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Internal Revenue Service

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

OMB No 1545-0047

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

Open to Rublic

<u>A</u>	or the	2011 calendar year, or tax year beginning AP	R I, ZUII and	ending 1	<u>1AR 31, 2012</u>					
В	heck if pplicable	C Name of organization BENELVOLENT & PROTECTIV	E ORDER OF ELK	s	D Employer identifi	cation number				
	Address Jchange	NO.2321								
	Name _change	Doing Business As			72-0	637742				
	Initial return Termin- ated	Number and street (or P.O. box if mail is not delive 34212 ELKS ROAD	ered to street address)	Room/suite	E Telephone number 985-641-1266					
一	Amende Treturn				G Gross receipts \$	212,504.				
$\overline{}$	Applica				H(a) Is this a group re					
	pending		E LANDRY		for affiliates?	Yes X No				
	SAME AS C ABOVE H(b) Are all affiliates included? Yes No									
<u>.</u>	Tax-exe		(insert no.) 4947(a)(1)	or 527	<b>⊣</b> ''	list. (see instructions)				
		e: ► N/A	<u> </u>			on number ▶ 1156				
			ociation Other	L Year		M State of legal domicile: LA				
		Summary				<u></u>				
1		Briefly describe the organization's mission or most s	significant activities: THE	ELK'S	LODGE IS A	NON-PROFIT				
Governance	Į Į	FRATERNAL ORGANIZATION WHO	SE PRINCIPAL P	URPOSI	ES ARE TO PR	OMOTE				
ern		Check this box 🕨 📖 if the organization discont	·	sed of mor		-				
ွှ်		Number of voting members of the governing body (I	•		3	9				
ಷ	1	Number of independent voting members of the government	• • • • •		4					
Activities &		Total number of individuals employed in calendar ye	ear 2011 (Part V, line 2a)		5	2 0				
₹		Total number of volunteers (estimate if necessary)			6					
Aci	1	Fotal unrelated business revenue from Part VIII, coli	• •		<u>7a</u>	0.				
_	1 d	Net unrelated business taxable income from Form		<del>-</del>	7b	0.				
			RECEIVED		Prior Year	Current Year				
ē		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		잃	22,749.	24,413.				
Revenue		Program service revenue (Part VIII, line 2g)	JUN 2 0 2012	Ŷŀ ⊢	0.	0.				
₽,		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)	88-0	106 303	1,634.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	and the fact of the same of th	<b>~</b>   ⊢	106,382.					
_		Total revenue - add lines 8 through 11 (must equal f			129,131.	61,468.				
		Grants and similar amounts paid (Part IX, column (A		<u> </u>	0.	0.				
	1	Benefits paid to or for members (Part IX, column (A)		-	5,139.	5,643.				
Expenses	15 3	Salaries, other compensation, employee benefits (P		-	5,139.	3,043.				
ë	16a I	Professional fundraising fees (Part IX, column (A), lir	•	0.						
X	b	Total fundraising expenses (Part IX, column (D), line		<u> </u>	86,274.	54,142.				
	17 (	Other expenses (Part IX, column (A), lines 11a-11d,		<u> </u>	91,413.	59,785.				
		Total expenses. Add lines 13-17 (must equal Part IX		_	37,718.	<del></del>				
		Revenue less expenses. Subtract line 18 from line	12	<del></del>		<del></del>				
ts o				<u> </u>	eginning of Current Year 521,039.	End of Year 514,486.				
Net Assets or	20	Total assets (Part X, line 16)			1,180.	<u> </u>				
et	21	Total liabilities (Part X, line 26)	L	-	519,859	<u> </u>				
		Net assets or fund balances. Subtract line 21 from Signature Block	iine 20	1_		1 413,411.				
		Ities of perjury, I declare that I have examined this return, i	poludina eccompaniuna echadul	on and states	manta and to the best of a	ay knowledge and heliof it is				
		t, and complete. Declaration of preparer <u>(other</u> than officei				ny knowieuge and belief, it is				
uu	e, correc	t, and complete. Declaration of preparer (other man officer	) is based on an information of v	vilicii prepari	er has any knowledge.					
		Signature of officer			Date	-2012				
Sig		WAYNE LANDRY, EXALTED I	סים. זוזי		54.0					
He	re	Type or print name and title	KODEK		<del></del>					
_		<u> </u>	Property's supporture		Date Check	PTIN				
TAMES I TAMES I TOUTHE TOUTHE TOUTHE										
			JAMES L. WHITE	λ ' Ċ	self-emplo	pyed P00028819 72-0916213				
	eparer e Only			A. D	Firm's EIN	17-0310713				
US	CUIII	Firm's address 4141 VETERANS BLY METAIRIE, LA 700			Phono no	(504)885-0170				
	4E = 1*				Phone no.	11				
<u> </u>		RS discuss this return with the preparer shown abo		<u> </u>						
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notic	e, see the separate instruct	tions.		Form <b>990</b> (2011)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

om		72-0637742	Page 2
Par	rt: III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1 ,	Briefly describe the organization's mission:		
•	THE ELK'S LODGE IS A NON-PROFIT FRATERNAL ORGANIZATION WI	OSE PRINCE	PAT.
	PURPOSES ARE TO PROMOTE PATRIOTISM AND ENGAGE IN CHARITAE		
	THE COMMUNITY.	JEE WORKS I	
	THE COMMONITI:		
_			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990·EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□Yes	X No
-	If "Yes," describe these changes on Schedule O.		
4		saggirad by expanse	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and section 4947(a)(1) trusts are required to report the amount of grants and section 4947(a)(1) trusts are required to report the amount of grants are required to report the grants are re	ants and allocations t	Ю
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 46,813. including grants of \$) (Revenue \$		)
	TO PROMOTE PATRIOTISM AND ENGAGE IN CHARITABLE WORKS IN	THE COMMUNI	TY.
		<u> </u>	<del></del>
	(Code) (Expenses \$		
40	(Code) (Expenses \$) (Revenue) (Revenue)	·——	<i>'</i>
	<u> </u>		
4c	(Code) (Expenses \$) (Revenue	s	)
		<del></del>	
	1. Other program convece (Decembe in Cabediale O.)		
4d			
	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
<u>4e</u>	e Total program service expenses ► 46,813.		

132002 02-09-12

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# Form 990 (2011) NO 2321 Part IV Checklist of Required Schedules

- 00	_ ' / `	_		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		x
2	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
2	· · · · · · · · · · · · · · · · · · ·			<del></del>
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			<del></del> -
4	during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			-
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<del></del>
•	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,		$\vdash$	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	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		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, VII, VIII, IX, or X			3.4
	as applicable.	£,3 34	- 1765	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	X	
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	ļ
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		]	]
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	Ь
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<del>  ,,</del>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<del> </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b> </b> ₩
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	x
	Schedule D, Parts XI, XII, and XIII	12a	<del></del>	<del>  ^</del>
D	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	125	ł	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	╁	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
	Did the organization maintain arronnee, employees, or agents outside or the ornited States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		<del>                                     </del>	+==
	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	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			† <u></u> -
	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 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
t	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Note. All Form 990 filers are required to complete Schedule O

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Pa	rt: IV; Checklist of Required Schedules (continued)			<u> </u>
تــنا			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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	]	]	
	Schedule J	23		Х
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		ļ	Į
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<b> </b>
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	Ì	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	l	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		*:	,* <sup>2</sup>
	instructions for applicable filing thresholds, conditions, and exceptions):	-	3 . * '	7 Jan 2
á	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
(	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	_34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
١	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	X
36	, , , , , , , , , , , , , , , , , , , ,	1		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37		1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<b> </b>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	1	1

Form **990** (2011)

Form	990 (2011) NO. 2321 72-0637	742	Pa	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
		T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3 3 F	46	. X
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	Ş#!	i Ki	100
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	يُدني		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	14	*	
	filed for the calendar year ending with or within the year covered by this return	abu.	10	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	mestidiet.	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	200	f-1984	77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~~	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	Q.,	5 x 4g	", <sub>A</sub>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			$\overline{}$
	any contributions that were not tax deductible?	6a		Х
ь	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).	<u> </u>	385	4
а	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		x
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		34	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b> </b>	J Dam.
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	37	<u>*</u>	.82.5
	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.	1		- 1
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	200	ź	85.
а	Initiation fees and capital contributions included on Part VIII, line 12		, .	2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	] //`	1	ľž
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		2000	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		.085	[ `` ]
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\$ 20°		1/1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ye -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	Π
	Note. See the instructions for additional information the organization must report on Schedule O.			4
b	Enter the amount of reserves the organization is required to maintain by the states in which the		<b>.</b>	
	organization is licensed to issue qualified health plans			
С		<b>1</b> -‴_2		(10 <sup>(3)</sup>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	$T^{T}$
		_	990	(2011)

NO.2321

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Form 990 (2011) NO . 2321

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion A. Governing Body and Management		-								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 9	ş	*								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent  1b	1	ì								
2											
_	officer, director, trustee, or key employee?	2		X							
3											
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
6	Did the organization have members or stockholders?	5 6		X							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>├</b>		<del></del>							
	more members of the governing body?	7a		х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- <u>"</u> -									
•	persons other than the governing body?	76		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<del></del> -									
_	The governing body?	8a	X								
	Each committee with authority to act on behalf of the governing body?	8b	X	<del>                                     </del>							
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00									
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<del> </del>							
	tion 5.1 onotes (mis decitor a requests mornation about policies not required by the member revenue dedet)		Yes	No							
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
		100	-								
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
112	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?										
	<ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	$\vdash$	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		-							
·	in Schedule O how this was done	12c		1							
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14	<del>                                      </del>	$\overline{\mathbf{x}}$							
15	Did the process for determining compensation of the following persons include a review and approval by independent	<del>  ''</del>	13	<del> </del> -							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a	ļ <del>-</del>	X							
	Other officers or key employees of the organization	15b	-	X							
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	<del> </del>	<del> </del>							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	1								
···a	taxable entity during the year?	160		X							
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	-	1							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ľ	ł								
	exempt status with respect to such arrangements?	16h									
Sac	exempt status with respect to such arrangements?	16b		<u> </u>							
			-								
17	List the states with which a copy of this Form 990 is required to be filed LA	over!-!									
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)	avalial	η <del>ς</del>								
	for public inspection. Indicate how you made these available Check all that apply.  Own website X Another's website X Upon request										
40	·	1 f									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	ia tina	ncial								
00	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MELINDA BESSE - 985-641-1266	ition: J	_								
	24212 PIVE BOXD CITDELL IX 70450										

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Form 990 (2011)

72-0637742

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## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 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. V ale

Check this box if neither the organization		orga	ınıza			nper	nsat	1		
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			ıs bot x/trus	h an tee)	compensation	compensation	amount of	
	week	-						from the	from related organizations	other compensation
	hours for	direct			ŀ	-	ļ	organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	trust	al tru		a Ac	aduc		<b>_</b>		and related
	ın Schedule	vidua	Institutional trustee	   <u> </u>	Key employee	Highest compensated employee	<u> </u>			organizations
	(describe hours for related organizations in Schedule O)	ğ	ist	Officer	Key	돌	Former			
(1) HERB HOSTLER								_		_
TRUSTEE	0.00	<u></u>	<u>L</u>		<u> </u>			0.	0.	0.
(2) WILLIAM GRAFF								_	_	_
TRUSTEE	0.00	<u> </u>	L.		L	L		0.	0.	0.
(3) GREGORY HARAHAN		l	Ì	1		Ì	]	_		
TRUSTEE	0.00	L	$oxed{oxed}$			$oxed{oxed}$		0.	0.	0.
(4) CHARLESRAY NEIGHT		l								
TRUSTEE	0.00		L	L				0.	0.	0.
(5) WARREN HOFFMAN										
BOARD OF DIRECTORS	0.00		L			<u> </u>	<u></u>	0.	0.	0.
(6) PAUL NEWFIELD										
TRUSTEE	0.00		L					0.	0.	0.
(7) WAYNE LANDRY	Ì			1		İ	1			
BOARD OF DIRECTORS	0.00	L						0.	0.	0.
(8) RANDY BERGERON										
BOARD OF DIRECTORS	0.00		L	_				]0.	0.	0.
(9) DANNY DILIBERTO	İ									
BOARD OF DIRECTORS	0.00		L	_	<u> </u>	L	<u> </u>	0.	0.	0.
			L	L		<u> </u>				
		1		1	l		1			
							L		<u> </u>	]
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Page 8

Par	Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd F	<u>lig</u> h	est ·	Compensated Employ	ees (continued)	
`	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(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)	organizations (W-2/1099-MISC	compensation
			<u> </u>	_							
		<u></u>	-		_	L	-				<del> </del>
			-			_	-				
			-		-		$\vdash$				<del></del>
							T				
С	Sub-total  Total from continuation sheets to Part V  Total (add lines 1b and 1c)	II, Section A					<b>&gt; &gt; &gt;</b>		0.		0. 0 0. 0
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	no r		0,000 of reportable	)
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for			e, ke	әу еі	mple	oyee	, or	highest compensated e	employee on	Yes No
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 60,000? If "Yes	le c , " cc	mpl	ete .	Sch	edul	e J i	for such individual	· ·	4 X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," continue B. Indone doubt Contractors							relat	ted organization or indiv	vidual for services	5 X
1	ction B. Independent Contractors  Complete this table for your five highest of the organization. Report compensation for	•									pensation from
	(A) Name and busines:			ON					(B) Description of		(C) Compensation
			_		_						
			_		_						
2	Total number of independent contractors \$100,000 of compensation from the organ	-	not I	ımıte	ed to	o the	ose I	ste	d above) who received	more than	
	T. Co, COS OF COMPONIDATION THOM THE OTGAT		_	_	_	_	_				Form <b>990</b> (201:

Form	990	(20						72-06377	42 Page 9
Pai	rt VI	Ú	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above the contributions included in lines Total. Add lines 1a-1f	s, and re <b>1f</b>	328.	24,413.	5		,
Program Service Revenue		b c d e f	All other program service reve <b>Total.</b> Add lines 2a-2f		Business Code				
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	c-exempt bond p	•	1,634.	1,634.		
		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	14,187. 1,953. 12,234.	<b>•</b>	12,234.	12,234.		¥ %,
	7	a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(II) Other	\$4 · · ·	**	, , , , , , , , , , , , , , , , , , , ,	
Other Revenue	8	а	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c). See	9,339. 5,733.	by, "	4	94	4
ð	1		Less: direct expenses  Net income or (loss) from fund	<b>b</b> draising events	<u>3,133.</u> ▶	3,606.	* **.		3,606.
	1	a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See a b	103,373. 108,083.	-4,710.	2	*	₹ A36
	10	a b	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b	51,382. 35,267.				
	_	c	Net income or (loss) from sale Miscellaneous Revenu		Business Code	16,115	16,115.	** 3	
	11	a b	MISCELLANEOUS  MISCELLANEOUS		900099	8,176.	8,176.	And the contract of the contra	
		G	All other revenue	<del></del>	<del></del>	<del> </del>	<u></u>		
		d e	Total. Add lines 11a-11d		<b></b>	8,176.			
	12		Total revenue. See instructions.		<u> </u>	61,468.	33,449.	0.	3,606.

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## Form 990 (2011) 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).

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	- Total expenses	expenses	general expenses	expenses
	Grants and other assistance to governments and				\$ - *
	organizations in the United States. See Part IV, line 21			** ** *	· , , , , , , , , , , , , , , , , , , ,
	Grants and other assistance to individuals in				`
	the United States See Part IV, line 22			10 42 52 52 52 52 52 52 52 52 52 52 52 52 52	in S
3	Grants and other assistance to governments,				e de la companya de l
	organizations, and individuals outside the	Ì			
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				***
5	Compensation of current officers, directors,				
_	trustees, and key employees	<del></del>			·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,565.	5,565.		<del></del>
7	Other salanes and wages	3,303.	5,505.	<del></del>	
8	Pension plan accruals and contributions (include	1			
_	section 401(k) and section 403(b) employer contributions)		<del></del>		<del> </del>
9	Other employee benefits	78.	78.		<del> </del>
10	Payroll taxes	/ 0 •	70.		<del></del>
11	Fees for services (non-employees):				Į
	Management			<u> </u>	
b	Legal	4,959.		4,959.	
С	Accounting	4,333.		4,333.	
d	Lobbying Professional fundrations convers See Part IV June 17			<b>4</b>	
e	Professional fundraising services. See Part IV, line 17			**	
f	Investment management fees	532.		532.	
. g	Other	101.	101.	332.	
12	Advertising and promotion	3,543.		3,543.	
13	Office expenses	3,313.	<del></del>	3,313.	<u> </u>
14 15	Information technology Royalties		<del></del>		
15 16	· ·	1,082.	1,082.		<del> </del>
16 17	Occupancy Travel	1,0021		<del></del>	<del> </del>
17 18	Payments of travel or entertainment expenses			<del></del>	
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	1,924.	1,924.	<del></del>	<del> </del>
19 20	Interest			<del>                                     </del>	<del> </del>
20 21	Payments to affiliates			<del>                                     </del>	<del>                                     </del>
21 22	Depreciation, depletion, and amortization	7,704.	7,704.		†
23	Insurance	6,333.	6,333.		
23 24	Other expenses. Itemize expenses not covered	**			
	above. (List miscellaneous expenses in line 24e. If line	* 7,		,	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	Š ^	•	1 ,	<
а	MISCELLANEOUS	6,648.	6,648.	<u> </u>	<del>                                     </del>
b	OTHER TAXES	5,784.	5,784.		
C	REPAIRS AND MAINTANENCE	3,441.		3,441.	<del>,   </del>
d	PER CAPITA-GRAND LODGE	3,346.	3,346.	†	<del>                                     </del>
	All other expenses SEE SCH O	8,745.	8,248.	497.	,————
е 25	Total functional expenses. Add lines 1 through 24e	59,785.	46,813.	12,972	.1
<del>25</del> 26	Joint costs. Complete this line only if the organization				<del> </del>
20					
	renorted in collimit (B.) folds from a collinoiser -				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2011)
Part X | Balance Sheet

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Par	t X	<sub>,</sub> Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		59,422.	1	79,337.
- 1	2	Savings and temporary cash investments		64,381.	2	44,692.
	3	Pledges and grants receivable, net	<del></del>	3		
	4	Accounts receivable, net	<del></del>	4		
	5	Receivables from current and former officers, dir				
l		employees, and highest compensated employee				
ı		of Schedule L		5		
	6	Receivables from other disqualified persons (as		**		
- 1		4958(f)(1)), persons described in section 4958(c)		, Ø	ASS 2	
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru-		6		
Assets	7	Notes and loans receivable, net	24.0.1.0,		7	
SSI	8	Inventories for sale or use		2,775.	8	3,700.
٩	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	l 1	* * * * * * * * * * * * * * * * * * * *	<del>ا</del> ا	
		basis Complete Part VI of Schedule D	10a 1,180,877		^,	ž
	Ь	Less: accumulated depreciation	10b 844,120	344,461.	10c	336,757.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1	50,000.	12	50,000.
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	521,039.		514,486
	17	Accounts payable and accrued expenses	2 1110 0-1)	211.		45-7, 44-4
	18	Grants payable		18		
	19	Deferred revenue	969.		39,198	
	20	Tax-exempt bond liabilities			20	
so.	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director			3.	1 2
abi.	-	highest compensated employees, and disqualifi				, .
Ë		of Schedule L		Harman sacreta - article military	22	and the second s
	23	Secured mortgages and notes payable to unrela	ated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelate	•		24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	•			•
	1	Schedule D	, ,	0.	25	17.
	26	Total liabilities. Add lines 17 through 25		1,180.		39,215
		Organizations that follow SFAS 117, check he	ere X and complete	, , , , ,,	7	^
S	1	lines 27 through 29, and lines 33 and 34.	•	· · · · ·	1, ^	. ***
Š	27	Unrestricted net assets		394,937	27	396,620
ala	28	Temporarily restricted net assets	124,922.	28	78,651	
B D	29	Permanently restricted net assets		29		
Ë	]	Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and	<b>4</b> . A. C.	+	
Net Assets or Fund Balances		complete lines 30 through 34.	-			-
sts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
μ¥	32	Retained earnings, endowment, accumulated in			32	<del> </del>
ž	33	Total net assets or fund balances		519,859		475,271
	34	Total liabilities and net assets/fund balances		521,039		514,486

	990 (2011) NO • 2321	72-0037	124	rag	e IZ
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
•				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 88</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		78	
3	Revenue less expenses Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	519		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-46		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	475	, 2	71.
Pa	TXII 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:		7	34	
	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		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ļ	
	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 Sch	edule O.	77		:} <u>*</u>
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a	712	Ø 18	
	separate basis, consolidated basis, or both:		4.0		
	Separate basis Consolidated basis Both consolidated and separate basis			9	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	. ]		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt		Ť	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2011)

132012 01-23-12

# **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. 2011
Open to Public Inspection

Name of the organization

BENELVOLENT & PROTECTIVE ORDER OF ELKS NO. 2321

Employer identification number 72-0637742

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line		<b>Complete</b> and	
		(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		Yes No	
6	Did the organization inform all grantees, donors, and donor a	_		
Ū	for chantable purposes and not for the benefit of the donor of	•	-	
	impermissible private benefit?	or definer devises, or for any earlier purpose co	Yes No	
Pai		ganization answered "Yes" to Form 990. Par		
1	Purpose(s) of conservation easements held by the organization			
-	Preservation of land for public use (e.g., recreation or e		ncally important land area	
	Protection of natural habitat	Preservation of a certifie	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last	
-	day of the tax year.			
	and or the tax your		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
ď	Number of conservation easements included in (c) acquired	• •	<del></del>	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax	
	year >			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?	Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ing the year ▶	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year ▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No	
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for	
	conservation easements			
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	ner 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 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIV,	
	the text of the footnote to its financial statements that descr	nbes these items.		
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts	
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	gain, provide	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
b	Assets included in Form 990, Part X		<b>▶</b> \$	

72-0637742\_Page 2 NO.2321 Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items · (check all that apply): Public exhibition J Loan or exchange programs b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year Distributions during the year 1e 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? \_ Yes ∫No b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (e) Four years back (d) Three years back (c) Two years back (a) Current year (b) Prior year 1a Beginning of year balance e Z, Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 322,000. 322,000. 1a Land **b** Buildings c Leasehold improvements 858,877. 844,120. d Equipment e Other

Schedule D (Form 990) 2011

<u>336,757.</u>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

NO.2321 72-0637742 Page 3 Schedule D (Form 990) 2011 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests Other 50,000. (A) CERTIFICATE OF DEPOSIT COST (B) (C) (D) (E) (F) (G) (H) (I)50,000. Total. (Col (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (b) Book value (a) Description of investment type Cost or end-of-year market value (1) (2)(3)(4) (5) (6) (7)(8) (9)(10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ... Part IX Other Assets. See Form 990, Part X, line 15. (b) Book value (a) Description (1)(2)(3)(4)(5) (6) (7)(8) (9)(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes PAYROLL LIABILITIES 17. (2) (3)(4) (5)(6)(7)(8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )
FIN 45 (ASC 740) FOODING IN PART XIV, provide the text of the footing to the org <del>17.</del> FIN 48 (ASC 740).

Sche	dule D (Form 990) 2011 NO • 2321			72-0637742 Page	4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited I	Financial S		_
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	61,468	<del>,</del>
2.	Total expenses (Form 990, Part IX, column (A), line 25)		2	59,785	· ·
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	1,683	,
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	-46,271	
9	Total adjustments (net). Add lines 4 through 8		9	-46,271	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10	-44,588	<del>}</del> .
Par	t XIII Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue p	er Return	_
1	Total revenue, gains, and other support per audited financial statements			1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<b>*</b> * * * * * * * * * * * * * * * * * *	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c			
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 VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	it XIII Reconciliation of Expenses per Audited Financial Staten	nents With	n Expenses	per Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIV Supplemental Information			<del></del>	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a ai	nd 4; Part IV, I	ines 1b and 2b; Part V, line 4, Par	rt
X, lır	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	nplete this pai	rt to provide a	iny additional information.	
PA	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
				46.00	_
PR	IOR PERIOD ADJUSTMENT				<u>ı.</u>

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

2011

OMB No 1545-0047

Name of the organization

BENELVOLENT & PROTECTIVE ORDER OF ELKS

Employer identification number

72-0637742 NO.2321 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_ Yes b 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 (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

Pa	rt ]	Fundraising Events. Complete if the of fundraising event contributions and gro				
		or remarkable grown out and grown	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>е</u>			(event type)	(event type)	(total number)	col. (c))
Revenue						
æ	1	Gross receipts			<del></del>	<u>                                     </u>
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)		-		
	4	Cash prizes				
Ì	_					
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Irect	7	Food and beverages				
-	_					
	8	Entertainment Other direct expenses				<del></del>
ı	9	Other direct expenses	o Q in column (d)	L		1,
		Direct expense summary Add lines 4 through Net income summary. Combine line 3, column				<del> </del>
Pa		Gaming. Complete if the organization a		990. Part IV. line 19. or re	eported more than	<del></del>
		\$15,000 on Form 990-EZ, line 6a.		, , , , ,		
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	_		103,373.			102 272
_	1	Gross revenue	103,373.			103,373.
SS	2	Cash prizes	19,923.			19,923.
Direct Expenses	3	Noncash prizes				
Σ	J	Nonedan prizes				
Dire	4	Rent/facility costs	52,280.			52,280.
	5	Other direct expenses	35,880.			35,880.
			X Yes %	Yes%	Yes %	
	6	Volunteer labor	L_  No	L No	L No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( 108,083)	
	8	Net gaming income summary. Combine line 1	L column d. and line 7		•	<4,710.
			<del></del>			
		iter the state(s) in which the organization opera	· · ·			
a Is the organization licensed to operate gaming activities in each of these states?						
t	) IT	"No," explain				
	_					
		ere any of the organization's gaming licenses re		· · · · · · · · · · · · · · · · · · ·	year?	Yes X No
t	) If	"Yes," explain:				<del></del>
	_					
	_					
220	00 (	11.02.10			Cobodula C /E	orm 900 or 900-E7\ 201

Sch	edule G (Form 990 or 990-EZ) 2011 NO . 2321	<u>72-06</u>	637	<u>742</u>	Page 3
	Does the organization operate gaming activities with nonmembers?			Yes	X No
	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	X No
	Indicate the percentage of gaming activity operated in:				
	The organization's facility	I	13a		%
	An outside facility	Ī	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name		_		
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	X No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization.	unt			
	of gaming revenue retained by the third party > \$				
C	c If "Yes," enter name and address of the third party:				
	Name		_		
	Address		_	_	
16	Gaming manager information				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	X No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colulines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf				
_					
_					
_					<del></del>
_					

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

2011
Open to Public Inspection

Name of the organization

BENELVOLENT & PROTECTIVE ORDER OF ELKS NO.2321

Employer identification number 72-0637742

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PATRIOTISM AND ENGAGE IN CHARITABLE WORKS IN THE COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 WAS PRESENTED TO THE FULL BOARD AND WAS APPROVED BY THE BOARD OF DIRECTORS FOR FILING WITH THE GOVERNMENT AND PRESENTATION TO THE PUBLIC. FORM 990, PART VI, SECTION B, LINE 12: THE ORGANIZATION PRESENTLY DOES NOT HAVE A CONFLICT OF INTEREST POLICY. THE BOARD WILL BE COMPILING A PROPER POLICY FOR THE CURRENT YEAR. THE ORGANIZATION DOES NOT HAVE A COMPENSATION AND REVIEW POLICY. IT IS THE BOARD'S INTENT TO COMPILE A PROPER POLICY FOR THE CURRENT YEAR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS DOCUMENTS ARE AVAILABLE ON THE WEBSITE GUIDESTAR. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUESTING SUCH DOCUMENTS THROUGH THE OFFICE AT 34212 ELKS ROAD, SLIDELL. LOUISIANA 70459. THE DOCUMENTS CAN BE REQUESTED BY PHONE AT (985) 641-1266. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: DONATIONS: 2,677. PROGRAM SERVICE EXPENSES

0.

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization BENELVOLENT & PROTECTIVE ORDER OF ELKS NO.2321	Employer identification number 72-0637742
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,677.
PER CAPITA-STATE:	
PROGRAM SERVICE EXPENSES	2,115.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,115.
BULLETIN:	
PROGRAM SERVICE EXPENSES	1,412.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,412.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	1,054.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,054.
RITUAL:	
PROGRAM SERVICE EXPENSES	990.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	990.
JANITORIAL: 132212 01-23-12	
01-23-12 21	Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization BENELVOLENT & PROTECTIVE ORDER OF ELKS NO.2321	Employer identification number 72-0637742
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	497.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	497.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 8,745.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
PRIOR PERIOD ADJUSTMENT	-46,271.
	<del></del>