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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2011 calendar year, or tax year beginning 4/1/2011 and ending 3/31/2012 C Name of organization В Check if applicable D Employer identification number Benevolent & Protective Order of Elks of the USA Address change Doing Business As **651 BPOE** 37-0518751 Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number Initial return (618) 734-0651 Terminated City or town, state or country, and ZIP + 4 Amended return 62914 G Gross receipts \$ F Name and address of principal officer Application pending Yes X H(a) Is this a group return for affiliates? Deloris Morgan 2915 Park Ave, Cairo, IL 62914 H(b) Are all affiliates included? 501(c)(3) X 501(c) 527 If "No," attach a list (see instructions) Tax-exempt status) < (insert no) 4947(a)(1) or Website: ► N/A H(c) Group exemption number K Form of organization Corporation X Other ▶ Trust Association L Year of formation M State of legal domicile 1901 Part I Summarv Briefly describe the organization's mission or most significant activities: Fraternal Organization to promote and develop high standards of character, morality, professionalism, and community development Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b). 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) 8 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 19,716 20.507 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,078 37,602 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 46,794 58,109 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2.551 5.353 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 36.234 57.257 Other expenses (Part IA, Column (A), IIII (A), IIIII (A), IIII (A), IIIII (A), IIII (A), IIIII (A), IIII (A), IIII (A), IIII (A), IIII (A), IIII (A), IIII (18 38,785 62,610 19 Revenue less expenses Subtract line 18 from line 12 8.009 -4,501 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 26,786 22,258 21 Total liabilities (Part X, line 26) 158 131 Net assets or fund balances Subtract line 21 from 26.628 22,127 Signature Block 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 ck Forumal 17 **Z**Sign Signature of officer Here Nick Faringer Secretary Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check X if Paid self-employed 6/27/2012 P00084667 Eleanor Clanahan Preparer Firm's EIN Firm's name **Use Only** (618) 748-9173 Firm's address ▶ P O Box 71, Mound City, IL 62963 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

| | 90 (2011) | Benevolent & Protective Order of Elks of the USA | <u>37-0518751</u> | Page 2 |
|----|-----------|---|---|---|
| Pa | rt III | Statement of Program Service Accomplishments | | |
| | | Check if Schedule O contains a response to any question in this Part III. | | |
| 1 | Briefly o | lescribe the organization's mission | | |
| | Franter | nal Organization to promote and develop high standards of character, morality, onalism and community development | | |
| | | | | |
| 2 | Did the | organization undertake only organificant program and display the year which were not lotted as | | |
| 2 | | organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ? | | X No |
| | - | describe these new services on Schedule O | Yes | V NO |
| 3 | | | | |
| 3 | services | organization cease conducting, or make significant changes in how it conducts, any program | ☐ v == | X No |
| | | describe these changes on Schedule O | Yes | \ \ NO |
| 4 | | e the organization's program service accomplishments for each of its three largest program servi | and an magaziror | ł hu |
| • | expense | es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re and allocations to others, the total expenses, and revenue, if any, for each program service report | port the amount o | |
| 4a | (Code |) (Expenses \$ 0 including grants of \$ 0) (Revenue | e \$ | 0) |
| | | al Organization to promote and Develop High Standards of Character, Morality, | • | |
| | Profess | ionalism and Community Development | | |
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| 4b | (Code |) (Expenses \$ 0 including grants of \$ 0) (Revenue | | 0) |
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| 4c | (Code |) (Expenses \$ 0 including grants of \$ 0) (Revenue | ıe \$ | 0) |
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| 4d | Other p | rogram services (Describe in Schedule O) | | |
| | (Expens | ses \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |
| 40 | Total n | rogram service expenses > 0 | | |

| | | 05 <u>18</u> 751 | F | age 3 |
|------|---|--|--|-----------------|
| Part | V Checklist of Required Schedules | | τ | |
| | la the assessment of the control of | | 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 | | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | . 2 | ├ | X |
| 3 | Did the organization required to complete <i>schedule b</i> , <i>schedule of contributors</i> (see instructions). | • • 🗲 | | ^ |
| 3 | 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) | <u> </u> | | ^ |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | J |
| 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_ | | <u> </u> |
| 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 | | | ļ |
| | "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," | | | |
| 0 | complete Schedule D, Part III | 8 | - | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | ļ |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | 1 | |
| | Schedule D, Part VI | 11a | X | <u> </u> |
| 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 | <u> </u> | <u> X</u> |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | 1 | ١., |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part | 11d X 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | ^ 116 | | ^ |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete contents of the tax year</i> ? | | | `` |
| | 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 "Ye | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . | 13 | <u> </u> | <u> </u> |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Ļ | <u> </u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | Ì | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | ľ | |
| 45 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | <u> </u> | <u>X</u> |
| 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 | ļ | " |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 15 | ╁ | X |
| 16 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | ļ | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 13 | | ^ |
| • • | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | . 17 | | Lx |
| 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 | <u></u> | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | 1 |

If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule ${\cal H}$

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

19

20a 20b

| | | 37-0310731 | | age 🕶 |
|-----|--|------------|--------------|-----------------|
| Par | t IV Checklist of Required Schedules (continued) | | Lvaa | l Na |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | n | Yes | No |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | . 21 | | X |
| 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 | | X |
| 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? If "Yes," complete Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | 1 | |
| | \$100,000 as of the last day of the year, 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 | | Х |
| С | 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 | | X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Х |
| 25a | 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 250 | | ^ |
| _ | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | ĺ |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Pa | art II 26 | ļ | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | ĺ | ĺ |
| | 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) | ļ | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | ļ | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 200 | | |
| 29 | 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 29 | | X |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | _25 | ╁╌ | ^ |
| | conservation contributions? If "Yes," complete Schedule M | 30 | 1 | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | <u> </u> | 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 | | X |
| 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? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | 33 | 1 | ├^ |
| • | III, IV, and V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | _ | Х |
| | 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 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate | | | |
| 27 | organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | \vdash | X |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | 1 |
| | VI | 37 | 1 | × |

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

Page 5

Form' 990 (2011)

Part V

| S | tatements Reg | arding Othe | r IRS Filings a | and Tax Com | pliance | | |
|---------------|-----------------------------|-------------|-----------------|-------------|------------|--|--|
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| The Enter the number reported in Box 3 of Form 1086 Enter-0- if not applicable Enter the number of Forms W-26 included in line 1 a Enter-0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable againing (gambling) with backup withholding rules for reportable payments to vendors and reportable againing (gambling) with backup withholding rules for reportable payments to vendors and reportable againing (gambling) with backup withholding rules for reportable payments to vendors and reportable againing (gambling) with backup withholding rules for reportable payments to vendors and reportable againing (gambling) with backup with backup without payments againing (gambling) with backup w | | Check it Concodic C Contains a response to any question in this t art V | | | ㅗ |
|---|-----|--|-------------|--------------|-----------|
| b Enter the number of Forms W.2G included in line 1s Enter -0-1f not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable againing (gambling) winnings to prize winners? Enter the number of employees reported on Form W.3, Transnittal of Wage and Tax Slatements, filed for the calendar year ending with or within the year covered by this return. It is if al teast one is reported on line 2a, did the organization file all required federal employment tax externs? Note. If the sum of lines 1s and 2s as greater than 250, you may be required to e-file (see instructions) 3a | 4 | Enterthe number recorded in Box 2 of Four 4000 Enter 0 West englished | | Yes | No |
| c Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming gambing is to prize winners? 2a Either 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. 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes", has if filed a Form 990. To this year? If "No," provide an explanation in Schedule O 3d 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 accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts accounts) 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? 6c If "Yes" of the reginarization muclude with exceptible that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization miclude with every solicitation and express statement that such contributions or gifts were not tax deductible? 6d Was the organization should be accompleted to the payor? 6d Was the organization should be accompleted to the payor? 6d Was the organization should be accompleted to the payor? 6d Was the organization should be accomp | _ | | - | | |
| gaming (gambling) wnnings to prize winners? 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. It is a statements, filed for the calendar year ending with or writhin the year covered by this return. It is a statements, filed for the calendar year ending with or writhin the year covered by this return. It is a statements, filed for the calendar year ending with or writhin the year covered by this return. It is a statement on the statement of the following of the year of the statement on the statement on the statement of the statement on the statement of the statement o | | | 1 | | |
| 2a Elter 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. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts or account, accounts) b If "Yes," enter the name of the foreign country ▶ 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organizations solicit any contributions that are normally greater than \$100,000, and did the organizations that may receive deductible contributions under section 170(c). 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$202. 7c Did the organization received a contribution of care did the section 170(c). 8c Did the organization received a contribut | C | | | | |
| Statements, field for the calendar year ending with or within the year covered by this return. 2a 1 1 | 2- | | 1 <u>C</u> | | |
| b fall least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3a Out the organization have unrelated business gross income of \$1,000 or more during the year? 3b ff*Yes,* has it filed a Form 990-T for this year? if*No,* provide an explanation in Schedule 0 3d All 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 accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b May the organization aparty to a prohibited tax shelter transaction? 5c Visit See instructions for fling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization aparty to a prohibited tax shelter transaction? 5b X See instructions for fling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Visit | Za | | 1 | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have urrelated business gross income of \$1,000 or more during the year? 3 A ray 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 in a foreign country (such as a bank account, securities account, or other financial accounts) 4 If "Yes," enter the name of the foreign country 5 If "Yes," enter the name of the foreign country 5 If "Yes," enter the name of the foreign country 5 If "Yes," enter the name of the foreign country 5 If "Yes," the sum of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 If "Yes," the sum of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 If "Yes," the sum of the foreign country 5 If "Yes," the sum of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 If "Yes," the sum of the organization that if was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," the sum of the organization that if was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 1 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to li | _ | | 36 | v- | |
| 3a | U | | 20 | | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O A At any time during the calendary 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) b If "Yes," enter the name of the foreign country \$\frac{1}{2}\$ \$\frac{1}{ | 35 | | 32 | | × |
| 4a 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)? b if "Yes," enter the name of the foreign country Yes," to the Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? Sb | | | | | |
| over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes, enter the name of the foreign country ▶ b If Yes, enter the name of the foreign country ▶ c If Yes, enter the name of the foreign country ▶ b Id any taxable party notify the organization at party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5a | _ | · · · · · · · · · · · · · · · · · · · | U. | | |
| account)* by If "Yes," enter the name of the foreign country by If "Yes," enter the name of the foreign country by See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts was the organization a party to a prohibited tax sheller transaction at any time during the tax year? Did any texable party notify the organization that it was or is a party to a prohibited tax sheller transaction? Sb. X If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? Sb. X Cores the organization shell and a party to a prohibited tax sheller transaction? Sc. X Does the organization shell and a party to a prohibited tax sheller transaction? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization and the did to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file Form 1898-C? If the organization received a contribution of qualified intellectual property, did the organization file Form 1898-C? If the organization in payor premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of a pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of a cis, boats, airplanes, or other vehicles, did the organization shall property and the organization shall property and the organization shall prope | ••• | | | | |
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| 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X | | | 8 | - | x. |
| Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? A VX | 9 | | | | |
| 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | а | | 9a | | X |
| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X | b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | 10 | Section 501(c)(7) organizations. Enter | | | |
| Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X | а | | _ | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X | b | · · · · · · · · · · · · · · · · · · · | _ | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12a 12b 13a 13a 13b 13b 13b | 11 | | | | |
| against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | а | | 4 | | [|
| Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12a 12b 13a 13a 13b 13b 24a X | b | · · · · · · · · · · · · · · · · · · · | | | |
| 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. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | | · · · · · · · · · · · · · · · · · · · | ا | <u>-</u> | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | 12a | <u> </u> | - |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 24 14a X | | , | 1 | | |
| Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | 420 | | |
| 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | а | | 13a | \vdash | \vdash |
| the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a X | | | | | |
| c Enter the amount of reserves on hand | a | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | _ | | 1 | } |] |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | 142 | T^- | Х |
| | _ | | | | <u> </u> |

Form 990 (2011) Benevolent & Protective Order of Elks of the USA 37-0518751 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 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 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. 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 officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or 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? 8a Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Νo 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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. . . 15a 15b **b** Other officers or key employees of the organization 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? 16a 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 take 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 ▶ IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 19

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization ► Nick Faringer (618) 734-0651

policy, and financial statements available to the public

217 8th, Cairo, IL 62914

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| Form 990 (2011) | Benevolent & Protective Order of | Elks of the USA | | | | | | | 37-05187 | ' 51 | Page 7 |
|---|--|-----------------------------|--------------------------------|-----------------------|---------------|--|--------------|--|--|-----------------------------------|---|
| Part VII | Compensation of Officers, Dire | ctors, Trustee | es, K | ey E | mp | loyee | s, ŀ | lighest Comp | ensated | | |
| | Employees, and Independent C | ontractors | | | _ | - | | | | | |
| | Check if Schedule O contains a re | esponse to any | y que | stio | <u>n in 1</u> | his P | art \ | /II . | | | |
| Section A. | Officers, Directors, Trustees, Key | Employees, and | d Higl | hest | Con | npens | ate | d Employees | | | |
| 1a Complete organization's | this table for all persons required to be tax year | e listed Report | compe | ensa | tion | for the | cal | endar year endı | ng with or within | the | |
| | of the organization's current officers, tion Enter -0- in columns (D), (E), and | | | | | | als o | r organizations) | , regardless of a | imount | |
| List the who received | of the organization's current key emp organization's five current highest correportable compensation (Box 5 of Fo and any related organizations | mpensated emp | ployee | es (o | ther | than a | an of | ficer, director, tr | rustee, or key en | |) |
| | of the organization's former officers, keeportable compensation from the organization fr | | | _ | | • | | d employees wh | no received more | e than | |
| | of the organization's former directors more than \$10,000 of reportable com | | | | | | • | • | | of the | |
| • | n the following order individual truster in the following order individual truster in the following trusters in the following order in the following order in the following order individual trusters in the following order in the foll | | nstitut | tiona | l trus | stees, | offic | ers; key employ | ees, highest | | |
| X Check th | is box if neither the organization nor a | ny related organ | nzatio | n co | mpe | nsate | d an | y current officer, | director, or trus | itee | |
| | (A) Name and Title | (B) Average hours per | box, L | ot che | perso | on ore than on is bot ctor/trus | h an tee) | (D) Reportable compensation | (E) Reportable compensation | Estin | F) nated unt of |
| | | | Individual trustee or director | Institutional truster | Officer | High emp | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compe from organi and re | her insation in the ization elated zations |

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule | Position (do not check more than officer and a director/trustee) Officer and a Officer Individual trustee | | | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | | | |
|----------------------------------|--|--|-------|----------|--|--|-------|---|---|
| (1) Christopher Davault | O) | lee | ıstee | | | ensated | | | |
| Exalted Ruler | 4 00 | | | X | | | 0 | 0 | 0 |
| (2) Nick Faringer Treasurer | 1 00 | | | х | _ | | 0 | 0 | 0 |
| _(3) Deloris Morgan Secretary | 1 00 | | | x | | | 0 | 0 | 0 |
| Secretary (4) | 100 | | - | <u> </u> | - | | | | |
| (5) | | | | | | | | | |
| . (6) | | | | | | | | | |
| .(7) | | | | | | | | | |
| .(8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |

| L | Section A. Officers, Directors, Tr | <u>rustees, Key Er</u> | <u>mplo</u> | yee | s, a | <u>nd</u> | <u>High</u> | <u>est</u> | Compensated | Employe | <u>es (co</u> | ntınu | <u>∌d)</u> | |
|---------|---|---|--|-----------------------|---------|--------------|------------------------------|-------------|--|--|---------------|-----------------|--|---------------|
| | (A) Name and title | (B) Average hours per week | Position (do not check more than box, unless person is both officer and a director/trust | | | | | | (D) Reportable compensation from | (E) Reporta compens from rela | ation | | (F) stimate mount o | |
| | | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizat (W-2/1099- | tions | fi org an | officer rom the ganization of relate anization | e on ed |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | _ | | | | | | _ |
| (18) | | | | | | | | | | - | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | , | _ | | _ | | | | | | | | | |
| (21) | | | | | | | | - | | | | | | |
| (22) | | | | - | | | _ | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | - | | | | | | | | | | |
| (25) | | | | | - | | | | | | | | | |
| 1b c | Sub-total Total from continuation sheets to Part VII, | Saction A | L | | <u></u> | | | > | 0 | | 0 | | | 0 |
| d | Total (add lines 1b and 1c) | Section A | | • | | | | | 0 | | 0 | | | 0 |
| 2 | Total number of individuals (including but not reportable compensation from the organization | limited to those | | | |) wl | no re | ceiv | <u></u> | 100,000 o | | | | |
| | | | | | | | _ | | <u> </u> | | | | Yes | No |
| 3 | Did the organization list any former officer, did employee on line 1a? <i>If "Yes," complete Sche</i> | | | - | - | yee | e, or h | ngh | est compensate | ed | | 3 | - | Х |
| 4 | For any individual listed on line 1a, is the sum | of reportable co | ompe | ensa | atior | | | | • | | | | | |
| | the organization and related organizations gre individual | ater than \$150, | ,0007 | ' IT " | res | i, " C | ompi | ete | Scheaule J for s | sucn | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or acc | | | | | | | | | ndividual | | | - | |
| Sec | for services rendered to the organization? If "Y tion B. Independent Contractors | res, complete | <u>Scne</u> | auie | 9 J I | or s | ucn | oers | <u> </u> | <u></u> | <u></u> | _5_ | | Χ_ |
| 1 | Complete this table for your five highest comp compensation from the organization Report c year | • | | | | | | | | | | n's ta | × | |
| | (A) Name and business add | ress | | | | | | | (B) Description of ser | vices | С | (C omper |) nsation | |
| | | | | | | | | | | | | | | 0 |
| | | | | _ | | | | | | | | | | 0 |
| | | | | | | | | - | | | | | | <u>0</u> 0 |
| | | | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (incl more than \$100,000 of compensation from the | _ | nited • | to t | hos | e lis | sted a | | ve) who receive | d | | | | |

| Form 9 | 90 (201 | 1) Benevolent & Protective Order of Elks of the USA | | 37-05187 | 751 Page 9 | | |
|--|----------|---|---------------|----------------------|--|---|---|
| Part | 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 |
| ants | | Federated campaigns 1a | 0 | | | | |
| Gra | b | | 13,600 | | | | |
| fts, r Ar | C | Fundraising events 1c | 0 | | | | |
| , Gi | d | Related organizations 1d Government grants (contributions) 1e | | | | | |
| ons | | Government grants (contributions) All other contributions, gifts, grants, and | | · | | | |
| outi | , | similar amounts not included above . 1f | 6,907 | Ï | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | a | Noncash contributions included in lines 1a-1f. \$ | 0 | | | | |
| Cor | h | Total. Add lines 1a–1f | • | 20,507 | | | |
| ər | | Business | Code | | | | |
| ven | 2a | | | 0 | | | |
| Re | ь | | | 0 | | | |
| vice | С | | | 0 | | | |
| Ser | d | | | 0 | | | |
| Program Service Revenue | e | All other program control | | 0 | · · · · · · · · · · · · · · · · · · · | | |
| Prog | | All other program service revenue . | • | 0 | | | |
| | <u>g</u> | Total. Add lines 2a–2f | | 0 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | | 0 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | | (i) Real (ii) Pers | sonal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | С . | Rental income or (loss) 0 | 0 | | | | |
| | d | Net rental income or (loss) | > | 0 | | | |
| | 7a | | her | | | | |
| | ١. | assets other than inventory 0 | 0 | | | | |
| | þ | Less cost or other basis | ار | | | | |
| | _ | and sales expenses . 0 Gain or (loss) 0 | 0 | | | | |
| | l . | Net gain or (loss) | <u>_</u> | o | | | |
| | " | Thet gain of (loss) | <u> </u> | | | | |
| Other Revenue | | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 | 0 | | | Ŧ. | |
| ŏ | | Less direct expenses . b | | • | | | { |
| | 1 | Net income or (loss) from fundraising events Gross income from gaming activities | . • | 0 | | | |
| | _ | See Part IV, line 19 a Less direct expenses b | 0 | | 1 | | |
| | | Net income or (loss) from gaming activities | | - 0 | | <u> </u> | |
| | | Gross sales of inventory, less | | | | | |
| | | · · | 55,678 | | | | |
| | Ь | | 22,145 | | | | |
| | 1 | Net income or (loss) from sales of inventory | • | 33,533 | | | |
| | | Miscellaneous Revenue Busines | s Code | | | | ł |
| | | Hall Rent 900099 | | 1,650 | | | |
| | b | Refunds 900099 | | 0 | | | |
| | | Miscellaneous 900099 | | 2,419 | | | |
| | 1 | All other revenue | | 4.060 | | | |
| | 1 | Total. Add lines 11a–11d . | | 4,069 58,109 | | 0 | 0 |
| | 12 | Total revenue. See instructions . | | 50,109 | <u> </u> | <u> </u> | |

Form **990** (2011)

Part IX Statement of Functional Expenses Benevolent & Protective Order of Elks of the USA 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 6b, 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 | 0 | | | | | | | |
| 2 | Grants and other assistance to individuals in the | | | | | | | | |
| | United States See Part IV, line 22 | 0 | | | | | | | |
| 3 | Grants and other assistance to governments, | | | ļ | | | | | |
| | organizations, and individuals outside the | | | | | | | | |
| | United States See Part IV, lines 15 and 16 | 0 | | | · | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | | |
| 5 | Compensation of current officers, directors, | | } | | | | | | |
| _ | trustees, and key employees | 0 | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| 7 | persons described in section 4958(c)(3)(B) Other salaries and wages | 0 5,296 | 5,296 | | | | | | |
| 8 | Pension plan accruals and contributions (include | _5,290 | 5,290 | | | | | | |
| O | section 401(k) and 403(b) employer contributions) | o | | ł | | | | | |
| 9 | Other employee benefits | 0 | | | | | | | |
| 10 | Payroll taxes | 57 | 57 | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| | Management . | l ol | | | | | | | |
| b | Legal | 0 | | | | | | | |
| c | Accounting | 300 | 300 | | | | | | |
| d | Lobbying | 0 | | | | | | | |
| е | Professional fundraising services See Part IV, line 17 | 0 | | | | | | | |
| f | Investment management fees | 0 | | | | | | | |
| g | Other . | 0 | | | | | | | |
| 12 | Advertising and promotion | 0 | | | | | | | |
| 13 | Office expenses | 244 | 244 | | | | | | |
| 14 | Information technology | 0 | | | | | | | |
| 15 | Royalties | 0 | | | | | | | |
| 16 | Occupancy | 11,172 | 11,172 | | | | | | |
| 17 | Travel | . 0 | <u> </u> | | <u></u> | | | | |
| 18 | Payments of travel or entertainment expenses | } | ľ | Ì | | | | | |
| | for any federal, state, or local public officials. | 0 | | | | | | | |
| 19 | Conferences, conventions, and meetings | 42 | 42 | | · | | | | |
| 20 | Interest . | 0 | | | | | | | |
| 21 | Payments to affiliates | 0 | | 4 244 | | | | | |
| 22 | Depreciation, depletion, and amortization | 1,311 | 0 | 1,311 | 0 | | | | |
| 23 | Insurance | 3,602 | 3,602 | | | | | | |
| 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) | | | | | | | | |
| а | Contract Labor | 15,900 | 15,900 | | | | | | |
| b | Deseivens | 3,298 | 3,298 | | | | | | |
| C | Bank Charges | 186 | 186 | | | | | | |
| d | Postage and Box Rent | 436 | 436 | | | | | | |
| | All other expenses 20766 | 20,766 | 20,766 | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e . | 62,610 | | 1,311 | 0 | | | | |
| 26 | Joint costs. Complete this line only if the | | , | | | | | | |
| | organization reported in column (B) joint costs | | ļ | { | | | | | |
| | from a combined educational campaign and | | | | | | | | |
| | fundraising solicitation Check here | | | | | | | | |
| _ | following SOP 98-2 (ASC 958-720) | | | | | | | | |

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 16.584 1 13,367 2 Savings and temporary cash investments. 2 3 Pledges and grants receivable, net 3 0 4 Accounts receivable, net 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 1.807 8 1.807 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 119,750 **b** Less accumulated depreciation 10b 112,666 8,395 7.084 10c 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11. ol 12 0 13 13 Investments—program-related See Part IV. line 11 0 ol 14 0 14 Intangible assets 15 Other assets See Part IV, line 11 ol 15 0 26,786 16 22,258 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 158 17 131 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 0 Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 158 26 Organizations that follow SFAS 117, check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 26.628 32 26,628 33 22,127 33 Total net assets or fund balances 26,786 Total liabilities and net assets/fund balances 22,258

| Form 9 | 90 (2011) Benevolent & Protective Order of Elks of the USA | _3 | 7 <u>-05</u> 1875 | l Pa | ge 12 |
|--------|--|---------|-------------------|-------|----------|
| Par | XI Reconciliation of Net Assets | | <u> </u> | | |
| | Check if Schedule O contains a response to any question in this Part XI | | <u> </u> | | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 4 | | 5 | 8,109 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 2,610 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 4,501 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . | 4 | | | 6,628 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | <u> </u> |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | | <u> </u> | | |
| • | column (B)) | 6 | | 2 | 2,127 |
| Part | | | | | -1: |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other Hybr | ıd | | | |
| | 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 | Were the organization's financial statements audited by an independent accountant? | | . 2b | X | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh | t of | | | Т |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain i | n | | | |
| | Schedule O | | | 1 | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | | |
| | issued on a separate basis, consolidated basis, or both | | | | |
| | 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 | | | - | , |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | l x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | <u></u> | T | | 1 |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | 1 |
| | | | For | n 990 | (2011) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Employer identification number Benevolent & Protective Order of Elks of the USA 37-0518751 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. 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 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?. Yes 6 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 purpose conferring impermissible private benefit? . . . Yes . . Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 · 赫二。 Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes . . 6 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 8 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)? Yes 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 conservation easements 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 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: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

| Part | Organizations Maintaining College | ections of Art, Histor | ical Treas | ures, or Ot | her Simila | r Assets (| continu | ied) | |
|--|---|--------------------------------------|----------------------|------------------|-------------------------|---------------|----------------|----------|----------|
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant | | | | | | | | |
| | use of its collection items (check all that ap | oply)· | | | | | | | |
| а | Public exhibition | d [] | Loan or | exchange pr | ograms | | | | |
| b | Scholarly research | е 🗌 | Other | | | | | | |
| С | Preservation for future generations | _ | | | | | | | |
| 4 | Provide a description of the organization's Part XIV | collections and explain | how they fu | ırther the org | anızation's | exempt pur | pose in | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | |
| Part | | <u> </u> | | | | to Form 99 | 느 _ | _== | |
| | IV, line 9, or reported an amount | | - | | | | | • | |
| 1a | Is the organization an agent, trustee, custo | | | ributions or c | ther assets | not | | | |
| | included on Form 990, Part X? | | , | | | | ☐ Ye | s 🔲 | No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the following | lowing table |) . | | | | | |
| | | | | | | Aı | mount | | |
| С | Beginning balance | | • | | 1c | | | | 0 |
| d | Additions during the year . | | | | 1d | | | | |
| е | Distributions during the year | | | | 1e | | | | |
| f | Ending balance | | | • | 1f | | | | <u> </u> |
| 2a | Did the organization include an amount on | Form 990, Part X, line | 21? | | • | | Ye | s X | No |
| b | If "Yes," explain the arrangement in Part X | | | | | | | | |
| Part | | | | | | | ·—— | | |
| | | Current year (b) Price | | (c) Two years ba | | ee years back | (e) Foi | ır years | back |
| 1a | Beginning of year balance . | 0 | 0 | | _0 | | ļ | | |
| b | Contributions | | | | | | ļ | | |
| С | Net investment earnings, gains, | | | | | | | | |
| | and losses . | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | ` | | 1 |
| f | and programs . Administrative expenses . | | | | | | | | |
| _ | End of year balance | | | | 0 | | | | |
| g 2 | Provide the estimated percentage of the cu | rrent year end balance | (line 1g, co | olumn (a)) he | | | L., | | |
| a | Board designated or quasi-endowment | ▶ % | (11110 19, 00 | παιτιιτ (α), τις | na ao | | | | |
| b | Permanent endowment | % | | | | | | | |
| c | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sh | | | | | | | | |
| 3a | Are there endowment funds not in the poss | session of the organizat | tion that are | held and ac | Iministered | for the | _ | | |
| | organization by | | | | | | | Yes | No |
| | (i) unrelated organizations . | | | | • | • | 3a(i) | | |
| | (ii) related organizations | | | | • | | 3a(ii) | | |
| b | If "Yes" to 3a(II), are the related organization | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of t | | | | | | | | |
| Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. | | | | | | | | | |
| | Description of property | (a) Cost or other basis (investment) | (b) Cost of basis (c | | (c) Accumu depreciat | | (d) Bo | ok value | 9 |
| 1a | Land | 0 | | 2,000 | | | | | 2,000 |
| b | Buildings | 0 | | 82,441 | | 77,730 | | | 4,711 |
| С | Leasehold improvements . | 0 | | 0 | | 0 | | | 0 |
| d | Equipment | 0 | | 35,309 | | 34,936 | | | 373 |
| е | Other | 0 | | o_ | | 0 | | | 0 |
| Total | . Add lines 1a through 1e (Column (d) mus | t equal Form 990, Part | X, column (| B), line 10(c |)) | • | | | 7,084 |

| Part VII | Investments—Other Securities | es. See Form 990, Part X, | line 12. | |
|-----------------------|--|---------------------------|--|--|
| | Description of security or category (including name of security) | (b) Book value | (c) Method of val Cost or end-of-year m | |
| | al derivatives | 0 | | |
| | held equity interests | 0 | | |
| (3) Other | | 0 | | . – – |
| | | 0 | | |
| (B) | | 0 | | |
| (C) | | 0 | | |
| ر=، تامُا | *************************************** | 0 | | |
| (E) | | 0 | | |
| | | 0 | | |
| (H) | | 0 | | |
| (l) | | 0 | | |
| Total (Column (i | b) must equal Form 990, Part X, col (B) line 12) | 0 | | |
| Part VIII | Investments—Program Relat | ed. See Form 990, Part X | , line 13 | |
| | (a) Description of investment type | (b) Book value | (c) Method of val Cost or end-of-year m | |
| (1) | | 0 | | <u>-</u> |
| (2) | | 0 | | |
| (3) | | 0 | | |
| (4) | | 0 | | |
| (5) | | 0 | | _ |
| <u>(6)</u> (7) | | 0 | | |
| (8) | | 0 | | |
| (9) | | | | |
| (10) | | 0 | | |
| | b) must equal Form 990, Part X, col (B) line 13) | 0 | | |
| Part IX | Other Assets. See Form 990, | Part X, line 15 | | |
| | | a) Description | | (b) Book value |
| (1) | | | | 0 |
| (2) | <u></u> | <u> </u> | | 0 |
| (3) | | | | 0 |
| (4) | | | | 0 |
| (5) | | | | 0 |
| <u>(6)</u> <u>(7)</u> | | | | 0 |
| (8) | | | | |
| (9) | | | | 0 |
| (10) | | | | 0 |
| | umn (b) must equal Form 990, Part X, | col (B) line 15) | . • | 0 |
| Part X | Other Liabilities. See Form 99 | 90, Part X, line 25 | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federa | al income taxes | | | |
| (2) | _ | 0 | | |
| (3) | | 0 | | |
| (4) | | 0 | | |
| (5) | | 0 | | |
| (6) | | 0 | | |
| (7) | | 0 | | |
| (8) | | 0 | | |
| (10) | | 0 | | |
| (11) | | 0 | | |
| | b) must equal Form 990, Part X, col (B) line 25) | 0 | | |

| Sched | ule D (Form 990) 2011 | | | Page 4 |
|------------|---|-------------------|-------------|---------------|
| Par | XI Reconciliation of Change in Net Assets from Form 990 to A | Audited Financial | Statements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12). | | 1 | 58,109 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | 62,610 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | -4,501 |
| 4 | Net unrealized gains (losses) on investments . | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV) | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines | 3 and 9. | 10 | -4,501 |
| Par | | | er Return | |
| 1 | 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 | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d . | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 1 | |
| b | Other (Describe in Part XIV) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 0 |
| Par | XIII Reconciliation of Expenses per Audited Financial Stateme | | s per Retur | 'n |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 1 | |
| b | Other (Describe in Part XIV) | 4b | <u> </u> | |
| С | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | .) . | 5 | 0 |
| Par | XIV Supplemental Information | <u> </u> | | |
| Com and | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part art to provide any additional information | | | |
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| | Benevolent & Protective Order of Elks of the USA | 37-0518751 |
|------------------|--|------------|
| Schedule D (Form | | Page 5 |
| Part XIV | Supplemental Information (continued) | |
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

rm 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(8) (9) (10) ►Attach to Form 990 or Form 990-EZ. ►See separate instructions.

Name of the organization Employer identification number Benevolent & Protective Order of Elks of the USA 37-0518751 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1)(2)(3) (4)(5) (6)2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (g) Written (b) Loan to or from (f) Approved the organization? principal amount agreement? by board or committee? To Yes Yes No 0 (1)0 (2) 0 0 0 0 (3)0 0 (4)0 (5)0 (6)0 0 0 0 (7)0 0 (8)0 0 (9) 0 (10)0 0 Total ightharpoons\$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization · (1) (2)(3)(4)(5) (6)(7)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. (HTA)

Schedule L (Form 990 or 990-EZ) 2011

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organı | aring o ization' nues? |
|---|---|---------------------------|---|-----------------|------------------------------|
| | | | | Yes | No |
| (1) | | 0 | | | |
| (2) | | 0 | | | Ļ |
| (3) | | 0 | | | |
| (4) (5) | | 0 | | | \vdash |
| (6) | | 0 | | + | |
| (7) | | 0 | | - | |
| (8) | | 0 | | | |
| (9) | | 0 | | | |
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| Part V Supplemental Information Complete this part to provide | า de additional information for re | sponses to guestions | on Schedule L (see instructi | ons) | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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 | Employer Identification number | | | |
|---|--------------------------------|--|--|--|
| Benevolent & Protective Order of Elks of the USA | 37-0518751 | | | |
| Form 990 Part VI Section 11A The exalted ruler and other members of the governing body review | | | | |
| the return and other supporting schedules at their monthly meetings | | | | |
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| Schedule O (Form 990 or 990-EZ) (2011) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| Benevolent & Protective Order of Elks of the USA | 37-0518751 |
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(Including Information on Listed Property)

Depreciation and Amortization

OMB No 1545-0172

Internal Revenue Service

Attach to your tax return.

Sequence No 179

► See separate instructions. Identifying number Name(s) shown on return Business or activity to which this form relates Benevolent & Protective Order of Elks of the U\$990 37-0518751 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . . . 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 ▶ 13 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election. 16 Other depreciation (including ACRS) 999 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 312 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (business/investment use (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction period in service only-see instructions) 19 a 3-year property b 5-vear property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property h Residential rental 27.5 yrs MM S/L MM S/L 27 5 yrs property MM S/L i Nonresidential real 39 yrs S/L MM property Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. MM S/L c 40-year 40 yrs Summary (See instructions.) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 1.311 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs