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A For the 2011 calendar year, or tax year beginning 04-01-2011

As Filed Data -

DLN: 93492178002022

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

Short Form

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 03-31-2012

Open to Public Inspection

_		applicable	C Name of organization BENEVOLENT & PROTECTIVE ORDER			D Emplo	yer i	identification number			
OF ELKS 653			OF ELKS 653					47-0103699			
			Number and street (or P O box, if mail is not delivered to street address) Room/si PO BOX 118	box, if mail is not delivered to street address) Room/suite			E Telephone number				
_											
_			City or town, state or country, and ZIP + 4			F Group					
	plicatio	on pending	NORFOLK, NE 68702			Numbe	er	► 1156			
IW€	bsite	.► N/A	Cash	requ	ııred	to attac	ch S	organization is not chedule B , or 990-PF)			
norm	nally n	not more than	nization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though	Form 990-							
			organization chooses to file a return, be sure to file a complete return line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total a		. line	25. colun	nn (B) below) are \$500,000 or			
more,	, file l	Form 990 instead	of Form 990-EZ ► \$ 24,985								
	ITC L		, Expenses, and Changes in Net Assets or Fund Balance organization used Schedule O to respond to any question in this Part		ne ins	structio •	ns fo	· · ·			
	1	Contributions	, gifts, grants, and similar amounts received				1				
	2	Program serv	ice revenue including government fees and contracts				2				
	3	Membership (dues and assessments				3	6,706			
	4	Investment ır	ncome				4	8,798			
	5a	Gross amoun	t from sale of assets other than inventory 5	a							
e	ddress character	Less cost or	other basis and sales expenses 5	ь							
ren	С	Gain or (loss)) from sale of assets other than inventory (Subtract line 5b from line 5	a)			5c				
Re	6	Gaming and f									
	а	Gross income fro	om gamıng (attach Schedule G ıf greater than \$15,000)	a							
	b		e from fundraising events (not including \$ _of contributions from fundra ne 1) (attach Schedule G if the sum of such gross income and contribu								
			<u> </u>	<u> </u>							
	С	Less directe	expenses from gaming and fundraising events 6	с							
	d	Net income o	r (loss) from gaming and fundraising events (Add lines 6a and 6b and 9	subtract lin	ne 6 c)	6d				
	7a	Gross sales o	of inventory, less returns and allowances	a							
	b	Less cost of	goods sold	b							
	С	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a) .		•		7c				
	8	Other revenu	e (describe in Schedule O)			L	8	9,481			
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	24,985			
	10	Grants and si	milar amounts paid (list in Schedule O)			L	10	2,275			
	11	Benefits paid	to or for members		•	L	11				
Expenses	12	Salaries, othe	er compensation, and employee benefits		•	L	12				
SeS	13	Professional	fees and other payments to independent contractors		•	·	13	1,434			
oen	14	Occupancy, r	ent, utilities, and maintenance		•	·	14	11,880			
EX	15		ications, postage, and shipping		•	L	15				
	16	Other expens	ses (describe in Schedule O)	•		L	16	14,487			
	17	Total expense	es. Add lines 10 through 16				17	30,076			
<u>ب</u>	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			·	18	-5,091			
3881	19	Net assets or	r fund balances at beginning of year (from line 27, column (A)) (must a	gree with							
Net.Assets		end-of-year f	igure reported on prior year's return)			L	19	415,837			
Z	20	Other change	es in net assets or fund balances (explain in Schedule O)		٠	·	20	-1			
	21	Net assets or	r fund balances at end of year Combine lines 18 through 20		. •		21	410,745			

Part II Balance Sheets						_
Check if the organization used	Schedule O to respond to	any question in t	his Pa	rt II		<u></u>
(See the instruc	tions for Part II)		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .				418,972	22	412,693
23 Land and buildings					23	
24 Other assets (describe in Schedule O)	-		740	24	458
25 Total assets				419,712	25	413,151
26 Total liabilities (describe in Schedule	0)			3,875	26	2,406
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .		415,837	27	410,745
Part III Statement of Program	-			_		Expenses
Check if the organization used	· · · · · · · · · · · · · · · · · · ·	any question in	this Pa	rtIII .		equired for section 501)(3) and 501(c)(4)
What is the organization's primary exempt PUBLIC SERVICE	purpose?					ganizations and section
Describe the organization's program service	e accomplishments for eac	th of its three lar	gest pr	ogram services, as		947(a)(1) trusts,
measured by expenses In a clear and cond	cise manner, describe the s				op	tional for others)
benefited, and other relevant information fo					+	<u> </u>
28 THE ORGANIZATION OPERATES UNI						
BETTERMENT WITH AN EMPHASIS ON Y	OUTH					
(Grants \$) If thi	s amount includes foreign (grants, check he	re .	. ▶ ┌	28a	30,076
29						
(Grants \$) If thi	s amount includes foreign (grants, check he	re .	▶┌	29a	1
30						
(Grants \$) If thi	s amount includes foreign 🤉	grants, check he	re .	▶ ┌	30a	n
31 Other program services (describe in Sc						
	s amount includes foreign (grants, check he	re .	► ┌	31a	
32 Total program service expenses (add lin		<u> </u>			32	,
Part IV List of Officers, Directors, Tru Check if the organization used					structio	ons for Part IV)
Check if the organization used	(b) Title and average	(c) Compensa		(d) Contributions	s to	(e) Expense
(a) Name and address	hours per week	(If not paid	d,	employee benefit p	lans	& account and
	devoted to position	enter -0))	deferred compens	atıon	other allowances
See Additional Data Table						
						+
	I	1				I

	Check if the organization used Schedule O to respond to any question in this	Part V			
			_	Yes	No
33	Did the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O		33		No
34	Were any significant changes made to the organizing or governing documents? If "Y of the amended documents if they reflect a change to the organization's name. Other Schedule O (see instructions)	rwise, explain the change on	34		Νo
35	If the organization had income from business activities, such as those reported on lighters), but not reported on Form 990-T, explain in Schedule O why the organization Form 990-T	n did not report the income or			
	Did the organization have unrelated business gross income of $$1,000$ or more durin activities (such as those reported on lines 2, 6a, and 7a, among others)?	-	35a		No
Ь	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provi Schedule O	de an explanation in	35b		
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subjudice, reporting, and proxy tax requirements during the year? If Yes, 'complete Sch		35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disthe year? If "Yes," complete applicable parts of Schedule N		36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization file Form 1120-POL for this year?		37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee,	, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year of	overed by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization duri	ng the year under			
	section 4911 •, section 4912 •, section 4955	•			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sect transaction during the year or did it engage in an excess benefit transaction in a prior reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	on 4958 excess benefit or year that has not been			
_	Cashian F01/a//2) and F01/a//4) are restricted. Fator are such after a research an area		40b		
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on org disqualified persons during the year under sections $4912,4955$, and 4958 .	•			
	Section $501(c)(3)$ and $501(c)(4)$ organizations Enter amount of tax on line 40c reir organization	<u> </u>			
	All organizations. At any time during the tax year, was the organization a party to a pitransaction? If "Yes," complete Form 8886-T		40e		No
	List the states with which a copy of this return is filed		- /46		1 1 1 0
42a	The organization's books are in care of ► HEMMERLANGHOLZPC 107 N 29TH ST	Telephone no	<u>(40</u>	12)3/1	-1410
	Located at NORFOLK, NE	ZIP + 4	► 6	8701	
b	At any time during the calendar year, did the organization have an interest in or a significant content of the calendar year.			Yes	No
	over a financial account in a foreign country (such as a bank account, securities account)?	ount, or other financial	42b		No
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.	eport of Foreign Bank and			
c	At any time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country				
	Section $4947(a)(1)$ nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 and enter the amount of tax-exempt interest received or accrued during the tax year		• •		▶ Г
				Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be co	ompleted instead of			
	Form 990-EZ.		44a	<u> </u>	Νo
Ь	Did the organization operate one or more hospital facilities during the year? If Yes , 'instead of Form990-EZ	Form 990 must be completed	44b		No
С	Did the organization receive any payments for indoor tanning services during the ye	ar?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	1		110
	In Schedule O		44d		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(1$	3)?			
			45a		No
45b	Did the organization receive any payment from or engage in any transaction with a c meaning of section 512(b)(13)? If Yes,' Form 990 and Schedule R may need to be c Form990-EZ (see instructions)		45b		

Form 990	D-EZ (2011)							Page 4
46 Did	d the organization engage, directly o	or indirectly, in political	campaign activities	on behalf of or 11	n opposition to		Yes	No
	ndidates for public office? If "Yes,"					46		No
Part V	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.			-			_	stions
	Check if the organization used	Schedule O to respond	l to any question in th	nis Part VI .		<u></u>		<u></u>
							Yes	No
	d the organization engage in lobbyir 'Yes," complete Schedule C, Part I		ection 501(h) electio	n in effect durin	g the tax year?	47		
48 Is	the organization a school described	d in section 170(b)(1)(A	()(II)? If "Yes," comple	ete Schedule E		48		
49a Did	d the organization make any transfe	ers to an exempt non-ch	arıtable related orgar	nızatıon?		49a		
b If"	Yes," was the related organization	a section 527 organiza	tion?			49b		
	mplete this table for the organization							
	ployees) who each received more t	han \$100,000 of comp (b) Title and average			re is none, ente		e " e) Expe	nse
	ne and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensati	on employee	benefit plans & compensation	a	count a	and
		devoted to position		dererred	compensation	otne	eranowa	ances
f T	otal number of other employees pa	rd over #100,000						
•	otal number of other employees pa	14 0 0 0 1 9 1 0 0 ,0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			*			
	mplete this table for the organization			ontractors who	each received r	nore th	an \$10	0,000
	compensation from the organization Name and address of each indeper			(b) Tyn	e of service	(c) (ompen	sation
<u>(u)</u>	Traine and address of each macper	raciic contractor para in	ore than \$100,000	(5) 1 7 5	e or service	(6)	отпрет	3411011
d ⊤	otal number of other independent c	ontractors oach rocolvu	ng over \$100,000					
•	Old the organization complete Sche		• •	ations and 494	7(a)(1) nonexer	mpt cha	arıtable	trusts
r	nust attach a completed Schedule	A				۲۱	∕es ┌	No
	nalties of perjury, I declare that I have e and belief, it is true, correct, and co							
knowledg		.		,			pp	
Sign	****** Signature of officer				12-06-21 ate			
Here	GILBERT VOECKS SECRETARY							
	Type or print name and title	Ι.	2.1	l a	I			
Paid	Preparer's signature SUSAN LANGHOLZ	iture SUSAN LANGHOLZ 2012-06-20 self (See instructions)				irication i	number	
Paid Preparer	· •	LANGHOLZ CPAS PC		employed 🕨				
Use Only					EIN Þ			
	NORFOLK, I				Phone no 🕨 (4	02) 371-1410		
May the	IRS discuss this return with the pre		e instructions		•	Гγ	es 「	No

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DLN: 93492178002022

OMB No 1545-0047

2011

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Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization BENEVOLENT & PROTECTIVE ORDER OF ELKS 653

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

47-0103699

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISC/YOUTH ACTIVITIES 9,481 TOTAL 9,481
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	GRAND LODGE DUES 1,932 STATE ASSOC DUES 343
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES 831 594 400 282 TELEPHONE 607 PUBLIC RELATIONS/CHARITY 1,185 SPECIAL EVENTS/YOUTH ACT 9,614 BULLETIN 142 POSTAGE/INTERNET 832 TOTAL 14,487
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	ROUNDING -1
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 176 176 2,293 2,293 LESS ACCUMULATED DEPRECIATION 1,729 2,011 TOTAL 740 458
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 3,875 2,406
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	THE ORGANIZATION OPERATES UNDER THE FRATERNAL LODGE SYSTEM FOR THE BENEFIT OF APPROXIMATELY 200 MEMBERS ACTIVITIES PROMOTE PUBLIC SERVICE AND COMMUNITY BETTERMENT WITH AN EMPHASIS ON YOUTH

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TY 2011 Compensation Explanation

Name: BENEVOLENT & PROTECTIVE ORDER

OF ELKS 653

EIN: 47-0103699

Person Name	Explanation
AARON WALTERS	
GILBERT VOECKS	
HOWARD LESHOVSKY	
ROGER SCHULTZ	
AARON WALTER	
GENE EBEL	
ROBERT HUNTLEY	
CALVIN WORDEN	
RODNEY NELSON	
CAROL WECKER	
DUANE GOFF	
STEVE COOLIDGE	

Software ID: Software Version:

EIN: 47-0103699

Name: BENEVOLENT & PROTECTIVE ORDER

OF ELKS 653

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
AARON WALTERS LOCAL NORFOLK, NE 68701	EXALTED RULE 000 00	0		
GILBERT VOECKS LOCAL NORFOLK, NE 68701	SECRETARY 000 00	0		
HOWARD LESHOVSKY LOCAL NORFOLK, NE 68701	TREASURER 000 00	0		
ROGER SCHULTZ LOCAL NORFOLK, NE 68701	TRUSTEE 000 00	0		
AARON WALTER LOCAL NORFOLK, NE 68701	TRUSTEE 000 00	0		
GENE EBEL® LOCAL NORFOLK,NE 68701	TRUSTEE 000 00	0		
ROBERT HUNTLEY 5 LOCAL NORFOLK,NE 68701	TRUSTEE 000 00	0		
CALVIN WORDEN [®] LOCAL NORFOLK,NE 68701	TRUSTEE 000 00	0		
RODNEY NELSON D LOCAL NORFOLK, NE 68701	ESQUIRE 000 00	0		
CAROL WECKER LOCAL NORFOLK, NE 68701	LOYAL KNIGHT 000 00	0		
DUANE GOFF DUANE GOFF NORFOLK, NE 68701	INNER GUARD 000 00	0		
STEVE COOLIDGE LOCAL NORFOLK, NE 68701	LECTURING KN 000 00	0		