

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



990 Form

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Department of the Treasury

Open to Public

EEA

Form 990 (2011)

Intern	al Revenu	ie Service	▶ The organization may have to use a copy of this return to satisfy state report	ling requirement	nts	Inspection
A I	For the	2011 calend	dar year, or tax year beginning 04-01, 2011, and end	ing	0	3-31, 20 12
В	Check if a	pplicable	C Name of organization BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 1	305	0	Employer identification no
_	Address c	. ,	Doing Business As		_	57-0343187
=		-				Telephone number
=	Name cha	-	·	loom/suite	⁶	•
=	Initial retu		PO BOX 2267		_	(864) 489-3187
╝.	Terminate	d	City or town, state or country, and ZIP + 4			2,091,179
	Amended	retum	Gaffney, SC 29342-2267		G	Gross receipts \$
^	Application	n pending	F Name and address of principal officer SUZANNE BONNER	H(a) Is this a arr	un ratu	m for
			Same as C above	H(a) Is this a gro affiliates?	Jup retui	Yes X No
ı .	Tax-exem	pt status	501(c)(3)	H(b) Are all affili	ates inc	luded? Yes No
J	Website	▶ N/A		If "No," atta H(c) Group exer	ich a list nption n	(see instructions) umber 1156
			Corporation Trust Association Other L Year of formation 195			
	rt I	Summar		5.5.5	- 10gui	-
га	_ ,_			C TODGE MY	Am to	TODEC MO DATCE
	1	•	be the organization's mission or most significant activities TO PROVIDE AN ELKS		P	ORRS TO RAISE
A C G			PROVIDE SCHOLARSHIPS AND CONTRIBUTE TO LOCAL BOYS & GIRLS			
c G t o			SOFTBALL/BASKETBALL TEAMS, RELAY FOR LIFE, VETERANS REMEM			IMERS GOLF
١v		TOURNAME	NT, ADOPT A SOLDIER, CHRISTMAS BASKETS & TOYS FOR KIDS, LO	OCAL PERSO	NS	
Ve	2	Check this b	ox $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of	f its net assets		
t n	3	Number of v	oting members of the governing body (Part VI, line 1a)	<i>.</i>	3	15
ιа еп	4	Number of in	ndependent voting members of the governing body (Part VI, line 1b)		4	15
s c	5	Total number	er of individuals employed in calendar year 2011 (Part V, line 2a)		5	6
& e	6	Total number	er of volunteers (estimate if necessary)		6	35
	_{7a}		ted business revenue from Part VIII, column (C), line 12	1	7a	0
			d business taxable income from Form 990-T, line 34		7b	0
	+	.tot dinoidto	a bacinedo taxaste income terri com oco 1, into c 1 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Pnor Year		Current Year
R	8	Contribution	s and grants (Part VIII, line 1h)		, 590	66,607
e e	9		vice revenue (Part VIII, line 2g)		, 550	00,000
e n			2	,706	655	
ü	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)		<u>. </u>	
е	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,790	
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102	,086	96,787
	13		similar amounts paid (Part IX, column (A), lines 1-3)			0
E	14	•	d to or for members (Part IX, column (A), line 4)	<u> </u>		0
X P	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	4	,089	496
e	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			0
n s			ısıng expenses (Part IX, column (D), line 25)▶ 0			-
8	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 111 249 CETVED	105	, 647	93,406
>	18	Total expens	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	109	,736	93,902
	19	Revenue les	s expenses Subtract line 18 from line-12	(7	, 650) 2,885
Net			AUG 3 1 2012 Beg	gunnung of Current \	'ear	End of Year
Asset or	s 20	Total assets	(Part X, line 16)	200	, 908	201,762
Fund	21	Total liabilitie	es (Part X, line 26)	8	,475	6,444
Bal- ances	22	Net assets of	or fund balances Subtract line 21 from line 20.	192	, 433	195,318
Pa	rt II		re Block			
Unde	r penalties	of perjury, I dec	lare that I have exampled this return, including accompanying schedules and statements, and to the best of my know	vledge and belief, it	15	
true, e	correct, ar	nd complete Dec	laration of preparer other than officer) is based on all information of which preparer has any knowledge			
		L	Walthall -	8/23/12	.	08-23-2012
Sig	n l	Signatur	re of officer of the contract	<u> </u>	Date	
} -	ł		STRATTON, EXALTED RULER			
Hei	E		print name and title			
				Taker Im		Thi
, .		1	rieparer s riame	Check	'	TIN
Pai			S BEATTIE Tax Pra 08-23-2012	self-employe		P00543156
	parer			rm's EIN	57	7-0536028
Us	e Only	Firm's addres		hone no	_	
			GAFFNEY SC 29341-1413		86	54-489-3187
May	the IR	S discuss this	s return with the preparer shown above? (see instructions)			🔀 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2011) BENEVOLENT & PROTECTIVE ORDER OF THE EL	KS 1305	57-0343187 Page 2
	t III Statement of Program Service Accomplishments		
•	Check if Schedule O contains a response to any question in this		
1	Briefly describe the organization's mission		
	TO PROVIDE AN ELKS LODGE THAT WORKS TO RAISE MONE	EY TO PROVIDE SCHOLARSHIPS AN	D CONTRIBUTE TO
	LOCAL BOYS & GIRLS BASEBALL/SOFTBALL/BASKETBALL !	TEAMS, RELAY FOR LIFE, VETERA	NS REMEMBRANCE,
	ALZHEIMERS GOLF TOURNAMENT, ADOPT A SOLDIER, CHR.	ISTMAS BASKETS & TOYS FOR KIL	S, LOCAL PERSONS
2	Did the organization undertake any significant program services during the	e year which were not listed on the	
	prior Form 990 or 990-EZ?		🗌 Yes 🏻 🗓 No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in ho		
	services?		Yes 🗓 No
	If "Yes," describe these changes on Schedule O	_	
4	Describe the organization's program service accomplishments for each of		
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 494		ount of
	grants and allocations to others, the total expenses, and revenue, if any, if	or each program service repoπed	
4-	(Oada) (European & 20 177 molydian ag	ints of \$) (Revenue	\$)
4a	(Code) (Expenses \$ 20,177 including grain NEED, AND MANY OTHER VARIOUS CHARITIESTHE	· · ·	
	AT VARIOUS CHARITABLE EVENTS IN THE COMMUNITY	LODGE MEMBERS ALSO CONTRIBUTE	2 BI VOLONIZERING
	AT VARIOUS CHARITABLE EVENTS IN THE COMMONITY		
		· · · · · · · · · · · · · · · · · · ·	
			-
			
4b	(Code) (Expenses \$ including gra	ants of \$) (Revenue	\$)
			·
4c	(Code) (Expenses \$ including gra	ants of \$) (Revenue	\$)
70	(Code) (Expenses # moduling gro		,
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 20,177		
_		EEA	Form 990 (2011)

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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		X
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,	1		43.00 m
	VII, VIII, IX, or X as applicable		逐素	
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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	11d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	İ		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	Х
i	o If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b	l -	

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 19 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 27 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			
	\$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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	CONTRACTOR	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			24
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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	206		٠,
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	 • • • • • • • • • • • • • • • • • • •		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011) BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response to any question in this Part V	• • •	• • •	<u>. LL</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ľ		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	}		i '
_	reportable gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l		1
	Statements, filed for the calendar year ending with or within the year covered by this return			
b		2b	<u> X</u>	
۸-	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	4.		.,
_	account)?	4a		X
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			[
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-:-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		_^
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible?	6a	i	х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			,
_	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
0	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			
1	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			•
2-	against amounts due or received from them)	120	-	1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
ıs p	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		╁
а	Note. See the instructions for additional information the organization must report on Schedule O	.va		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ļ į		
.,	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Form 990 (2011) BÉNEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305 57-0343187 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 15 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 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 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? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b X 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 X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC
- 18 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 make these available. Check all that apply.

- Own website Another's website X Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ALEX KARAPANDZIC (864) 489-3187 PO BOX 415 Gaffney, SC 29342-0415

Х

	•							
Part VI		Compensation of Officers,	Directors, Tru	ustees, Key	Employees,	Highest Compe	nsated Employe	es, and
•		Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	box, u	and I t n r s u t s	person	ctor/to K e y e	an one both an rustee) H c e i o m g mp h p l e e o s n y t s e t e d	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ALEX KARAPANDZIC			 							<u> </u>
SECRETARY	15.00			x				3,000	0	0
(2) RAND STRATTON										
EXALTED RULER	25.00			X				О	0	0
(3) SUZANNE BONNER		1								
TREASURER	15.00	ļ		Х				3,000	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)				-					-	
(13)						<u> </u>				
(14)	1	 	\vdash	 	 -	ļ	\vdash			

(A) Name and Title	(B) Average			Pos	C) sition		nper	(D) Reportable	(E) Reportable		(F) stimated	
	hours per week (describe hours for related organizations in Schedule O)	box, office I t d n r i d u r i s e v t c i e t d e o	I t n r s u t s i t	o personal direction of the control	son is	H c e I o m g m p h p l e e o s n y t s e a e t e	ForEer	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co 0.	mount of other mpensation from the ganization nd related ganization	n d
(15)		_	n a l		e e	ď						
		_										
(16)						<u> </u>						
(17)												
(18)										-		
(19)												
(20)		-		-								
(21)	-				ļ		-					
(22)					-				_	- 		
(23)		<u> </u>								+		
(24)												
(25)				_			-					
1b Sub-total	on A			• •	• •	• • •	> > >	6,000		0		0
2 Total number of individuals (including but not limited						eived n	nore	than \$100,000 in	<u> </u>	 0		
reportable compensation from the organization											Yes	No
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule 3		•	-		_					3	~-	X
4 For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp \$150,000? If	ensatı "Yes,"	on a	ind o	othe te So	r comp chedul	ens e J f	ation from the or such				
individual	ompensation	from a	ny u	ınrel	ated	l orgar	ıızatı	on or individual		4		X
for services rendered to the organization? If "Yes," or Section B. Independent Contractors	complete Sch	edule .	J for	suc	h pe	erson	•		<u> </u>	5		X
Complete this table for your five highest compensate compensation from the organization. Report compensation.												
year. (A)								(B)	γ		(C)	
Name and business addres	s							Description of s	ervices	Com	ensation	
												
2 Total number of independent contractors (including	but not limite	d to the	ose	liste	d ah	ove) v	vho					
received more than \$100,000 of componentian from					_ 40	, •						

Form 99				IVE ORDER OF	THE ELKS 13	05	57-03431	87 Page 9
Part \	VIII	Statement of Revenu	16		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512, 513, or 514
	1a	Federated campaigns	1a	<u> </u>				
	ь	Membership dues		12,748				
Contn- butions,	c	Fundraising events		7,478				'
Gifts,	d	Related organizations	1d					,
Grants and	e	Government grants (contribut	ions) 1e					!
Other	f	All other contributions, gifts, g	rants,					
Sımılar Amounts		and similar amounts not inclu	ded above 1f	46,381				1
	g	Noncash contributions include	-		_			İ
	h	Total. Add lines 1a-1f		<u></u> ▶	66,607			
				Business Code				
	2a							
Program	b		 					
Service	С							
Revenue	d		 					
	e				<u>. </u>			
		All other program service reve		L				 ,
		Total. Add lines 2a-2f						
	3	Investment income (including			CEE	CEE		
	۱.	and other similar amounts) .			655	655		
		Income from investment of tax-exempt bond proceedsRoyalties						
	9	Royalles	(ı) Real	(II) Personal				
	63	Gross rents	3,725					i
		Less rental expenses	3,723					
		Rental income or (loss)	3,725					
		Net rental income or (loss) .			3,725	3,725		
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
0		Less cost or other basis and sales expenses						
t		Gain or (loss)						
h e		Net gain or (loss)		-				
ř	l	Gross income from fundraising						i
R		events (not including \$	7,478					,
e		of contributions reported on lin						,
v e		See Part IV, line 18						,
n	1	Less direct expenses Net income or (loss) from fund		L			-	
u e	1	Gross income from gaming ac	-					
·	30	See Part IV, line 19		1,917,682				,
	b	Less direct expenses		1,914,202	4			
		Net income or (loss) from gam			3,480			3,480
	l	Gross sales of inventory, less	9 00					, , , , , , , , , , , , , , , , , , , ,
	IVA	returns and allowances	a	102,510				
	Ь	Less cost of goods sold		80,190	4			
		Net income or (loss) from sale			22,320	22,320		
		Miscellaneous Revenue		Business Code				
	11a				1	_		
	ь			_				
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d .						
	12	Total revenue. See instruction	ns	▶	96,787	26,700	C	3,480

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any ques				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21.				<u></u> -
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	496		496	
11	Fees for services (non-employees)				
а	Management	4,077		4,077	
b	Legal				
С	Accounting	2,106		2,106	
d	Lobbying				_
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2,500	350	2,150	
14	Information technology				
15	Royalties				
16	Occupancy	28,329	5,240	23,089	
17	Travel	6,000		6,000	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2-2			
19	Conferences, conventions, and meetings	5,766		5,766	
20	Interest	. 6		6	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,770		9,770	
23	Insurance	6,198		6,198	
24	Other expenses litemize 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	BULLETIN	1,745		1,745	
b	REPAIRS/MAINT	5,980		5,980	
С	DUES-GRAND & STATE	3,008		3,008	
d	GIFTS/DIGNITARY & NEW LODGE	529		529	
е	All other expenses	17,392	14,587	2,805	
25	Total functional expenses. Add lines 1 through 24e .	93,902	20,177	73,725	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

art X	BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 130 Balance Sheet			187 Page
		(A)	ΤŢ	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	10,832	1	16,75
2	Savings and temporary cash investments	84,842	2	90,32
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	· · ·
5	Receivables from current and former officers, directors, trustees, key	-		
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
·	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)	-	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	3,476	8	2,69
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or		 	
	other basis Complete Part VI of Schedule D 10a 375,158			
Ь	Less accumulated depreciation	101,758	10c	91,98
11	Investments - publicly traded securities	101,700	11	32,50
12	Investments - other securities See Part IV, line 11	·	12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	-··	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	200,908	16	201,76
17	Accounts payable and accrued expenses	637	17	39
18	Grants payable		18	<u> </u>
19	Deferred revenue	6,234	19	3,79
20	Tax-exempt bond liabilities	0,234	20	3,73
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	• • • • • • • • • • • • • • • • • • • •		21	
1 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
			1 1	
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	1 604	25	2.05
26	of Schedule D	1,604	25	2,25 6,44
26	Total liabilities. Add lines 17 through 25	8,475	26	0,44
=	-			
27	lines 27 through 29, and lines 33 and 34.	192,433		105 31
11	Unrestricted net assets	132,433	27	195,31
d 28 29	Temporarily restricted net assets		28	
Bj	Permanently restricted net assets		29	
a	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
a	complete lines 30 through 34.		20	
n 30	Capital stock or trust principal, or current funds		30	
. I "'	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	100 100	32	100 00
33	Total net assets or fund balances	192,433	33	195,31
34	Total liabilities and net assets/fund balances	200,908	34	201,76

Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		96,	787
2	Total expenses (must equal Part IX, column (A), line 25)		93,	902
3	Revenue less expenses Subtract line 2 from line 1		2,	885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	;	192,	433
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		·	
	column (B))	:	195,	318
Pai	rt XII Financial Statements and Reporting			
	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 🔲 Cash 💢 Accrual 🔲 Other			
	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		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
-	issued on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	EEA	Form	990 ((2011)

BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305

Form 990 (2011)

57-0343187

Page 12

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

	or one organization.	Chiproya Rasharasan Harasa
BEN	NEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305	57-0343187
Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r 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 🗌 No
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 🗌 No
Pai		rt IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	ally 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	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	<u> </u>
	structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	ganization 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?	
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)(ı) and section 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	atement, 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	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her 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	t and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ince of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an	id 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	▶s
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	▶s
b	Assets included in Form 990, Part X.	▶s

-	Desc	Tibe in Fait XIV the intellued uses of the organiz	ation 3 chaowine it fund	10		
Par	t VI	Land, Buildings, and Equipmen	t. See Form 990, Part	X, line 10		
		Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			8,000		8,000
b	Build	ıngs		216,694	150,454	66,240
		ehold improvements				
d	Equi	oment		150,464	132,716	17,748
е	Othe					
		lines 1a through 1e (Column (d) must equal Fo	orm 990. Part X. column	(B), line 10(c))		91,988

Part VII	Investments - Other Securities. Se	ee Form 990, Part X, line 12		
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			 	
(F)		· · · · · · · · · · · · · · · · · · ·		
(G) (H)				
(I)				
	b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Se	ee Form 990 Part X line 13		
T are vin	(a) Description of investment type	(b) Book value	(c) Method of valuation	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	b) must equal Form 990. Part X. col. (B) line 13.)			
Part IX	b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line	15		
rait ix		escription		(b) Book value
(1)	(a) D			(b) book value
(2)		• • • • • • • • • • • • • • • • • • • •		
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line 1		<u> ▶ </u>	
Part X	Other Liabilities. See Form 990, Part X, III		T	
1.	(a) Description of liability	(b) Book value	-	
	Income taxes LL LIABILITIES	1,207	-	
	LIABILITIES	1,044	1	
	BIABILITIES	1,044	-	
(4)			1	
(6)			1	
(7)			1	
(8)			1	
(9)			1	
(10)	· · · · · · · · · · · · · · · · · · ·		1	
(11)		· <u> · </u>	1	
	(b) must equal Form 990, Part X, col (B) line 25)	2,251		

Sched	ule D (Form 990) 2011 BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305	57-0343187	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
.1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	•
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants	\dashv \vdash	
d	Other (Describe in Part XIV)	┥ !	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	-	
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
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		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
h	Other (Describe in Part XIV)		
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
_	rt XIV Supplemental Information	1 - 1	
L	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	lb	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet		
	part to provide any additional information		
_			
	<u> </u>		
		-	

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

ENEVOLENT & PROTECT						0343187
Fundraising Activities				ered "Yes" to Form	990, Part IV, line 1	7.
Form 990-EZ filers are no 1 Indicate whether the organization ra				ctivities Check all tha	ıt apply	
a Mail solicitations			_	of non-government g		
b Internet and email solicitations		_		of government grant		
c Phone solicitations		g 🗌	Special fun	draising events		
d 🗍 In-person solicitations						
2a Did the organization have a written						
or key employees listed in Form 990	•	-	-	_		Yes No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		s (tunaraiser	s) pursuant	to agreements under	which the fundraiser i	s to be
compensated at least \$5,000 by the	organization					
		(III) Did fund	raiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody or	control of	(rv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
		contribi	utions?		col (i)	organization
		Yes	No			
			-			
						ļ
						
		-				
	<u></u>					
tal						
List all states in which the organization	on is registered o	r licensed to	solicit contr	ibutions or has been	notified it is exempt fro	om
registration or licensing						
· · · · · · · · · · · · · · · · · · ·						····
J						
						

EEA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Add col (a) through col (c)) R (event type) (event type) (total number) е ν e Gross receipts n Less Charitable u contributions 3 Gross income (line 1 minus Cash prizes. D Noncash prizes е C Rent/facility costs..... Ε Food and beverages х р Entertainment, е n s Other direct expenses Net income summary Combine line 3, column (d), and line 10........... Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1,917,682 1,917,682 D rect 2 Cash prizes...... 1,299,960 1,299,960 Noncash prizes Expenses Rent/facility costs 2,250 2,250 611,992 Other direct expenses . 611,992 Yes Yes Yes X No Volunteer labor 1,914,202) 3,480 Enter the state(s) in which the organization operates gaming activities SC, If "No," explain b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2011 BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305 57	-0343	3187	Page 3
11	Does the organization operate gaming activities with nonmembers?		. 🛚 Yes [No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		. ∐ Yes [ˈ ˈ	X No
13	Indicate the percentage of gaming activity operated in	40-		0/
a	The organization's facility		100.00	<u>%</u> 0 %
ь 14	An outside facility	130	100.00	0 %
14	records			
	1000140			
	Name ► ACCTING ASSOC BUS SERVICES INC			
	Address ▶ PO BOX 2267 Gaffney, SC 29342-2267			
162	Does the organization have a contract with a third party from whom the organization receives gaming			
ı Ja	revenue?		☐ Yes [₹ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	• • •		21
	amount of gaming revenue retained by the third party ▶\$			
¢	If "Yes," enter name and address of the third party			
	Name P			
	Addison N			
	Address -			<u>_</u>
16	Gaming manager information			
	Name ► B&E ASSOCIATES INC			
	Gaming manager compensation ► \$			
	December of course arounded A. DINGO PRONOTER			
	Description of services provided BINGO PROMOTER			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			_
	retain the state gaming license?		. 🗌 Yes [X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
٦	spent in the organization's own exempt activities during the tax year \$\bigs\\$\$ Supplemental Information. Complete this part to provide the explanations required by Part	lline	2h	
ii a	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also cor			
	part to provide any additional information (see instructions).			
-				
	<u> </u>			
				

EEA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Inspection

BEN	EVOLENT & PROTECTIVE ORDER OF THE ELKS 1305	57-0343187
01.	Form 990 governing body review (Part VI, line 11)	
THE	990 RETURN WAS REVIEWED BY THE BOARD BEFORE FILING	
02.	Other officer or key employee compensation (Part VI, line 15b	
OFF	ICERS OF THE ORGANIZATION DO NOT RECEIVE A SALARY FROM THE ORGANIZATION.	ALL
нои	RLY/SALARY RATES PAID TO LODGE EMPLOYEES ARE REVIEWED AND APPROVED BY THE	E LODGE
OFF	ICERS	
		
03.	Governing documents, etc, available to public (Part VI, line 19)	
ALL	APPLICABLE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC	WHEN REQUESTED
EIT	HER BY INSPECTION OR BY PROVIDING COPIES UPON REQUEST.	
-		
		· · · · · · · · · · · · · · · · · · ·

990 Overflow Statement 2011 Page 1 Name(s) as shown on return FEIN BENEVOLENT & PROTECTIVE ORDER OF THE ELKS 1305 57-0343187

Des	Description						Amount
SC	BINGO	PAPER	TAX	REFUND	CHECKS		\$ 46,381
		<u> </u>				Total:	\$ 46,381

PART IX - LINE 24F - ALL OTHER EXPENSES

Description		Amount			
ALZHEIMERS GOLF TOURNAMENT		\$	460		
YOUTH EVENTS			406		
SCHOLARSHIPS			2,000		
HOOP SHOOT & YMCA BASKETBALL			365		
LITTLE LEAGUE TEAMS			1,207		
AMERICANISM			103		
M.R CHRISTMAS			1,000		
VETERANS REMEMBRANCE			1,108		
ELKS NATIONAL FOUNDATION			900		
MISC CHARITIES/EVENTS			974		
CHRISTMAS BASKETS			5,446		
BBQ SALE/OTHER EVENTS			618		
	Total:	\$	14,587		

Description		Amount
TAXES & LICENSES		\$ 2,805
To	otal:	\$ 2,805

• (Rev January 2012)

Application for Extension of Time To File an **Exempt Organization Return**

Department of the	-	Eila a comorata on	mlication for each return				
Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						— •	
-	_						▶⊠
	ling for an Additional (Not Autom						
Do not comp	lete Part II unless you have alread	y been granted an autor	matic 3-month extension on a	a previously filed For	m 886	08	
a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically f required to file Form 990-T), or an a ist an extension of time to file any o nsfers Associated With Certain Pei For more details on the electronic f	additional (not automation f the forms listed in Part rsonal Benefit Contracts	 c) 3-month extension of time d or Part II with the exception d, which must be sent to the II 	You can electronica n of Form 8870, Info RS in paper format (s	lly file rmatic see	Form	
Part I	Automatic 3-Month Extens	ion of Time. Only	submit original (no cop	ies needed)	<u> </u>		
	required to file Form 990-T and req						
•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					▶ □
All other corpo	prations (including 1120-C filers), pa	artnerships, REMICs, an	nd trusts must use Form 7004	to request an exten	ision (of time	_
to file income	· · ·	, , , , , , , , , , , , , , , , , , , ,		•			
			Ente	r filer's identifying ı	numb	er. see	instructions
Type or	Name of exempt organization or	other filer, see instruction		Employer identi			
print	BENEVOLENT & PROTECTIV			☑ 57-03431			, ,
File by the	Number, street, and room or suit			Social security	numb	er (SS	N)
due date for	PO BOX 415			l 🗆		\	•
filing your return See	City, town or post office, state, ai	nd ZIP code. For a foreig	on address, see instructions	<u> </u>			
instructions	Gaffney, SC 29342-0415		g.,				
	<u> </u>	<u> </u>		·			
Enter the Reti	urn code for the return that this app	lication is for (file a sepa	arate application for each retu	ırn)			<u>d 1</u>
Application	1	Return	Application				Return
Is For		Code	ls For				Code
Form 990		01	Form 990-T (corporation)	Form 990-T (corporation)			07
Form 990-B	L	02	Form 1041-A				08
Form 990-E	Z	01	Form 4720				09
Form 990-P	F	04	Form 5227				10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			_	11
Form 990-T	(trust other than above)	06	Form 8870				12
Telephone		F.	AX No ▶				
•	nization does not have an office or p					• • • •	▶ ⊔
	r a Group Return, enter the organiz	- '		1156 If this			
	group, check this box		of the group, check this box	▶∐ and att	ach		
	names and EINs of all members th						
	st an automatic 3-month (6 months						
until		he exempt organization	return for the organization na	amed above. The ext	ensio	ก เร	
	organization's return for calendar year 20 or						
▶ 🖫	ax year beginning	04-01 , 20 11	, and ending	03-31 , 2	20_12	2	
2 If the ta	x year entered in line 1 is for less th	nan 12 months, check re	eason 🗌 Initial return 🗌	Final return			
	nge in accounting period						
3a If this a	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	ndable credits. See instructions				3a	\$	
b If this a	pplication is for Form 990-PF, 990-	T, 4720, or 6069, enter a	any refundable credits and				
estimat	ed tax payments made Include an	y prior year overpaymer	nt allowed as a credit		3b 3	\$	
c Balanc	e due. Subtract line 3b from line 3a	Include your payment	with this form, if required, by	using			
EFTPS	(Electronic Federal Tax Payment S	<u>· </u>			3c	\$	
Courteen If you a	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-FO for navment instructions						