
				- -	. _
		-		. <i>-</i>	- -
				- -	
		- -	_ -		. -
		- -	. 	- -	
		- -	 -		
		-			. -
40	: (Code:) (Expenses \$ including grants of \$) (R	evenue	\$)
	Provided fellowship to members.	- -	. 	. 	
				- -	
		- 	. 		. <i>– – –</i>
			. 	. 	. _
			. 		
		-			- -
		 _			
		- -			
		- -			- -
	Other program services. (Describe in Schedule O)				
	(Expenses \$)	
46	e Total program service expenses ▶				
BAA	TEEA0102 07/05/11			Form 99	20 (2011)

Form 990 (2011) BPO Elks 1077 Partiv Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		х_
9	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
10	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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 D, Part VI	11 a	х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		_X
	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	11 c		х
	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	11 d		<u>x</u> _
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
	f 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		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X_
	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	12b		_X_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		x
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	15		Х
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	16		х
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)	17		_x_
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	18		х
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	19	х	
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	L

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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		<u>x</u>
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
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		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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	_25a		
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		
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		x
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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		· · ·	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		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		
31		31		X
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
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		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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' complete Schedule R, Part V, line 2	36		
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA	·	Form	990 ((2011)

Par	V Statements Regarding Other IRS Filings and Tax Compliance	33 01/3370		<u>'</u>	age s			
- 41	Check if Schedule O contains a response to any question in this Part V							
	oricentia dericada o contanto a response to any question in this hart v			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0[
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors	<u> </u>		,				
C	(gambling) winnings to prize winners?	and reportable garning .	1 c		Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-							
	ments, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment	†	2b	Х				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If [Yes] here it filed a Form 900 T for this year? If [No.] provide an explanation in Schooling O.								
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	·	3 b					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a lancial account)?	4a		Х			
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 Fil	ſ						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	·	5 a		<u> </u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		_X_			
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	• •	_5c					
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	id did the organization	6a		X			
b	If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	irtly for goods and	7 a		Х			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file						
	Form 828Ž?	1 _ 1	_7c		_X_			
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to		7 <u>e</u>		X			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	ľ	<u>7f</u>		_X			
g	If the organization received a contribution of qualified intellectual property, did the organizatio as required?	n file Form 8899	7 g		х			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		х			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supportin	g organizations. Did the						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, ha	ve excess business						
۵	holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8_					
	Did the organization make any taxable distributions under section 4966?		9a		X			
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X			
	Section 501(c)(7) organizations. Enter		- 50					
	Initiation fees and capital contributions included on Part VIII, line 12	10a			1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders	11 a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116						
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a					
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>						
	Is the organization licensed to issue qualified health plans in more than one state?		13a		i			
	Note. See the instructions for additional information the organization must report on Schedule	:0						
t	Enter the amount of reserves the organization is required to maintain by the states in	, ,						
	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						
	Enter the amount of reserves on hand	13c			ļ			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b		 			

Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI х 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 1 a 236 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 236 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х Did the organization have members or stockholders? 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? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8b Х 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 Х 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? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 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 X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? . 14 Х 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 15 a Х **b** Other officers of key employees of the organization 15b Х 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 Х taxable entity during the year? 16 a 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 safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Indiana 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. X Upon request Another's website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization-►Greencastle_Elks_____202_S_Indiana____Greencastle__IN__46135_____(765)_653-4310 BAA Form 990 (2011) TEEA0106 01/23/12

Part 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

- 1 a 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 r	elated	org	anız	atio	n com	pen	sated any current office	er, director, or truste	е
					C)					
(A) Name and title	(B) Average hours per week	unles	s per	son is	s bott	an one n an offi ustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	andividual trustee or director	mshlutional faistee	Offirer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Donald Irwin									_	
Exaulted Ruler	20.00	_	 —	Х			_	0.	0.	0.
(2) Jo Corbitt Secretary	25.00			х				2,700.	0.	0.
(3) Jim Jackson	23.00			_	-			2,700.		0.
Trustee	10.00	х						0.	0.	
(4) John Wood										
Trustee	5.00	Х	<u> </u>					0.	0.	0.
_(5) Danny Wallace			ĺ							_
Leading Knight	10.00		<u> </u>	Х			<u> </u>	0.	0.	0.
_(6)]				
										
_(8)		_								
_(9)										
(10)										
<u>(11)</u>	-									
(12)										
<u>(13)</u>										
(14)										,

Form 990 (2011) BPO Elks 1077									35-017339	
Partivili Section A. Officers, Directors, Trust	ees, r	∖ey □	En		oye C)	es, a	anc	d Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per	box	, unle cer ar	Pos heck ss pe	ition more rson lirecto	than of the state	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1899-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)	-									
(16)	-									
(17)	-						-			
<u>(18)</u>			_							
<u>(19)</u>	-									
(20)				_						
(21)							<u> </u>			
(22)				-						
(23)										
(24)										
(25)										
1 b Sub-total	·	·				<u> </u>	>	2,700.	0	0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	^						>	2,700.	0.	0.
2 Total number of individuals (including but not limited from the organization	l to thos	se lis	sted	abo	ve) v	who i	rece	eived more than \$	100,000 of reportat	ole compensation
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of repthe organization and related organizations greater th 	<i>dıvıdua</i> oortable	con	nper	ısatı	on a	and o	the	compensation fro	. ,	Yes No 3 X
 such individual Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co 	mpens	atio	n fro	m a	ny u	nrela	ated	organization or ir	idividual	4 X
Section B. Independent Contractors										5 X
 Complete this table for your five highest compensate compensation from the organization. Report compensation. 	ed inder	end for t	ent he c	cont alen	ract dar	ors tl year	hat enc	received more tha ling with or within	n \$100,000 of the organization's	tax year
(A) Name and business addres	s	_						Description ((C) Compensation
			_				_			
					_					
		_								
2 Total number of independent contractors (including t \$100,000 in compensation from the organization >	but not	lımıt	ed to	o the	ose	isted	ab	ove) who received	more than	

Par	t VIII Statement of Revenue				,
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
ANT	b Membership dues 16,811				
200	c Fundraising events 1c				
F A	d Related organizations . 1d				
S,G	e Government grants (contributions)				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
25		-	1		
S S	· 	► 16,811.			
PROGRAM SERVICE REVENUE	h Total. Add lines 1a-1f	10,811.			
Ē	2a				
2	b				
<u>چ</u>	c			_	
<u> </u>	d				
¥	e				
5	f All other program service revenue	2,849.	2,849.	0.	0.
	g Total. Add lines 2a-2f	2,849.			
	3 Investment income (including dividends, interest and other similar amounts)	3 ,051.	3,051.	0.	0.
		3,031.	3,031.	0.	· ·
		•			
	5 Royalties (i) Real (ii) Personal				
	6a Gross rents 4,800.	-			
	b Less rental expenses	-			
	c Rental income or (loss) 4,800.				
	d Net rental income or (loss)	4,800.	4,800.	0.	0.
	(i) Securities (ii) Other	1,000.	1,000.		1
	7 a Gross amount from sales of assets other than inventory				
	b Less. cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	>			
UE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)				
. RE	See Part IV, line 18 a				
HE	b Less: direct expenses b				
Ö	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities See Part IV, line 19 a 257, 403	1.			
	b Less. direct expenses b 260, 430				
	c Net income or (loss) from gaming activities	► -3,029.	-3,029.	0.	0.
	10a Gross sales of inventory, less returns				
	· ·				
	b Less: cost of goods sold b 50,592 c Net income or (loss) from sales of inventory	7,547.	7,547.	0.	0.
	Miscellaneous Revenue Business Code	1,34/.	1,341.	<u> </u>	0.
	11.				
	''a			,	
		 			
	d All other revenue			· · · · · · · · · · · · · · · · · · ·	
	e Total. Add lines 11a-11d	•			1
	12 Total revenue. See instructions	▶ 32,029.	15,218.	0.	0.

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Form 990 (2011)

Part X 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 re	esponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	2,700.	2,700.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,839.	2,839.	0.	0.
11	Fees for services (non-employees).				
	a Management				
	o Legal				
		3 000	2 000	0.	0.
	Accounting .	3,000.	3,000.	0.	
	Lobbying .				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		······································		
Ç	g Other				
12	Advertising and promotion	935.	935.	0.	0.
13	Office expenses	9,887.	9,887.	0.	0.
14	Information technology				
15	Royalties .				
16	Occupancy	12,951.	12,951.	0.	0.
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest	2,893.	2,893.	0.	0.
21	Payments to affiliates	502.	502.	0.	0.
22	Depreciation, depletion, and amortization	6,940.	6,940.	0.	0.
	Insurance				
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)				
i	ab				
•	 C				
ì	d				
ì	e All other expenses		<u> </u>		
	Total functional expenses. Add lines 1 through 24e	42,647.	AO 6A7		
		42,04/.	42,647.		0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following				
	SOP 98-2 (ASC 958-720) .	<u> </u>		<u> </u>	L

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Form 990 (2011)

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing .	24,196.	1	17,183
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net .		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	٠
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	3,115.	8	3,115
7 8 9	Prepaid expenses and deferred charges	3/1101	9	
	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 410,758			,
١,	Less. accumulated depreciation . 10b 204,093	_	10 c	206,665
11	Investments – publicly traded securities	169,344.	11	114,439
12	Investments – publicly traded securities Investments – other securities See Part IV, line 11	109,344.	12	114,433
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	354,260.	16	341,402
17	Accounts payable and accrued expenses	4,784.	17	2,544
18	Grants payable	1,1011	18	
19	Deferred revenue		19	
. 20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		22	, '
[]	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		24	
24 25	Unsecured notes and loans payable to unrelated third parties 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	
26	Total liabilities. Add lines 17 through 25	4,784.	26	2,544
+=-	Organizations that follow SFAS 117, check here ► X and complete lines	4,704.	20	2, 344
1	27 through 29 and lines 33 and 34.			
	Unrestricted net assets	300,764.	27	293,177
27 28 29	Temporarily restricted net assets	48,712.	28	45,681
29	Permanently restricted net assets	107,122.	29	
}	Organizations that do not follow SFAS 117, check here ► and complete			
	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
1	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	32	
32	Total net assets or fund balances	349,476.	33	338,858
BA 31 32 32 33 5 34	Total liabilities and net assets/fund balances	354,260.		
BAA	Total habilities and not assets/fully parances	1	<u> </u>	341,402 Form 990 (201

orr	m 990 (2011) BPO Elks 1077 35-	-01733	390		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32,0	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	12,6	547.
3	Revenue less expenses Subtract line 2 from line 1	3		-1	10,6	518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34	19,4	76.
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		33	38,8	358.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					. \Box
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2a	Х	
	b Were the organization's financial statements audited by an independent accountant?			2b		Х
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issues separate basis, consolidated basis, or both: X Separate basis	d on a			,	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle		3a	_	х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

3b

Form 990 (2011)

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

B D C	Elks 1077			35-0173390
	til Organizations Maintaining Dono	r Advised Funds or Other Sin	ilar Funds or Ass	
rai	the organization answered 'Yes' t	o Form 990 Part IV line 6	illar Fullus of Acc	counts. Complete ii
	the organization answered 1.00 to	· · · · · · · · · · · · · · · · · · ·	(4)	Funds and other appropria
-	Total number at and of year	(a) Donor advised funds	(D)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		 	
4	Aggregate value at end of year	<u> </u>	<u> </u>	
5	Did the organization inform all donors and don funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advis-	rant funds can be or, or for any other	Yes No
Par	tili Conservation Easements. Comp	lete if the organization answer	ed 'Yes' to Form !	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or education)	servation of an historic	cally important land area
	Protection of natural habitat	Pre	servation of a certified	historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contri	bution in the form of a	conservation easement on the
	last day of the tax year.		<u> </u>	
			7 /	Held at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easer		2b	
_	: Number of conservation easements on a certif		. 2c	
d	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not o	n a historic 2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or	terminated by the org	anization during the
4	Number of states where property subject to co	nservation easement is located 🟲 🔃		
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitoring, insperts it holds?	ction, handling of viola	itions, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conserva	tion easements during	the year
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation	easements during the	year
	▶ \$			
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requireme	nts of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.			
Par	telli Organizations Maintaining Colle	ections of Art, Historical Treas	sures, or Other Si	milar Assets.
	Complete if the organization ans	wered 'Yes' to Form 990, Part	IV, line 8.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education,	or research in furthera	
b	If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items.	SFAS 116 (ASC 958), to report in its d for public exhibition, education, or r	revenue statement an esearch in furtherance	d balance sheet works of art, of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar 116 (ASC 958) relating to these items.	assets for financial g	ain, provide the following
а	Revenues included in Form 990, Part VIII, line	1		► \$
b	Assets included in Form 990, Part X			►\$
BAA	For Paperwork Reduction Act Notice, see the	Instructions for Form 990.	TEEA3301 05/25/11	Schedule D (Form 990) 2011

Pa飛川 Organizations Maintai	ning Collecti	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (cont	ınued)			
3 Using the organization's acquisition items (check all that apply)	on, accession, ar	d other records, che	ck any of the following	that are a significant use	of its collec	ction			
a Public exhibition		d 🔲 Loan (or exchange programs						
b Scholarly research		e 🗌 Other							
c Preservation for future genera	ations	_							
4 Provide a description of the organ Part XIV	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5 During the year, did the organizat assets to be sold to raise funds ra					Yes	No			
Escrow and Custodia Ine 9, or reported an	Arrangemer amount on Fo	its. Complete if to orm 990, Part X,	the organization ar line 21.	nswered 'Yes' to For	rm 990, P	art IV,			
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, oi	other intermediary	for contributions or othe	er assets not .	Yes	☐ No			
b If 'Yes,' explain the arrangement in	in Part XIV and o	omplete the followin	g table						
					Amount				
c Beginning balance				1c					
d Additions during the year				1 d					
e Distributions during the year			•	. <u>1e</u>					
f Ending balance				1f					
2a Did the organization include an ar	mount on Form 9	90, Part X, line 21?			Yes	∐ No			
b If 'Yes,' explain the arrangement									
Pan V Endowment Funds. Co	mplete if the	organization ans	swered 'Yes' to For	rm 990, Part IV, line	<u>= 10.</u>				
	(a) Current yea	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four	years back			
1 a Beginning of year balance	<u> </u>								
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	of the current ye	ear end balance (line	1g, column (a)) held a	s		·- <u>-</u>			
a Board designated or quasi-endow	ment ►	ક્ર							
b Permanent endowment ▶	- 8								
c Temporarily restricted endowmen	t ►	8							
The percentages in lines 2a, 2b, a	and 2c should eq	ual 100%.							
3a Are there endowment funds not in	the nossession	of the organization t	hat are held and admin	istered for the					
organization by:	i the possession	or the organization to	nat are neig and autilin	istered for the	Ye	s No			
(i) unrelated organizations					3a(i)				
(ii) related organizations					3a(ii)				
b If 'Yes' to 3a(II), are the related or	rganizations liste	d as required on Sch	nedule R?		3b				
4 Describe in Part XIV the intended	uses of the orga	nızatıon's endowmer	nt funds						
Part VII Land, Buildings, and I	Equipment. S	ee Form 990, Pa	art X, line 10.						
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	k value			
1a Land .	_	20,000.				20,000.			
b Buildings		274,141.		143,184.		30,957.			
c Leasehold improvements									
d Equipment		116,617.		60,909.	- <u>- </u>	55,708.			
e Other									
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, c	olumn (B), line 10(c))	•	20	06,665.			
BAA				Sched	dule D (Form				

	Investments - Other Securities. See	Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	ial derivatives			
	r-held equity interests			
<u>(B)</u>				
(C)				
(<u>D</u>)				
<u>(E)</u>				
 _(G)				
(H)				
(l)				
	mn (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			OSST OF OTHE OF YOUR THAT HERE THE PARTY OF	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(h) must savel Form 000 Part V solumn (P) (mg 12)			
Part IX	mn (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. See Form 990, Part X,	line 15.		
T WITTE	· · · · · · · · · · · · · · · · · · ·	escription	(b) Book value	=
(1)				
(2)				
\ - /				
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8) (9) (10)	olumn (h) must equal Form 990. Part X. column (l	3) line 15)		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (l			
(3) (4) (5) (6) (7) (8) (9) (10)	olumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Liabilities. See Form 990, Part			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.		

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 BPO Elks 1077		35	-0 <u>173</u>	3390 <u>Page 4</u>
Part XI Reconciliation of Change in Net Assets from	Form 990 to Audited Financia	I Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 1	2) .			
2 Total expenses (Form 990, Part IX, column (A), line 2	25)			
3 Excess or (deficit) for the year Subtract line 2 from I	ine 1		Γ	
4 Net unrealized gains (losses) on investments .				<u> </u>
5 Donated services and use of facilities				
6 Investment expenses			Γ	<u> </u>
7 Prior period adjustments		ī	Γ	
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4 through 8				
10 Excess or (deficit) for the year per audited financial s	tatements. Combine lines 3 an	d 9		
Part XII Reconciliation of Revenue per Audit			turn	
1 Total revenue, gains, and other support per audited f			1	
2 Amounts included on line 1 but not on Form 990, Par				
a Net unrealized gains on investments	i i	2a	. ,	
b Donated services and use of facilities		2b	. ·	
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV)	· · · · · · · · · · · · · · · · · · ·	2d	-	
e Add lines 2a through 2d	<u>-</u>		2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII, line 12, bu	t not on line 1		<u> </u>	· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part		4a		
b Other (Describe in Part XIV.)	-	4b	1	
c Add lines 4a and 4b			4c	
5 Total revenue Add lines 3 and 4c. (This must equal	Form 990 Part I line 12)	, ,	5	
Part XIII Reconciliation of Expenses per Auc		ts With Expenses per	Retur	<u> </u>
Total expenses and losses per audited financial state		<u></u>	1	
2 Amounts included on line 1 but not on Form 990, Par				
a Donated services and use of facilities	1	2a	1 1	
b Prior year adjustments		2b	1'	
c Other losses	· F	2c	ا برا	
d Other (Describe in Part XIV.)	 -	2d	1 1	
e Add lines 2a through 2d	• _	20	2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX, line 25, but	not on line 1:		-	
a Investment expenses not included on Form 990, Part		4a		
b Other (Describe in Part XIV.)		4b	l l	
c Add lines 4a and 4b	_		4c	
5 Total expenses. Add lines 3 and 4c. (This must equa	al Form 990, Part I, line 18.)		5	
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines any additional information	- --			to provide
BAA	TEEA3304 05/25/11		Sched	lule D (Form 990) 201

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the	e organization						Employer identifica	tion number
вро е	lks 1077						35-017339	0
Part I	Fundraising Activities. Compl Form 990-EZ filers are not req	ete if the organ uired to comple	ization ans ete this par	wered 'Ye't.	s' to Form 990, Part IV	, line 17		
1 ind	licate whether the organization r	aised funds thro	ough any o	f the follow	ving activities. Check al	II that ap	ply.	
a [Mail solicitations			е	Solicitation of non-	governm	ent grants	
ь	Internet and email solicitations			f	Solicitation of gover	rnment g	grants	
С	Phone solicitations			g	Special fundraising	events		
d T	In-person solicitations			_				
2a Dic	the organization have a written	or oral agreem	ent with ai	ny individu	ial (including officers, d	rectors,	trustees or key	
	ployees listed in Form 990, Part			•	_			∐Yes ∐ No
100	Yes,' list the ten highest paid ind mpensated at least \$5,000 by the	e organization						
(i) Na	me and address of individual or entity (fundraiser)	(ii) Activity		fundraiser ly or control	(iv) Gross receipts from activity	(v) Ar	nount paid to	(vi) Amount paid to (or retained by)
	or entity (fundraiser)			butions?	Iroin activity	fundr	retained by) aiser listed in	organization
_		L				c	olumn (i)	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
			<u> </u>					
8								
9								
10								
								
Total				▶				
3 Lis	t all states in which the organiza licensing.	ation is registere	ed or licens	sed to solu	cit contributions or has	been no	tified it is exemp	ot from registration
		- <i>-</i> - -		-				
		 .						
		 .		- -			- 	
	·							
	·							
								
			- 			. – – – -	- -	
	- 	- <i></i>	- 		- -			

_	_		_	-	-		_	_	_	
4	ь.	1	rì	1		/	œ	9	n	

Page 2

		List events with gross receipts gr	eater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REV			(event type)	(event type)	(total number)	a rough column (c)
ポモンモ ス コモ	1	Gross receipts				
Ĕ	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes		!		
DIRECT	6	Rent/facility costs .	u			
	7	Food and beverages				
EXPERSES	8	Entertainment				
SE	9	Other direct expenses				
S	10	- · · - · · · · · · · · · · · · · · · ·	•		•	
Dàr	+ 111	Net income summary Combine line 3, co	olumn (d), and line 10	-l.t- F 000 D	▶	
<u>-ar</u>	CHI	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered Ye	s' to Form 990, Par	t IV, line 19, or rep	orted more than
REVERU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue				
	2	Cash prizes				
X P R E	3	Non-cash prizes				
PENSES	4	Rent/facility costs				
	5	Other direct expenses .				
	6		X Yes 100.00% No	X Yes 100.00% No	X Yes 100.00% No	4
	7	5				
		Direct expense summary. Add lines 2 thre	ough 5 in column (d)		•	
		,		luno 7	•	
	8			line 7	. <u>•</u>	
	8 Ent	Net gaming income summary. Combine I	ines 1, column (d) and l	Indiana	<u>.</u>	
а	Ent	Net gaming income summary. Combine I fer the state(s) in which the organization op the organization licensed to operate gaming	ines 1, column (d) and becates gaming activities activities in each of the	s <u>Indiana</u> ese states?	. •	X Yes No
а	Ent	Net gaming income summary. Combine I ter the state(s) in which the organization op the organization licensed to operate gaming	erates gaming activities activities in each of the	Indiana ese states?		X Yes No
a b 10 a	Ent Is to If 'N	Net gaming income summary. Combine I fer the state(s) in which the organization op the organization licensed to operate gaming No,' explain:	perates gaming activities activities in each of the	Indiana ese states?		Yes X No
10 a	Ent Is to If 'N	Net gaming income summary. Combine I ser the state(s) in which the organization op the organization licensed to operate gaming No,' explain:	erates gaming activities activities in each of the	Indiana ese states?		Yes X No

Sche	edule G (Form 990 or 990-EZ) 2011 BPO Elks 1077	35-017	3390	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	ned to	Yes	X No
13	Indicate the percentage of gaming activity operated in:	1 1		
	The organization's facility	13a		8
t	An outside facility	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records:		
	Name •			
	Address			· – – - –
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue	2	Yes	X No
	o If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and			
	of gaming revenue retained by the third party > \$			
(If 'Yes,' enter name and address of the third party:			
	Name •	-	· -	
	Address ►			i I
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided	- -		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	in the	Yes	□No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in ti		
	organization's own exempt activities during the tax year > \$	•		
Pa	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appl this part to provide any additional information (see instructions).	d by Pacable.	art I, line Also com	2b, olete
				.
		_		
			<u>_</u>	
BAA	TEEA3703 05/20/11 Schedu	e G (For	m 990 or 99	0-EZ) 2011

19,22

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

BPO Elks 1077		35-0173390	
Pt_VI, Line_11a Board_of_tru	stees_reviews_at_meeting	and then made available	-
for_review_b	y members upon request.		
Pt_VI, Line_7b The_club_has	monthly meeting open to	the members where decisions	
are_voted_on	by those present.		
			_
			
			
			- - -
		- 	- - -
		·	 -
		·	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury Internal Revenue Service (99)	► See separate instructions.	Attachment Sequence No
Name(s) shown on return		Identifying number
BPO Elks 1077		35-0173390
Business or activity to which this form relates		
Form 990 / Form 990EZ		
Part I Election To Exper	nse Certain Property Under Section 179	

usine	ess or activity to which this form relate	rs .						
'or	m 990 / Form 99 <u>0</u> E	Z						
ar	t I Election To Expo Note: If you have any	ense Certain F y listed property, d	Property Under Section	tion 179 you complete Part	1			
1	Maximum amount (see instr	ructions)					1	
2	Total cost of section 179 pro	Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1 if zero or less, enter -0 If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Electricated property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8			2			
3							3	
4	Reduction in limitation. Sub	tract line 3 from li	ne 2. If zero or less, en	ter -0-		[4	
5	Dollar limitation for tax year	r. Subtract line 4 f			rried filing		5	
6				(b) Cost (business u	se only) (c) Elected cost		
			·					,
						-		2
7	Listed property. Enter the a	mount from line 2	9	·	7			
), lines 6 and 7	<u></u>		8	
							9	
10	Carryover of disallowed ded	duction from line 1	3 of your 2010 Form 45	62			10	
11	Business income limitation.	Enter the smaller	of business income (no	ot less than zero) o	or line 5 (see	ınstrs)	11	
12	Section 179 expense deduc	tion Add lines 9 a	and 10, but do not enter	more than line 11			12	
13	Carryover of disallowed dec	duction to 2012. A	dd lines 9 and 10, less I	ine 12	13			
lote	: Do not use Part II or Part I	II below for listed	property Instead, use F	Part V				
Pai	t II Special Deprecia	ation Allowan	ce and Other Depre	eciation (Do not	include listed	property.)	(See II	nstructions.)
14	Special depreciation allowa tax year (see instructions)	nce for qualified p	property (other than liste	d property) placed	I in service di	uring the	14	
15	Property subject to section	168(f)(1) election					15	
	Other depreciation (including						16	
Pai	t III MACRS Deprec	iation (Do not in	clude listed property.) (See instructions)				
		 ,,,	Section	on A		_		
17	MACRS deductions for asse	ets placed in servi	ce ın tax years beginnin	ng before 2011			17	6,940
18	If you are electing to group asset accounts, check here	any assets placed	d in service during the ta	ax year into one or	more genera	al ► <u> </u>		
	Section B	- Assets Placed	in Service During 2011	Tax Year Using th	e General De	preciation S	Syster	n
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19	3-year property .							
	b 5-year property							
	a 7 year property	1	-					

(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Meth		(g) Depreciation deduction
19a 3-year property .							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							<u> </u>
f 20-year property							
g 25-year property			25 yrs_		S/	L	
h Residential rental			27.5 yrs	MM	S/	L	
property			27.5 yrs	MM	S/	L	
i Nonresidential real			39 yrs	MM	S/	L	
property				MM	s/	L	
Section (C — Assets Placed in	n Service During 2011 T	ax Year Using the	Alternative De	epreciati	on Syste	em
20 a Class life					s/	L	
b 12-year			12 yrs		s/	L	
c 40-year			40 yrs	MM	s/	L	
Part IV Summary (See	e instructions.)						
21 Listed property Enter a	mount from line 28			•		21	
22 Total Add amounts from line the appropriate lines of your re				and on		22	6,94

BAA	For Paperwor	k Reduction	Act Notice, s	see sep	parate instructions.
-----	--------------	-------------	---------------	---------	----------------------

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

35-0173390

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	COIUITIIIS	(a) through (c)	UI SECLIOITA,	all of Sec	шон в, а	na seci	1011 0 11	αμμ	iicabii	-						
	Sectio	n A – Deprecia	tion and Oth	er Informa	tion (Cau	ution: S		nstru						mobiles.	<u>}</u>	
24 a	Do you have eviden	ce to support the bu	isiness/investme	nt use claime	ed?		Yes	Ш	No 2	24b If 'Y		evidence	written?	L	Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ss/investri se only)	ation nent		(f) ecovery period	Me	g) thod/ rention	Depre	(h) eciation uction	Ele sectio	(i) ected on 179 ost
25	Special depreci	ation allowance	for qualified fied business	listed prop	perty plac	ced in s	ervice o	durin	g the	tax yea	r and	25				
26	Property used r		•	*												
											ļ				\bot	
	<u></u>	<u></u>	<u> </u>			<u> </u>			<u> </u>		<u> </u>					
27	Property used 5	00% or less in a	qualified bus	iness use.					Π			· I			$\overline{}$	
											 	-			-	
									<u> </u>		-				7	
28	Add amounts in	column (h), lin	es 25 through	n 27 Enter	here an	d on lin	e 21, pa	age '	i			28			<u> </u>	
29	Add amounts in	column (ı), lıne	e 26 Enter he	ere and on	line 7, p	age 1								29		
	•			Section												
	plete this section															cles
to yo	our employees, for	irst answer the o	questions in S	·· -	i			cept								
30	Total business/	investment mile	s driven	1	a)	(l)) cle 2		(c) Vehic	- 1	(d Vehic	· I	(e	-	(f	-
	during the year commuting mile	Ven	icle 1	veni	CI C Z		venic	16.3	venil	,ie 4	veni	cle 5 Vehicle 6		<u> </u>		
31	Total commuting m	•	he vear						-							
	Total other per		-													
	miles driven		······································					<u> </u>								
33	Total miles driv		ear. Add													
	mics so throug	11 32		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	e used primarily or related pers	by a more													
36	Is another vehi- personal use?	cle available for														
			C – Question													
Ansv 5% (wer these question owners or related	ons to determine d persons (see i	e if you meet instructions).	an except	ion to co	mpletin	g Section	on B	for ve	hicles	used by	employe	ees who	are no	t more th	nan
37	Do you maintai by your employ		cy statement i	that prohib	oits all pe	rsonal (use of v	ehicl	es, ın	ncluding	commi	uting,			Yes	No
38	Do you maintai employees? Se	n a written police the instruction	cy statement f	that prohib s used by	its perso corporate	nal use e officer	of vehi	cles,	exce or 19	pt com	muting, ore own	by your ers				
39	Do you treat all	use of vehicles	by employee	es as pers	onal use	7										
40	Do you provide vehicles, and re	more than five etain the informa			yees, obt	aın ınfo	rmation	fron	n youi	r emplo	yees at	out the	use of t	he		
41	Do you meet th Note: If your ar	ie requirements Inswer to 37, 38,											•			
Pa	rt VI Amort	ization											_	-		
		(a)			(b)		(c)			(0	•		(e)		(f)	
	Des	scription of costs			mortization egins	ļ	Amortizal amouni			Co sect		peri	tization iod or entage		Amortization for this year	
42	Amortization of	f costs that begi	ıns durına vol	ur 2011 tax	year (se	ee instri	uctions)							<u> </u>		
43		of costs that beg			_								43	L		
44	Total. Add am	ounts in column	(f). See the	instruction	is for whe	ere to re	eport						44	İ		

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