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# Form **990**

**Return of Organization Exempt From Income Tax** 

black lung

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Inter	nai Hever	nue Service	- The Organization	on may have to us	e a copy of this r	eturn to saus	ly state rep			Inspec	11011			
<u>A</u> _	For the	e 2011 cale	ndar year, or tax year	beginning	April 1	, 2011, a	nd ending	<u>Mar</u>	ch 31	, 20 12				
В	Check if	f applicable	C Name of organization	B P O E Sebring	#1529				D Employ	er identification n	umber			
	Address	s change	Doing Business As		59-0233010									
	Name cl	hange	Number and street (or	PO box if mail is no	t delivered to street	address)	Room/suit	е	E Telephone number					
	Initial re	· ·	P O Box 333				}			863-385-8647				
$\overline{\sqcap}$	Termina		City or town, state or c	ountry, and ZIP + 4			L				<del></del>			
$\Box$		ed return	Sebring FL 33871-0	• .					<b>G</b> Gross re	acoints \$	632262			
$\exists$				11/12/14										
	Applicat	tion pending	Same as C above	inicipal difficer.	laude Howerton	•				for affiliates?  Yes	_			
			' <u></u>	[7] <b>0</b>			<del></del>	<del>_</del>		ncluded? Yes a list (see instruction				
Ļ_		mpt status	501(c)(3)	✓ 501(c) ( 8	) ◀ (insert no ) 🔲	4947(a)(1) or	<u> </u>	-						
<u>1</u> _	Website		w.elks.org/		) - · · ·				$\overline{}$	n number 🕨	1156			
K			Corporation Trust	Association	Other ►	L Yea	ar of formation	on <b>1926</b>	M State	of legal domicile	<u> </u>			
Р	art I	Summ												
	1	Briefly de	escribe the organizat	ion's mission or	most significa	nt activities:	Sebring	Elks #1529	is a frate	ernal organizati	on which			
Ф	}	operates	under the lodge syst	em for the exclus	sive benefit of its	s members.								
Activities & Governance														
Ë	1			<del>-</del>										
Š	2	Check th	is box ▶□ if the org	anization disco	ntinued its oper	rations or di	sposed o	f more thar	25% of	its net assets.				
Ğ	3		of voting members of		•				3	1	7			
οğ O	4		of independent votir			•					7			
Ę.	5		nber of individuals e	•		• •			5		10			
Ę.	6		nber of volunteers (e		-		· ·		6	<del> </del>	150			
¥	7a		elated business reve							<del> </del>	0			
	1 -								7a	<del> </del>				
	b	Net unre	lated business taxab	ne income from	Form 990-1, III	ie 34	<del></del>	Dulan V	7b	0	0			
ļ							<u> </u>	Prior Ye		Current Y				
ē	8		tions and grants (Pa		14362 116198	ļ	11429							
ē	9	Program service revenue (Part VIII, line 2g)									110472			
Revenue	10	Investme	ent income (Part VIII,		102			71						
, У	11	Other rev	enue (Part VIII, colu	mn (A), lines 5, 6	8d, 8c, 9c, 10c,	and 11e) .	L		136740		129565			
	12	Total rev	enue—add lines 8 thi	ough 11 (must e	qual Part VIII, c	olumn (A), lir	ne 12)		267402		251537			
	13	Grants a	nd similar amounts p	oaid (Part IX, col	umn (A), lines 1	-3)			27778		22488			
	14		paid to or for memb	•			🗀							
cn	15		other compensation,			nn (A). lines	5–10)		80149	<u> </u>	76168			
Expenses	16a		onal fundraising fees		-									
e e	b		draising expenses (F			I KE	CEIV	ED	LIBY. N	5-17-18-1 1-18-1 <sub>3</sub> -2				
찣	17		penses (Part IX, colu			4	-	0	203163		201474			
	18	Total ove	penses (rait iz, coic	17 (must equal	Dort IV colum	181141	. n 2 b	112   8	311090		300132			
	I -	Dougness	penses. Add lines 13	-17 (Illust equal	n Part IX, Column	nata, ine sa	4 0 2 kg							
	19	Hevenue	less expenses. Sub	tract line 18 from	n line 12	000		181	-43688	<del> </del>	-48595			
Net Assets or Fund Balances						UG	DEN [4	eginning of Co		End of Ye				
Sset	20		sets (Part X, line 16)						492208	ļ	425478			
P P	21		oilities (Part X, line 26	•			· ·		76607		<u>58472</u>			
_			ts or fund balances.	Subtract line 21	from line 20	<u> </u>	<u> </u>		415601	<u></u>	367006			
P	art II	Signa	ture Block											
			iry, I declare that I have ex lete Declaration of pyepar							my knowledge and	d belief, it is			
_			MILL RAIL	10					614	16/12				
Sign Signature of officer Date									-/-					
Here Joan Roth reasurer								la	-26-20	12				
•	-	Type	or print name and title	,, ,, ,,,	-,,, -,					00				
_		<del></del>	pe preparer's name	Prena	rer's signature		Dat	ie	$\overline{}$	PTIN				
Pa			h - brokenara manna						Check	If				
	epare				<del></del>				self-em	pioyeu				
Us	se On								n's EIN ▶					
1.			address ►		b 0 '			Pho	ne no					
Ma	y the II	HS discus	s this return with the	preparer show	n above? (see ii	nstructions)		<u> </u>	<u> </u>	🗌 Ye	s 🗌 No			

Part_	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare and
	happiness of its members; to quicken the spirit of American patriotism; to cultivate good fellowship; to perpetuate itself as a fraternal organization, and to provide for its government, the BPOE will serve the people and communities through benevolent
	programs, demonstrating that Elks Care and Elks Share.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Grants for Elks National Foundation, Harry Anna Trust Fund, Florida Elks Youth Camp, and Florida Elks Children's Therapy Services.
	These affiliated 501(c)(3) organizations provide for college scholarships, assistance to hospitalized and disabled veterans,
	in home physical therapy for disabled children, summer camp for at risk youth, and the construction and maintenance of
	National Veterans Memorials.
	***************************************
	***************************************
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	
	Education in responsible conduct for area youth including Hoop-Shoot competition and after school programs. Lodge funds the
	Sebring Elks Scholarship at South Florida Community College. Lodge participates in the Elks National Drug Awareness Program,
	distributing coloring books and other drug awareness materials at the schools and as part of the community's annual Christmas
	Parade. We sponsor a boys youth baseball team, a girls softball team and donate to the high school choir. The Lodge works with
	Big Brothers Big Sisters to send participants from their program to summer camp each year.
	***************************************
4.	(Code) \(\sum_{\text{Code}}\)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
	Service to the community through monetary donations and other support.
	Sebring Elks donates the use of its entire facility to Highlands County Board of Elections as the polling place for Precinct 7.
	Lodge members donate monetarily or give food and more toward baskets for needy families at Christmas and Thanksgiving.
	We are a major contributor to Champions for Children - Safe House, a shelter for victims of domestic violence.
	Elks veteran support program: Members of the Lodge visit eight different nursing homes every month, providing recreational
	and social opportunities, personal supplies, and companionship to veterans in long term care. Sebring Elks is a major sponsor of
	ARC Special Stars, offering sports and recreational activities to children and adults with mental and physical disabilities.
	Lodge donates annually to Hansen Center, a residential program for teenage runaways.
	and an interest of the control of th
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Part	V Checklist of Required Schedules			
	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1 1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
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		✓
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	_ '		
6		5		<del> </del>
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	<u> </u>	<del>ا</del>
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>	<del> </del>	<del>                                     </del>
	complete Schedule D, Part III	8		1
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	*	4	
	VII, VIII, IX, or X as applicable.		111	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	١		1
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	<b>/</b>	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1110		<del>  •</del>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<del>                                  </del>		<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	_	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
_	Schedule D, Parts XI, XII, and XIII	12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>\</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		<u> </u>
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	··-		<del>                                     </del>
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		✓
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	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19	✓_	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>-</b> ✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	I

Form 99			5	age 4
Part	Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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		1
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		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>V</b> ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<i>y</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>✓</b>
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2011)

Part	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	1	3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	- 69
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>.</b>	Statements, filed for the calendar year ending with or within the year covered by this return  2a 10		- 15	الأعضا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	<b>∀</b> 5₹2 14	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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	<del></del>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	3.5		0.74
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	3230	73	
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	<u> </u>	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	}
<b>.</b>	organization solicit any contributions that were not tax deductible?	<u>6a</u>	<b>✓</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL	/	
7	gifts were not tax deductible?	6b	<b>V</b>	<b>老成形</b> 5
7 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		200
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	7	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		├┷─	
	required to file Form 8282?	7c	]	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	14		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>√</b>
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		1114	2,6,5
_	organization, have excess business holdings at any time during the year?	8	2 D. 10 10 10 10 10 10 10 10 10 10 10 10 10	苦傷がら
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	-	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	-
10	Section 501(c)(7) organizations. Enter:	4	State :	13.13.
а	Initiation fees and capital contributions included on Part VIII, line 12	<b>1</b>		
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:	1 🔭		
а	Gross income from members or shareholders			1000
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		48.1	35.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		الندا	Z Z Z
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		gest t
ı.	Note. See the instructions for additional information the organization must report on Schedule O.		Pac.	
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			
С	Enter the amount of reserves on hand	-{ <b>M</b>	Red	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1-15 H	·满种理
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		├ <u>*</u>
	provide an explanation in conduction			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response to any question in this Part VI	ee insti	ructio	ons.
Section	on A. Governing Body and Management			
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.		Yes	No
ь 2	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	<b>/</b>	
3	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? .	3		✓
4 5 6 7a	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?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members,	_	✓ ✓	<b>√</b> <b>√</b>
ь 8	stockholders, or persons other than the governing body?	7b	<b>✓</b>	
a b 9	The governing body?	8a 8b	✓ ✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	4.4	<b>√</b>	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>✓</b>	, , , , , , , , , , , , , , , , , , ,
С	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 14 15	Did the organization have a written whistleblower policy?	13 14	<b>✓</b>	<b>✓</b>
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>/</b>	
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 organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☑ Upon request	501(c	)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f intere	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Low Rink Lodge Secretary, 2618 Kenilworth Blvd, Sebring Et., 33870, (863) 385-8647	of the		

D	7
rage	•

		· ugo •
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	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."

Check this have if a sixteer the experiencian new one valeted experiencian company and the company of the compa

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	d orga	<u>aniz</u>	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
	(C)									
(A)	(B) Position							(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation from	
	week		_		_			from	related	other
	(describe hours for	함	stit	Officer	ey e	遺	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ecta	ξij	4	ğ	yet c	<b>1</b>	(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Ĭ <u>ä</u>		Į.		and related
	in Schedule O)	ste	rus		ď	ben				organizations
	',	Φ	ee		İ	Highest compensated employee				
			$\vdash$		-		-			
(1) Dianna Kuen						•				
1 Year Trustee		✓		✓				0	0	0
(2) Gerald Hibbs	]					<b>.</b>				
2 Year Trustee		✓		✓			L	0	0	0
(3) Heide Stover										
3 Year Trustee		<b>\</b>		✓				0	0	0
(4) Richard Holmes										
Exalted Ruler		<b>\</b>		✓	<u></u>	<u> </u>		0	0	0
(5) John Holmes										
Esteemed Leading Knight		<b>✓</b>	_	✓				0	0	0
(6) Diana Holmes										
Esteemed Loyal Knight		<b>✓</b>	_	✓				0	0	0
(7) Ralph Young	1				1				1	
Esteemed Lecturing Knight	<u> </u>	<u> </u>		✓	_		_	0	0	0
(8) Donna Barnhart				١.						
Lodge Secretary			<b>.</b>	1		<u> </u>	_	2821	0	0
(9) Joan Roth	-									
Lodge Treasurer	<del> </del>			<b>✓</b>			<u> </u>	3988	0	0
(10)	ł									
(44)	<del></del> -			⊢						
(11)	1	}				1			1	
(12)	<del>                                     </del>						-			
	1									
(13)							Γ			
		<u> </u>		_	_	<u></u>	L	<u> </u>		
(14)	]					]				
	}	I	l	l	1	1	l			

Part	VI Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ontinued)	
	(A) Name and title	(B) Average hours per week	age box, unless person is bo officer and a director/tru			is both or/trust	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation f		(F) Estimated amount of other	
		(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)	organization: (W-2/1099-MIS	SC)	compensation from the organization and related organizations
(15)												
(16)				-								
(17)				-								
(18)									<u> </u>			
(19)											-	
						-		-			+	
(21)												
(22)						-						
(23)			_	-				_			_	
(24)								-				
			<u> </u>			<u> </u>					+	
1b c	Sub-total	VII, Section				<u> </u>		<b>&gt;</b>	6809		0	0
d	Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organical compensation).	not limited	d to th					<u>►</u> e) w	ho received m		0 0,000 of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc	tor, c					emp	oloyee, or high	nest compen	sated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	vidual	5 /
Section	on B. Independent Contractors											<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	services	Con	(C) npensation
								<del>                                     </del>				
2	Total number of independent contractor							o th	nose listed ab	ove) who	X	

Form 990 (2011) Page <b>9</b>										
Part	VIII	Statement of Revenue	702	2009000 > > >						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Grants	1a	Federated campaigns	1a							
3ra	b	Membership dues	1b	5506						
S, C	С	Fundraising events	1c	4923	Mary 2003					
Gifts, ilar Ar	d	Related organizations	1d	1000						
٦S, imi	е	Government grants (contributions)	1e							
er S	f	All other contributions, gifts, grants,	1	Ì						
혈		and similar amounts not included above		L. <u></u>						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a			and the second s					
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>		11429		2 Section 1			
nue				Business Code	**************************************		ف د د د کارانستان و تحدید استان استان د			
eke	2a	Membership Dues and Fees			54166	54166				
ē E	b	Lodge Member Activities			22327	22327				
ĬŽ.	C	FI Elks Golf Tournament			33979	33979				
န္တ	d									
ran	e	All sales and sales and sales are sales and sales are sales and sales are sa								
Program Service Revenue	, T	All other program service revenu		L	110472					
	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f Investment income (including			110472	<b>*</b> , <b>*</b> ,** ***		. <u>' `,; '\$`                                   </u>		
		and other similar amounts) .			71			71		
	4	Income from investment of tax-exer						<del> </del>		
	5	Royalties								
		(i) Real	<u>· · · · </u>	(ii) Personal	11 134 134	14. 18.	·\$1 194 · · · · · · · · · · · · · · · · · · ·			
	6a	Gross rents		<del> </del>						
	ь	Less: rental expenses								
	С	Rental income or (loss)								
	d	d Net rental income or (loss)		▶	3446	3446		Dille o . Marie Marie		
	7a			(II) Other						
		assets other than inventory								
	b	Less: cost or other basis								
		and sales expenses .								
	С	Gain or (loss)		<u> </u>						
	d	Net gain or (loss)		<u> ▶</u>						
Other Revenue	8a	Gross income from fundraising events (not including \$ 492	23							
ier Re	}	of contributions reported on line 1. See Part IV, line 18	-	16458						
₹	b	Less: direct expenses								
	C	Net income or (loss) from fundra		events . ►	7058			7058		
	9a	Gross income from gaming activity		1			-30			
	<u> </u>	See Part IV, line 19	_	327585						
	b	Less: direct expenses					Lini.			
	C	Net income or (loss) from gamin	-	ivities ▶	42761	. *	**** * * * * * * * * * * * * * * * * *	42761		
	10a	Gross sales of inventory, returns and allowances		400004						
			· a	<u> </u>						
	b	Less: cost of goods sold	. b		المناه الشاهات					
	<del></del> -	Net income or (loss) from sales	oi inv		76300	76300	**************************************	20 . s. s		
	44-	wiscellaneous nevenue		Business Code			on marketing and the			
	11a			<del></del>	<del> </del>			<del> </del>		
	b			<del></del>	<del> </del>		<del></del>			
	4	All other revenue		<del></del>	<del> </del>		-	ļ		
	d	Total. Add lines 11a–11d	•		0	***				
	12	Total revenue. See instructions			251537	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		49890		

### 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 respon	se to any question	in this Part IX	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	22489			
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	5575			Salari Maria
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 8	Other salaries and wages	61392			
9	Other employee benefits	2363			
10	Payroll taxes	6838			
		0030			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	250			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		20 P 00 PM 00 PO 000		
g	Other				
_		150	····		
12	Advertising and promotion	158			<del></del>
13	Office expenses	7086			<u> </u>
14	Information technology			<del></del>	
15	Royalties				
16	Occupancy	57510			
17	Travel	4798			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3827			
20	Interest				
21	Payments to affiliates	11619			
22	Depreciation, depletion, and amortization .	28908			
23	Insurance	916			
24	Other expenses. Itemize expenses not covered		1931 T. M. C. P. R. S.		ANGER LES PRINTES
	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.)				
_	Lodge Member Activities	46389	1. Ja 20 77 18 1 18 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- <u></u>	
a					
D	FI Elks Golf Tournament	22598			<del></del>
C	Operating Supplies	9751	<u> </u>	<u> </u>	<del></del>
d	Lodge Bulletin	5074			
е	All other expenses	2591		<u> </u>	
25	Total functional expenses. Add lines 1 through 24e	300132			
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		<del></del>		
_	following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . . . . Savings and temporary cash investments . . . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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) . . . . . Assets Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c Investments—publicly traded securities . . . . . . . . . . . . . . . Investments—other securities. See Part IV, line 11 . . . . . . . . Investments—program-related. See Part IV, line 11 . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ ☑ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . . . . . . 

Part	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)	251537
2	Total expenses (must equal Part IX, column (A), line 25)	300132
3	Revenue less expenses. Subtract line 2 from line 1	48595
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	415601
5	Other changes in net assets or fund balances (explain in Schedule O)	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	
	column (B))	367006
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>
		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.	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ✓
b	Were the organization's financial statements audited by an independent accountant?	2b ✓
C	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	
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 <b>√</b>
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
		Form <b>990</b> (2011)

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Employer identification number BPOE Sebring #1529 59-0233010 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 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 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space 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. Total number of conservation easements . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: \$ 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: 

**b** Assets included in Form 990, Part X . . . . .

Part	Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures	, or Ot	her Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her reco	rds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition			ď	☐ Loan	or exchang	ge prog	rams	
þ	☐ Scholarly research			е	□ Other	•			
С	☐ Preservation for future generations	3							
4	Provide a description of the organization XIV.	tion's	collections a	and expla	ain how t	hey further	the org	ganization's exc	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solici than	t or receive to be mainta	donation	s of art, part of the	historical tı ə organizati	reasure ion's co	s, or other sim	ilar . □ Yes □ No
Part	IV Escrow and Custodial Arra								
	line 9, or reported an amour						u		
	Is the organization an agent, trustee					or contribut	tions or	other assets	not
	included on Form 990, Part X?								· 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XI\	and compl	ete the fo	ollowina ta	able:			
	, ,							Ţ	Amount
С	Beginning balance						10	;	<del> </del>
ď	Additions during the year						10	<del></del>	
e	Distributions during the year						16	<del></del>	
f	Ending balance						11		
2a	Did the organization include an amount								. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P			ωι τ λι, πιτο	, 21		• •		
	V Endowment Funds. Compl			ration ar	swered	"Yes" to I	Form 9	90 Part IV lie	ne 10.
			Current year		or year			(d) Three years ba	
1a	Beginning of year balance	<u> </u>	•			<del>  ``                                  </del>		· · · · · · · · · · · · · · · · · · ·	() 为第五人
b	Contributions	<u> </u>							132233
c	Net investment earnings, gains, and	<del> </del>							** * * *
	losses	)				1			
d	Grants or scholarships	<del></del>				<del> </del>		<u> </u>	
e	Other expenditures for facilities and	<u> </u>		<del></del>				<u> </u>	
·	programs								<b>***</b> ****
e	•	<del></del>	<del></del>						
f	Administrative expenses End of year balance	<u> </u>				<del> </del>			
g	Provide the estimated percentage of the	L	rront voor or	l	a (lina da	000000000000000000000000000000000000000	\\ <b>b</b> ald		The State of the Table
2	Board designated or quasi-endowme	ne cu	irrent year er	o/	e (iirie 19	j, column (a	i)) neid	as:	
a	Permanent and aument	0/		70					
b	Permanent endowment ►  Temporarily restricted endowment ►								
С			%	200/					
20	The percentages in lines 2a, 2b, and 2				action the	nt ava bald		locioustanad far	46.0
3a	Are there endowment funds not in the organization by:	e pos	session or tr	ie organi	zation th	at are neio	and ad	iministered for	
	- <b>3</b>								Yes No
	(i) unrelated organizations (ii) related organizations								. 3a(i)
h	If "Yes" to 3a(ii), are the related organ								. 3a(ii)
b 4	Describe in Part XIV the intended use			•					. 3b
Part		men					<del></del>	<del></del>	
	Description of property		(a) Cost or of		1	or other basis other)	d	Accumulated epreciation	(d) Book value
1a	Land					95037	1.893		95037
b	Buildings	.				544098		328707	215391
C	Leasehold improvements				L				
d	Equipment	.				200354		176708	23646
е	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	90, Part	X, columr	n (B), line 10	0(c).)	•	334074

	0 5 000 5	· · · · · · · · · · · · · · · · · · ·	T ago C
Part VII Investments—Other Securities		<del>-,</del>	-1
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of vo	
(1) Financial derivatives		<del>-  </del>	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (i)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related	J. See Form 990. Part	9 113 21302 100 2	,*# ******
(a) Description of investment type	(b) Book value	(c) Method of v	aluation
(4)	(2, 233, 133,	Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<del> </del>		10 18 Jan 18 18
Part IX Other Assets. See Form 990, Pa	art X. line 15.		<u> </u>
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	<del></del>		ļ
(6)			ļ
(7)			<del> </del>
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)		<del> </del>
Part X Other Liabilities. See Form 990,		<u></u>	<del></del> .
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	<del></del>		
2. EIN 48 (ASC 740) Eastnata In Dort XIV provide	the toyt of the feets	A. Alexander de la constant de la co	3,5° 366 366 2" 3 3 3 4 3 4 3

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part	Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements					
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			
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents 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:		*			
а	Net unrealized gains on investments	2a	(A)			
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
ď	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
b	Other (Describe in Part XIV.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>					
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5			
Part	XIII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	oer Return			
1	Total expenses and losses per audited financial statements		1 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					
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>\</b>				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a				
b	Other (Describe in Part XIV.)	4b				
_	Add lines <b>4a</b> and <b>4b</b>		4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<u>e 18.) </u>	5			
Part						
	ete this part to provide the descriptions required for Part II, lines 3, 5, and					
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also cor	mplete this part to provide			
arry ac	ditional information.					

Schedule D (Fo		Page <b>5</b>
Part XIV	Supplemental Information (continued)	

#### **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

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** BPOE Sebring #1529 59-0233010 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 

Special fundraising events d ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) from activity or entity (fundraiser) col (i) Yes No 1 2 3 6 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

10a b	Were any of	aloine	gaming licenses revoked	•	•	
9 a b	Is the organ	ization licensed to o lain: No state licens	rganization operates gar perate gaming activities se required in Florida.	in each of these states	?	
	8 Net gam	ning income summar	y. Combine line 1, colur	nn d, and line 7	<b>&gt;</b>	42761
7 Direct expense summary. Add lines 2 through 5 in column (d)						
	6 Voluntee	er labor	No	□ No	□ No	
	5 Other di	rect expenses .	7088 7088 7088	1812  V Yes 100 %	☐ Yes %	8900
Direct Expenses	4 Rent/fac	cility costs				
Expen	3 Noncasi	n prizes				
ses	2 Cash pri	izes	254060	21864		275924
Rev	1 Gross re	evenue	297055	30530		327585
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Part		<b>ng.</b> Complete if the 615,000 on Form 9	e organization answer 90-EZ, line 6a.	red "Yes" to Form 99	0, Part IV, line 19, or	reported more
11	1 Net inco	me summary. Comb	dd lines 4 through 9 in conne line 3, column (d), a	<u>nd line 10 </u>		( 9400 ) 7058
!	9 Other di	rect expenses .				
Direct	8 Entertair	nment				
Direct Expenses	7 Food an	d beverages		6667	2733	9400
ses	6 Rent/fac	cility costs				-
	5 Noncasł					
		zes				
;	3 Gross in	come (line 1 minus	4923	11112	5346	16458
Rev	2 Less: Ch	naritable	4923			4923
Revenue	1 Gross re	eceipts	4923	11112	5346	21381
			Canisters @ Bingo (event type)	Lunch Club Wed (event type)	(total number)	(add col (a) through col (c))
						(d) Total events

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

cneaui	ile G (Form 990 or 990-EZ) 2011	P	age 3
11	Does the organization operate gaming activities with nonmembers?	es 🗹	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?	es √	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	100	<b>o</b> %
b	An outside facility	(	o %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-
	Name ► Joan Roth Treasurer		· <b></b>
	Address ► P O Box 333 Sebring FL 33871		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	es ☑	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		· <b></b>
	Address ►	·	
16	Gaming manager information:		
	Name ► Heide Stover Trustee		
	Gaming manager compensation ▶ \$0		
	Description of services provided ► Coordinator		
	☑ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	′es ☑	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2 columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complet part to provide any additional information (see instructions).	b, e this	
			· <b>-</b>
<b>-</b> -			

#### 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 Name of the organization

BPOE Sebring # 2661

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.

Employer identification number 59-0233010

Page 2 Form 990 Part III line 4d Other Program Services
Promoted the welfare and enhanced the happiness of our members, and encouraged good fellowship through Lodge activities,
recognizing a belief in God and the American Spirit. Membership benefits were provided to 638 members during the year.
Page 6 Form 990 Part VI line 11 Review of form 990
The completed 990 is first reviewed by the Auditing and Accounting Committee, who presents it at the next Board of Directors meeting.
If approved, it is recommended to the general membership for review and approval at a regular Lodge meeting.
Page 6 Form 990 Part VI line 12 Conflicts of Interest
Conflicts of interest are defined in the Constitution and Bylaws. Members are required to discuss any conflicts of interest that they might
be aware of at any regular meeting.
Page 6 Form 990 Part VI line 15 Process for Determining compensation of Officers
All compensation of Officers must be voted upon by the lodge members and approved by the national Committee on Judiciary.
Page 6 Form 990 Part VI line 19 Documents available to the public.
Governing documents, conflict of interest policy, and financial statements are maintained by the Lodge Secretary, and will be made
available to the public upon request.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization BPOESebring # 2661	Employer identification number 59-0233010
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